

NHS GREATER GLASGOW AND CLYDE

GENDER-BASED VIOLENCE ACTION PLAN

2008-2011

1. INTRODUCTION

- 1.1 This is the first Gender-based Violence (GBV) Action Plan for NHS Greater Glasgow and Clyde (NHSGGC), which has been produced as part of its Equality Scheme for 2006-09.
- 1.2 **The purpose of the plan is to create an NHSGGC that understands and meets its responsibilities around gender-based violence.** It will harness national and local imperatives to improve the NHSGGC response to gender-based violence. This document sets out the rationale, framework and strategic action we will take to achieve this purpose.
- 1.3 As both a consequence and cause of gender inequality, tackling gender-based violence is essential to meeting legal obligations under the Public Sector Duty for Gender. The issue of gender-based violence is recognised as a critical indicator of gender inequality and therefore as a key priority within NHSGGC Equality Scheme.¹
- 1.4 Given this, all settings within the organisation such as Community Health (and Care) Partnerships, Acute Directorates and the Mental Health, Addictions and Learning Disability Partnership are required to ensure that their actions on gender-based violence are incorporated into their local Equality Action Plans. Implementation of the GBV

¹ NHS Greater Glasgow and Clyde (2006) [Equality Scheme 2006-09](#)

Action Plan is also integral to achieving the ten goals for an inequalities sensitive NHSGGC as set out in the Planning and Priorities Guidance 2007-10 and the Guidance prioritises implementation of the plan within the 2008/09 Planning Round.

1.5 Implementation will strengthen NHSGGC capacity to achieve its overall organisational purpose to deliver effective and high quality health services, to act to improve the health of our population and to do everything we can to address the wider social determinants of health which cause health inequalities, and will assist us to deliver:

- **transformational themes by focussing on service improvement and equipping and supporting frontline staff and first line managers to help deliver it;**
- **corporate themes by assisting us to focus resources on greatest need and by augmenting action on priorities within other themes;**
- **an Inequalities Sensitive Health Service by providing us with tangible objectives that target some of the most discriminated against and vulnerable members of our communities.**

1.6 Further, a range of policy developments in Scotland in recent years provides context and impetus for taking forward action on gender-based violence within NHSGGC.² In broad terms it is an important part of our efforts to address health inequalities as identified in *Better Health, Better Care* and its implementation will help NHSGGC contribute to a number of the Scottish Government's recently established National Outcomes including:

- tackling the significant inequalities in Scottish society;
- providing public services that are high quality, continually improving, efficient and responsive to local people's needs;
- living our lives free from crime, disorder or danger;
- improving the life chances for children, young people and families at risk;
- living longer, healthier lives;
- our children have the best start in life and are ready to succeed.

² National Strategy to Address Domestic Abuse in Scotland (2000), National Prevention Strategy on Domestic Abuse (2002); 'Domestic Abuse Guidelines for Healthcare Workers in NHS Scotland' (2003); National Training Strategy ((2004) under revision); Forthcoming Strategic Framework on Violence Against Women (due Spring 2008).

- 1.7 In specific terms it will ensure compliance with the Scottish Government requirement to develop and implement a 3 year plan to deliver tangible and demonstrable improvements in responding to gender-based violence.³

2. NATURE, PREVALENCE AND IMPACT

2.1 Gender-based violence refers to the continuum of emotional, psychological, economic, physical and sexual abuse, which is overwhelmingly perpetrated by men against women, and children of both sexes, with those affected being more at risk from men they know. It includes, but is not limited to domestic abuse (DA), child sexual abuse (CSA), rape and sexual assault, sexual harassment, female genital mutilation, forced marriage and commercial sexual exploitation through prostitution and pornography. Many women and children will experience different forms of gender-based violence throughout their life course. Discrimination in relation to ethnicity, (dis)ability, sexual orientation, poverty, age, migrant or refugee status etc can increase and intensify vulnerability to abuse

2.2 The term gender-based violence is helpful in making explicit the connection between violence and gender inequality and that it must be viewed in the context of other forms of abuse that have a gendered element to them, eg, homophobia; male on male violence.

2.3 The UN Declaration on the Elimination of Violence Against Women (1993) recognises gender-based violence is both a cause and consequence of gender inequality:

‘Violence against women is a manifestation of historically unequal power relations between men and women...and ..is one of the crucial social mechanisms by which women are forced into a subordinate position to men.’

