

About the Key Elements Tool

This tool describes the preparation required to enable these disclosures to happen and to effectively respond. It is therefore of use to practitioners working in areas where routine enquiry has not yet been introduced as well as where it is already established. The Key Elements Tool reflects recognised good practice such as that developed within maternity services where routine enquiry into domestic abuse has been introduced in recent years. It also takes account of work in addictions relating to routine enquiry on involvement in prostitution. It has been developed in consultation with staff across NHSGCC, and with voluntary and public sector partners.

Using the Tool

This tool should be used in the context of the NHSGCC Gender-based Violence Action Plan and training programme and Scottish Government Guidance for Health Care Workers on Gender-based Violence.

This tool can be used in a number of ways:

- to illustrate the process of routine enquiry
- to explore current practitioner responses to gender-based violence
- to identify existing resources allocated to respond to gender-based violence
- to identify resource needs and plan actions to meet responsibilities in relation to service users who have experienced gender-based violence.

The key elements of routine enquiry on gender-based violence can be adapted and applied by health care staff to sensitively enquire into other social circumstances that may be impacting on the health of the service user. This could include experiences of prejudice, discrimination and abuse resulting from racism, sexism, homophobia, disability, social class, and faith issues.

Limitations of the Tool

- This is a generic pathway and provides a basic outline of good practice in responding to gender-based violence. Each stage can be further developed and adapted to suit your settings and used in conjunction with existing standards and protocols.
- Although presented in a “pathway” style, the process is not strictly linear.
- The key elements are based on the role of health professionals. It is important to consider the role and responsibility of all staff service users may disclose to e.g. auxiliary nursing staff, reception staff.
- The key elements here refer to adults who have experienced gender-based violence only. If there are concerns or disclosures regarding children, refer to child protection procedures. Consideration should also be given to the emotional or psychological impact on children

The NHS Gender-based Violence Action Plan Lead for your area will be able to provide more information in relation to this tool.

‘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, child sexual abuse, rape and sexual assault, sexual harassment, female genital mutilation, forced marriage and commercial sexual exploitation through prostitution and pornography. Many women and children, and some men, 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.’

A number of other resources are available in developing a response to gender-based violence and introducing routine enquiry specifically.

Please visit www.equalityinhealth.scot.nhs.uk for details of these resources, for information about support services for survivors and for further information about the NHSGCC GBV Plan

The Key Elements of Enquiry and Responding to Gender Based Violence

Responding to Gender-Based violence in NHSGGC

NHS Greater Glasgow and Clyde has developed a Gender Based Violence Action Plan which aims to create an organisation that understands and meets its responsibilities around gender-based violence. A key objective is to increase detection of gender-based violence and to create opportunities for service users to disclose or discuss both their experience and their related support needs. Introducing routine enquiry for gender-based violence is one way of achieving this.

Routine enquiry

Routine enquiry involves asking direct questions about gender-based violence to everyone coming to a service. This will not always happen at the initial meeting with a service user. Routine enquiry could take place at one or various points of contact.

By routinely asking all service users, NHSGCC is recognising that many experience gender based violence at some stage in their lives. The link between gender-based violence and gender inequalities, together with evidence about the health impact of abuse, has led to specific settings being targeted, where those who have experienced abuse are more likely to present.

Routine enquiry makes earlier interventions to address and reduce the impact of abuse on people's lives possible. Many practitioners are currently responding to gender-based violence, identified through enquiry in their existing assessment processes, information from a partner agency or where the service user raises the issue.

Preparation

Practitioner Response

Workers equipped to respond to GBV
 Awareness of: GBV nature, causes and consequences.
 Associated factors (mental health, addictions, homelessness).
 Impact of other inequalities (gender, sexual orientation, ethnicity, religion and belief, disability, social class).
 Understanding and knowledge of resources & supports holistic approach recognising women's history and broader context of presentation. Awareness of child protection implication of GBV.

Awareness of communication support and language needs and resources to respond to these.

Considerations prior to meeting client
 Environment.
 Privacy.
 Opportunity for disclosure / discussion.
 Provision of appropriate interpreter. / Communication support.
 Availability of information.

Setting the scene

Meeting with service user
 Explain:
 Confidentiality including limits
 You will be asking difficult and personal questions.

Remember:
 it is service users decisions to respond or disclose;
 reason for asking is to ensure that the service supports them;
 if they do not disclose asking assists them to raise experiences at any point in the future.

Provide choice of male/female worker if available.

Introducing GBV to conversation
 Set context & explain why routinely enquiring.
 or
 Refer to information received in referral.
 or
 Service user may raise issue of own accord.

Responding to service users

Immediate Response

No Disclosure - Abuse not Suspected
 Document discussion.
 No further action.

No Disclosure - Abuse Suspected
 Raise your concerns with client.
 Document reasons for concern/
 concern alleviated.
 Plan follow up with client.
 Share info with colleagues as appropriate.
 If children involved consider needs.
 Commence child protection/adult support & protection procedures if indicated.

Listen
 Reassure woman it is not her fault.
 Tell the woman you believe her.

Risk Assess
 Is woman afraid for herself or her children?
 Nature, frequency, severity of abuse.
 Stalking or harassment?
 Are you as a worker concerned?
 Mental health impact.
 Issues of self harm.
 Addiction issues.
 Additional vulnerability due to disability, physical health, communication etc?
 Are child protection procedures indicated?
 Safety of worker.

Disclosure of experience of GBV

Responding to worker

Ongoing Response

Safety Planning
(If indicated in Risk Assessment)
 Does woman require a place of safety?
 Does she have access to supports? (family / friends / support agencies).
 Develop a strategy in case of further abuse (numbers to call, places to go).
 Does the woman need support for consequences of abuse? (mental health / addictions).
 Safety planning specifics to form of GBV (e.g. child sexual abuse / prostitution)

Care Planning
 Plan care with client.
 Immediate actions (e.g. protection)
 Signposting / Referrals. (including legal / financial advice).
 Provision of choice of male/female worker.
 Continuity of workers.
 Appropriate follow up re GBV.
 Workers maintaining contact with clients can provide support if clients decline alternative supports or until these are accessed.
 Worker safety.

Documentation
 Document disclosure, concerns / indicators of abuse and actions.
 Use clients own words.
 Information shared as appropriate

Worker supports
 Debrief / reflection on situation for worker (e.g. through supervision / peer support)
 Consider planned care and ongoing support needs of worker.