



NHS GREATER GLASGOW AND CLYDE (NHSGGC) DRAFT GENDER-BASED VIOLENCE ACTION PLAN 2008-2011

SUMMARY

Introduction

In July 2008, NHSGGC produced its first Gender-based Violence (GBV) Action Plan for consultation. The purpose of the plan is to create an NHSGGC that understands and meets its responsibilities around gender-based violence.

Definition

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.

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 perpetrator was male.¹ The overall incidence of domestic abuse recorded by police in Scotland 2006-07 was 954 per 100,000 population.² 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;³
- there were 6,726 sexual crimes reported in Scotland. Of these 1123 were rapes or attempted rapes.⁴ 263 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.⁵ Home Office figures report that 1 out of every 4 children in the UK has been abused;⁶
- 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.

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.

¹ Domestic Abuse Recorded by the Police in Scotland 2006/07, The Scottish Government

² Ibid

³ Scottish Women’s Aid

⁴ Recorded Crime in Scotland 2006/07

⁵ Survey of 1,244 young people attending Further Education colleges, Britain Kelly, Regan and Burton, 1991

⁶ <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

Health and Social Consequences of GBV

The physical and mental health consequences of gender-based violence are profound and include 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.

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

Barriers to accessing health and other services

Some barriers are a direct result of the abusive behaviour of perpetrators. For example 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.

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 include low confidence and self esteem which is common in survivors of gender-based violence and compounded by social stigma, myths and prejudice surrounding gender-based violence.

Financial Costs

UK Government research found the financial costs of domestic abuse to health services for physical injuries is around £1.2 billion with additional mental health costs estimated to be a further £176 million.

Aims and Objectives of the GBV Action Plan

The aim is to improve our response to gender-based violence. The Plan has six strategic objectives:

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

Key deliverables

Over the next 3 years, NHSGG&C is required to evidence 4 key deliverables.

- Implementation of Routine Enquiry of abuse within priority settings (listed below)
- Dissemination of revised guidance on abuse to staff
- Production of an employee policy on gender-based violence
- Multi-agency collaboration

All are incorporated in the GBV Action Plan, and are actioned under the strategic objectives.

Priority settings

A number of priority settings have been identified. These 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. These are:

Mental Health

Primary Care – particularly Community Nursing and GP services

Sexual and Reproductive Health Services

Accident and Emergency

Women and Children's Services

Addiction Services

Homelessness

Learning Disability Services

Immediate Actions

All settings are to required undertake an assessment of key service responses to provide a baseline of "readiness". This will help to measure progress against and to develop existing objectives and actions as SMART. The assessment has to be completed in September. All settings are required to ensure their actions on gender-based violence are incorporated into their local Equality Scheme Action Plans.

Timetable

The timetable for implementation within priority areas will be identified and agreed following the assessment 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.

Support to Implement the Plan

A Director will be identified to provide leadership for implementation of the plan at a corporate level. A NHSGGC wide GBV Group has been established to oversee the audit and consultation process and to develop the detail of the plan including timescales and priorities for implementation. The implementation of the plan will be supported at a corporate level by members of the Corporate Inequalities Team and locally by GBV Leads.

Monitoring and Evaluation

Implementation of the GBV Plan will be monitored in line with existing requirements of the Equality Scheme and associated Action Plans.

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