2.4 Gender-based Violence continues to be a significant problem in Scottish society:

- in 2006/07 the police recorded 48,801 incidents of domestic abuse in Scotland, a 7% increase on the previous year. In 87% of these cases the recorded victim was female and the

³ Scottish Government Chief Executive’s Letter(CEL 41(2008) sets out expectations for Boards to address gender-based violence

perpetrator was male.⁴ The overall incidence of domestic abuse recorded by police in Scotland 2006-07 was 954 per 100,000 population.⁵ Strathclyde Police Force recorded 23,306 incidents of domestic abuse;

- it is estimated that around 100,000 children in Scotland may be affected by domestic abuse;⁶
- there were 6,726 sexual crimes reported in Scotland. Of these 1123 were rapes or attempted rapes.⁷ 263 of these were reported to Strathclyde Police. There were 1664 incidents of indecent assault reported to police in Scotland with 951 of these in the Strathclyde area;
- prevalence rates for child sexual abuse are estimated at around 21% of girls and 7% of boys.⁸ Home Office figures report that 1 out of every 4 children in the UK has been abused;⁹
- the Foreign and Commonwealth office deal with around 200 cases of forced marriage annually;

- around 35%-40% of women experiencing domestic abuse report depressive symptoms, rising to 50.2% in women with additional experience of childhood abuse.

2.5 The table below details the number of domestic abuse, rape and sexual assaults reported to Police within the NHSGGC area. It is important to note that these figures are “offence based” and do not reflect the number of individuals affected. In addition, many incidents of gender-based violence are not brought to the attention of the police, therefore, these figures are likely to be an under-representation of the extent of the problem.

⁴ Domestic Abuse Recorded by the Police in Scotland 2006/07, The Scottish Government

⁵ Ibid

⁶ Scottish Women’s Aid

⁷ Recorded Crime in Scotland 2006/07

⁸ Survey of 1,244 young people attending Further Education colleges, Britain Kelly, Regan and Burton, 1991

⁹ <http://www.lanternproject.org.uk/articles/extentofchildsexualabuseintheuk/1>

CH(C)P Area	Domestic Abuse	Sexual Assault	Rape	Total
North	1732	80	17	1829
East	2264	98	43	2405
West	2076	150	40	2266
South West	1485	70	21	1576
South East	1340	73	15	1428
East Dunbartonshire	588	22	4	614
West Dunbartonshire	1652	92	16	1760
East Renfrewshire	393	7	3	403
Renfrewshire	1894	96	27	2017
Inverclyde	917	34	6	957
Total	14341	722	192	15255

3. IMPLICATIONS FOR NHSGGC

3.1 Financial Implications

3.1.1 Given the scale of the problem, the financial costs to health services is significant. UK Government research¹⁰ found that the total annual cost of domestic abuse to services in the UK (health, criminal justice social services, housing) amounts to £3.1 billion, while the loss to the economy is £2.7 billion, amounting to almost £6 billion a year.

3.1.2 Taking account of hospital, ambulance, GP and prescription healthcare costs, the cost to the NHS for physical injuries is around £1.2 billion with additional mental health costs estimated to be a further £176 million. A body of evidence charts the greater utilisation of health services among survivors of abuse, eg, some studies report

¹⁰ [The Cost of Domestic Violence](#), 2004, from research funded by the DTI Women and Equality Unit.

that between 50-60% of inpatients and 40-60% of outpatients of mental health services have been physically or sexually abused as children.

3.2 Health and Social Consequences

3.2.1 The physical and mental health consequences of gender-based violence are profound and constitute a significant public health problem.¹¹ The WHO Report (2002) confirms the experience of violence as the biggest contributor to women's poor physical and mental health. Health consequences include a wide range of psychological, emotional, physical and social symptoms, including injury, anxiety, depression, post traumatic stress reactions, poor self-perception, personality disorder, difficulties with trust/relationships, poor education/employment history, addictions, self harm, eating disorders and suicide.

3.2.2 At a local level, Glasgow Centre for Population Health's *Let Glasgow Flourish Report (2006)* highlighted gender inequalities and gender-based violence as one of the areas presenting the most significant public health challenges for the city.¹²

3.2.3 As well as being a cause of ill-health for women and men, current experience of gender-based violence can prevent women from exercising their right to health care. There are a number of barriers that survivors of gender-based violence have to overcome before they can avail themselves of our services.

3.2.4 Some of these barriers are a direct result of the abusive behaviour of perpetrators:

- women in domestic abuse situations are often isolated, controlled and accompanied by partners to appointments, have to account for time spent, have needs denied, and are routinely prevented from accessing information that might reduce their partner's control over them;
- perpetrators tactics of coercive control and blame aim to silence and isolate victims. These factors lead survivors to have low expectations from health care services and often deter them from accessing information or support, thereby excluding them from our services;

¹¹ Krug EG, Dahlberg LL, Mercy JA, Zwi AB & Lozano R (2002) World Report on Violence and Health. WHO, Geneva

¹² Hanlon P, Walsh D & Whyte B (2006) *Let Glasgow Flourish* (2006) Crown Copyright

- survivors of child sexual abuse, sexual assault and rape are left with feelings of guilt, blame and shame for the abuse perpetrated upon them and these feelings are reinforced by social attitudes and prejudice that are reflected in the media, our public services, and particularly within the criminal justice system.

3.2.5 Other barriers are a result of the personal effect of the abuse on the survivor. The impact of the abuse will affect a person's capacity and confidence to approach and make use of public services, including health services. Issues that survivors of abuse may have that act as barriers include:

- low confidence and self esteem are common in survivors of gender-based violence and are compounded by social stigma, myths and prejudice surrounding gender-based violence;
- survivors of abuse may not have time or easy access to information, to enable them to know how to use their health service;
- survivors with complex needs and those with chaotic lifestyles are often struggling to cope with multiple experiences of abuse over their life course. This often limits their capacity to keep appointments or sustain a course of treatment or support;
- survivors with chronic physical and mental health problems are likely to re-present to health and social care services over a long period of time, often without disclosing abuse as the underlying issue. The high prevalence of abuse indicates that many survivors will routinely be using our services without disclosing their experiences of abuse;
- despite female and male survivors being affected by the same generic issues, eg, addictions, mental health, homelessness, health services often do not take into account the ways in which these impact differentially as a result of gender differences;
- experiences of multiple discriminations as a result of social class, gender, race, disability age, sexual orientation and faith increase vulnerability to gender-based violence and limit an individual's capacity and opportunities to live a life free from abuse.
- Around 50% of asylum seekers and refugees have experienced rape or sexual abuse as part of political persecution in their country of origin and face significant barriers accessing health services.

- perpetrator tactics of coercive control can also be reinforced by insensitive and prejudicial practice amongst service providers.

3.2.6 Experience of gender-based violence therefore both creates and compounds social disadvantage for survivors which in turn increases the likelihood of poor health outcomes as well as providing challenges for the service.

4. IMPROVING THE RESPONSE OF NHSGGC

4.1 Awareness and consideration of these barriers need to be at the heart of our planning and delivery processes if we are to meet our legal responsibilities in responding to gender inequalities across our diverse roles. NHSGGC Planning and Priorities Guidance update for 2008/09, highlights the important role the Health Service has in relieving the health effects of disadvantage, and preventing the differential impact of disease on people who are disempowered by society to reduce unequal health outcomes.¹³ The guidance sets out 10 goals for an Inequalities Sensitive Health Service. These 10 goals have been used here to pull together the different ways in which our organisation can respond effectively to abuse survivors.

4.2 Gender-based Violence Responsive Health Service

1. Collects and uses information on the prevalence, nature and impact of gender-based violence and the discrimination experienced by survivors of gender-based violence.
2. Engages with survivors of gender-based violence and specialist services which advocate on their behalf.
3. Knows that people's experience of abuse affects the health choices they make and devises appropriate strategies to take this into account.
4. Overcomes the obstacles that prevent survivors of gender-based violence accessing front-line services and health information.
5. Uses an understanding of gender based violence when devising treatment and care.

¹³ Planning and Priorities Guidance 2007-2010, Update for 2008/09 Planning Round

6. Allocates resources to improving the response to survivors of gender- based violence.
7. Ensures that the consequences of abuse do not act as barriers to recruitment into the health workforce.
8. Retains and supports employees affected by gender-based violence and addresses behaviours of staff who perpetrate gender-based violence through the development and implementation of gender-based violence workforce policies.
9. Advocates for and contributes to the implementation of economic and social policy which addresses the causes of gender-based violence.
10. Contributes to multi-agency action to address gender-based violence.

5. ADDRESSING LOCAL AND NATIONAL POLICY

- 5.1 The GBV Plan seeks to build on local and national imperatives and there exist a range of policy developments in Scotland and practice development within health services which provide context and impetus for taking forward the proposed action on gender-based violence within NHS GGC.
- 5.2 At a national level there is a range of cross-governmental developments on gender-based violence, including the *Strategic Framework on Violence against Women* and the *Strategic Approach for Survivors of Childhood Sexual Abuse*. The *National Domestic Abuse Delivery Plan for Children and Young People* developed under the auspices of *Getting It Right for Every Child (GIRFEC)* also includes a range of actions that have implications for the NHS, in particular the inclusion of a programme of routine enquiry of domestic abuse.
- 5.3 The priority accorded tackling health inequalities in *Better Health, Better Care* is a key driver for this agenda. In addition *Equally Well* issued by the *Ministerial Task Force on Health Inequalities* has identified key areas for intervention particularly in mental and sexual health, addictions and providing the best start for children. At a national level, strategies on the key areas of **Mental Health, Sexual and Reproductive Health, A&E, Addictions, Community Nursing,**

Maternity and Homelessness acknowledge the role of gender-based violence as either a factor in creating poor health or a consequence of it. In addition the Adult Support and Protection (Scotland) Act (asp 10) is due to come into force in October 2008 and introduces a range of duties and measures aimed at improving protection of vulnerable adults at risk of harm. In implementing these policies and meeting legislative requirements at a local level we must ensure that the significance of gender-based violence is acknowledged and actions identified to respond effectively.

- 5.4 Alongside these national drivers there are examples of good practice within our systems which seek to provide holistic and sensitive approaches to gender-based violence (see Appendix 1).
- 5.5 The GBV Plan seeks to build on this national and local context to create sustainable system wide change. This requires us to develop and deliver action on GBV in a more effective, systematic and integrated manner. The objectives we have set out identify action required to create integrated care pathways for survivors of gender-based violence and will assist us in developing and delivering the key elements of a GBV responsive health service identified above.

6. ACTION PLAN

6.1 Aims and Strategic Objectives

- 6.1.1 Our aim is to identify the gaps and weaknesses in our existing service and build on local and national imperatives and developments within NHSGGC to improve our response to gender-based violence.
- 6.1.2 Using the framework for gender based violence responsive health services and in keeping with forthcoming government guidance on the responsibilities of Health Boards in relation to gender-based violence¹⁴ we have identified six strategic objectives:

1. Ensure access and availability of health care services to survivors of gender-based violence

¹⁴ There are 4 key deliverables that Health Boards will be required to evidence over the next three years which have been incorporated into our action plan

- i. Implementation of Routine Enquiry of abuse within priority settings*
- ii. Dissemination of revised guidance on abuse to staff*
- iii. Production of an employee policy on gender-based violence*
- iv. Multi-agency collaboration*

2. **Implement comprehensive standards of care management in relation to the different forms of abuse and differential needs of survivors**
 3. **Ensure the organisation is effective in addressing the needs of employees affected by abuse.**
 4. **Ensure that gbv is integrated into the relevant strategic and planning frameworks within NHSGGC and within which NHSGGC is a partner**
 5. **Address the resource implications of delivering the GBV Action Plan**
 6. **Ensure that NHSGGC contributes effectively to multi-agency efforts to address abuse.**
- 6.2 The following actions have been identified as the best means of realising our strategic objectives:

Strategic Objective 1: Ensure access and availability of health care services to survivors of gender-based violence.

- Undertake an NHSGCC wide assessment to provide a baseline to measure progress against and to inform the implementation of strategic objectives.
- Build an awareness of obstacles preventing survivors from accessing services into service planning and design.
- Introduce routine enquiry and private time into priority settings, learning from existing initiatives and building onto existing assessment procedures and care pathways where viable.
- Identify settings from within NHSGGC that can act as exemplars on gender-based violence and identify the means of extrapolating and sharing learning from these settings.
- Ensure information and signposting about gender-based violence support and services is consistent and routinely available in a range of formats and languages in health service sites and in web-based information throughout NHSGGC.

- Ensure that the communication, support and language needs of gender-based violence survivors are assessed prior to onward referral to other services and this information is provided in referral letters or information.

Strategic Objective 2: Implement comprehensive standards of care in relation to the different forms of abuse.

- Ensure that all disclosures of gender-based violence and follow up action are recorded and documented in a manner that presents least risk to survivors, and meets forensic requirements where appropriate.
- Prioritise survivors of gender-based violence as one of our most vulnerable groups and ensure effective follow up action is taken in response to disclosures.
- Ensure services are delivered in line with Scottish Government guidance for healthcare workers in responding to gender-based violence
- Ensure compliance with the GBV training strategy for NHSGGC.
- Develop and implement clear operational policies on gender-based violence including protocols and risk assessment tools and procedures.
- Provide effective support and supervision for staff dealing with gender-based violence, particularly those providing therapeutic interventions.

Strategic Objective 3: Ensure the organisation is effective in addressing the needs of employees affected by abuse and in dealing with perpetrators of abuse.

- Implement the NHSGGC wide employee policy on gender-based violence.
- Ensure gender-based violence is incorporated into the development of the Inequalities Sensitive Workplace.

Strategic Objective 4: Ensure that gender-based violence is integrated into the strategic and planning frameworks of priority areas within NHSGGC.

- Identify lead responsibility for implementation of the GBV Action Plan and championing of this agenda at Directorate, senior management and practice levels.
- Establish a cohesive infrastructure for the development and delivery of the GBV Action Plan within priority areas, including mechanisms to facilitate learning and information sharing across NHSGGC settings and functions.
- Develop indicators and establish health care outcome measures to assess our performance in responding to gender-based violence and its impact on survivors using our service.

Strategic Objective 5: Address the resource implications of delivering the GBV Action Plan.

- Describe and quantify the tangible benefits of pre-existing investment in service development aimed at addressing the effects of gender-based violence
- Utilise this information to assess level of investment required in priority settings
- Bring forward appropriate recommendations for securing resources.

Strategic Objective 6: Ensure NHSGGC contributes effectively to multi-agency efforts to address abuse.

- Ensure adherence to policies and procedures for recording and sharing information with appropriate services or agencies in order to improve co-ordination of service responses to gender-based violence, protection of survivors, and prosecution of perpetrators.
- Advocate for and contribute to the development and implementation of gender-based violence sensitive policy and practice within multi-agency and joint planning arrangements,

eg, Community Planning, Community Safety, Homelessness Partnership

- Work in partnership with other agencies and in multi-agency settings to prevent gender-based violence and to secure better health and social outcomes for survivors.

7. IMPLEMENTATION PROCESS AND TIMEFRAME

7.1 Some actions require to be taken immediately while others will be implemented incrementally over a three year period. Immediate actions required are:

1. Undertake an NHSGGC wide assessment to provide a baseline to measure progress against and to inform the implementation of strategic objectives.
2. Identify lead responsibility for implementation of the GBV Action Plan and championing of this agenda at Directorate, senior management and practice levels.
3. Prioritise survivors as one of our most vulnerable groups and ensure that all disclosures and follow up actions are recorded and documented in a manner that presents least risk to survivors, and meets forensic requirements where appropriate. Risk assessment should be undertaken and appropriate information or action taken to protect the survivor. These actions should be prioritised for implementation within A&E and GP services.
4. Provide effective support and supervision for staff dealing with gender-based violence, particularly those providing therapeutic interventions.
5. Ensure the needs of survivors are incorporated into existing service planning and redesign.
6. Ensure that the language needs of gender-based violence survivors are assessed prior to onward referral to other services and this information is provided in referral letters or information.
7. Ensure that information about our services reach survivors of abuse.

8. Ensure healthcare staff attend or provide information to multi-agency risk assessment conferences on domestic abuse.

A number of priority settings have been identified as the starting point for change. These have been chosen to reflect areas and settings where the health care needs of survivors are most acute and which will make the most impact in terms of positive outcomes.

1. **Mental Health**
2. **Primary Care – particularly Community Nursing and GP services**
3. **Sexual and Reproductive Health Services**
4. **Accident and Emergency**
5. **Women and Children’s Services**
6. **Addiction Services**
7. **Homelessness**
8. **Learning Disability Services**

7.3 The timetable for implementation within priority areas will be identified from the audit and through consultation and discussion with GBV leads and within settings. The prioritisation of these settings does not preclude other settings from progressing action on gender-based violence.

7.4 A staged approach to implementation reflects the need for careful planning around the introduction of routine enquiry, the need to tailor it to serve the nature and requirements of different services and settings, and to build the capacity of staff and services to be effective in dealing with disclosures.

7.5 A key challenge and an early task will be to identify how we create synergy of effort across settings and harness existing good practice to assist in the implementation of the plan. Input will therefore be required from cross cutting areas such as **Learning and Education and Organisational Development as well as IT, HR and Communications** to help secure a systems wide approach to this issue.

8. SUPPORT TO IMPLEMENT THE PLAN

8.1 Leadership

8.1.1 A member of the Senior Executive Team will provide leadership for implementation of the plan across NHSGGC. Strategic and operational leads will be identified within key areas and settings at a senior management level and supported by nominated leads at a practice level. Nominated leads will be responsible for championing this agenda within their sphere of influence, area or setting and ensuring its implementation by:

- providing leadership and direction on the implementation of the plan;
- being pro-active in building ownership of the plan and its delivery within their areas;
- identifying obstacles to progress and solutions for overcoming these;
- contributing to relevant NHSGGC wide planning and communication processes.

8.1.2 A **NHSGGC wide GBV Group** will be established to oversee the audit and consultation process and drive forward the implementation of the plan within the system. The GBV Group will also ensure that the plan meets its aim of building on local and national imperatives and includes effective action to address gaps and weaknesses in our existing responses.

8.1.3 Partner entities will be required to establish an appropriate and effective infrastructure for taking forward this work ensuring routine reporting into Equality Steering Groups or equivalent structures.

8.2 Resources and Support

8.2.1 The implementation of the Plan will be supported at a corporate level by members of the Corporate Inequalities Team.

8.2.2 The Strategic Manager (Gender-based Violence) will lead on the development and implementation process with the support of the Planning and Development Manager (Gender and Sexual Orientation). The GBV Research and Development Co-ordinator will be responsible for developing and overseeing a robust monitoring and evaluation process. Members of the Inequalities Sensitive Practice Initiative team will link with the planning process to assist the process of embedding the learning from the Inequalities Sensitive Practice Initiative (ISPI) into ISPI settings (Maternity Services; Integrated

Children's Services; Primary Care Mental Health Services; Addiction Services).

8.2.3 Alignments with action to address and inform wider social inequalities will be made via on-going liaison with other members of the corporate inequalities managers.

8.2.4 National Guidance on different forms of abuse is being produced to augment existing materials, including detailed guidance on routine enquiry and on recording and handling disclosure. Templates for protocols, risk assessment and employee policies to assist in development of local policies will be provided.

8.2.5 An on-going challenge will be identifying and securing resources required to deliver the plan and to ensure NHSGGC maximises opportunities available via linked policy agendas and any new or existing funding streams.

8.3.5 A nominal budget of 10k per annum will be provided to NHSGGC by the Scottish Government to support implementation of the plan.

8.3 Information and Communications

8.3.1 A communications strategy will be developed to promote the plan and to ensure effective collation and dissemination of information across NHSGGC, its local population and its partners.

8.3.2 It is envisaged that information events will be held for NHSGGC staff on an on-going basis to raise awareness of the GBV plan, and to update on policy and practice developments.

8.4 Monitoring and Evaluation

8.4.1 Implementation of the Equality Scheme and associated Action Plans, including the GBV Plan, will be monitored internally and externally. Monitoring mechanisms will be implemented within priority areas to increase our existing evidence base in relation to prevalence and practice and to assist in measuring performance. In line with the monitoring requirements of the Scheme, each part of the organisation is required to produce annual progress reports which will be fed into the Performance Review Group for NHSGGC. These reports will also be made available to the Commission for Equality and Human Rights and to the Scottish Government.

8.4.2 A process evaluation will be undertaken to describe the interventions, consider the nature and extent of engagement with the plan, to identify key challenges or levers and to evaluate short term outcomes.

8.5 Consultation

8.5.1 The GBV Action Plan has been developed over a period of time and informed by on-going consultation with staff and service users. It is built on

- Evidence of survivor's experience of gender-based violence and its impact, what survivors say they want from services and their views on what constitutes good practice in responding to GBV
- Findings and recommendations from a range of NHS GGC led pilot and demonstration projects on gender-based violence that have taken place within health and specialist GBV service settings over the last 10 years.
- A body of good practice guides, toolkits and specialist knowledge on responding to GBV within a range of settings
- Forthcoming directive from Scottish Government about action required to be taken by Health Boards in order to meet their responsibilities in responding to GBV.

This consultation process will be on-going and will include identifying the best means of ensuring effective community / service user / staff involvement in the implementation and any future development of the plan.

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