Responding within Primary Care to Patient Experience of Gender-based Violence

The aim of this paper is to provide a briefing, via GP Fora, Locality Groups, and Adult Support and Protection Committees for GPs and members of Primary Care Teams on:

- the rationale for routine enquiry on gender-based violence (GBV)
- the nature of routine enquiry
- implications for Primary Care
- multi-agency responses to gender-based violence
- guidance available to support responses to GBV within primary care
- information about support services for patients in the NHSGGC area.

The briefing is intended to inform and promote discussion within these groups and teams about practical measures that can be introduced to support general practices to identify and respond to patients who have experienced domestic abuse and other forms of gender-based violence. This includes where practice staff have a concern that the patient may be at immediate risk of serious harm.

1. Introduction

1. NHSGGC has had a programme of work to improve identification and response to GBV for many years. This programme is in keeping with the Scottish Government's strategic approach to tackling gender-based violence which recognises:

- the significant evidence base detailing the health, social and financial impact of GBV.
- the different forms of GBV including domestic abuse, rape and sexual assault, child sexual abuse, stalking, forced marriage and commercial sexual exploitation
- that GBV is perpetrated predominantly by men against women and children and in most cases the perpetrators are known to

the victim (i.e. partners, ex-partners, fathers, stepfathers or other relatives or 'friends').
- that GBV happens within all social classes, income groups and ethnic communities
- factors such as age, financial dependence, poverty, disability, homelessness and insecure immigration status can heighten a person's vulnerability to abuse or make it more difficult for them to free themselves from it.
- GBV cuts across child protection and vulnerable adult agendas and it is everyone's responsibility to ensure victims are protected where it is disclosed.

1.2 For the past 3 years the GBV programme has been reinforced by the Scottish Government Health Department's CEL_41 (Gender-based Violence) (2008). A key deliverable of CEL_41 has been the introduction of routine enquiry on GBV within settings where individuals affected by this kind of abuse are most likely to present.

1.3 In January 2012 the Chief Executive of NHS Scotland issued a letter to NHS Board Chief Executives in which he renewed the Government's commitment to improving the identification and management of GBV across NHS Scotland. The letter set out the Government's twin aims of consolidating progress made to date and to completing the work of CEL_41 in a number of areas including Primary Care.

1.4 The letter recognises the pivotal role GPs have in identifying and responding to abuse. It highlights the importance of GPs being appraised of local work on GBV and of arrangements being put in place to appropriately share information in order to enhance and promote effective practice and protection.

2. The Rationale for Routine Enquiry

2.1 Over the past three years NHSGGC has worked to introduce the practice of routine enquiry on GBV within a number of Primary Care and Acute Services settings. Domestic abuse has been a key focus of this work.

2.2 Prevalence studies indicate that around 20% of women will experience domestic abuse in their lifetime. This means that many existing patients will already be experiencing abuse but may not be disclosing it, or that staff may already be receiving disclosures that

they are not comfortable in managing. Both scenarios result in patients making frequent presentations to GP services with physical or mental health symptoms that are not always traced back to their root cause and therefore not successfully diagnosed or treated. Children living with domestic abuse may also be subject to misdiagnosis and ineffective treatment. There is significant evidence that women and children living with domestic abuse may also be subject to sexual violence from the abuser.

2.3 There are early indications that when carried out sensitively as part of core practice, enquiry on abuse is generating significant levels of disclosures by patients.

3. The Nature of Routine Enquiry

3.1 A recent article about responding to domestic abuse within primary care considered the enquiry process as forming a brief intervention in itself when accompanied with the reason for asking ('because the problem is common') or the availability of specialised services, or when doing so offers a clear message about the practitioner's willingness to discuss the problem and provide support [1]. The enquiry process sends a message that the patient is not to blame for the abuse; that they are not alone and that it is an issue that health services and thereby society take seriously and that help is available. Some studies have shown positive effects of enquiry alone, including reduction in repeat incidents of domestic abuse and improvement in quality of life. [2]

3.2 Enquiry about domestic abuse can create psychological space for an individual to consider the possibility of change, which, with support, can be become a pathway to leaving an abusive partner and improve the health and well-being of many patients and their children. When embedded in assessment and care pathways, it becomes an important means of countering current low levels of reporting and detection of patient experience of domestic abuse.

4. Implications for Primary Care

4.1 As well as being good for patients, evidence suggests that earlier detection and intervention can lead to less frequent presentations to primary care services with mild to moderate mental health issues including depression and anxiety[3] [4], alcohol or substance misuse issues [5], respiratory conditions, eating disorders[6] and weight management issues.[7] This may ease

pressure on GP practice budgets, personnel time, reduce demand for prescriptions, and reduce the need for referral to other services.[8]

4.2 A number of studies evidence that patients are happy to be asked about experiences of abuse and to have their information shared with other services and agencies to enable access to support and protection[9, 10]

5. Support to General Practices from within NHSGGC

5.1 The Lead Director for Gender-based Violence within NHSGGC is the Director of Corporate Planning and Policy. Expertise on the issues around gender-based violence comes from the Lead Officers for Child Protection, Gender-based Violence and Adult Support and Protection. Each CH(C)P has a GBV lead officer who is responsible for leading and supporting local implementation of the NHSGGC GBV action plan, including within primary care services. This includes ensuring and supporting effective engagement in local multi-agency planning and procedures on GBV. Details of local contacts are:

East Dunbartonshire	Sandra Cairney: sandra.cairney@ggc.scot.nhs.uk
East Renfrewshire	Ellen McGarrigle: ellen.mcgarrigle@ggc.scot.nhs.uk
Glasgow North East Sector	Janet Hayes; janet.hayes@ggc.scot.nhs.uk
North West Sector	Gareth Greenaway; gareth.greenaway@ggc.scot.nhs.uk
South Sector	Alan Gilmour: alan.gilmour@ggc.scot.nhs.uk
Inverclyde	Sharon McAlees: sharon.mcAlees@inverclyde.gov.uk
Renfrewshire	Anne Burns: anne.burns3@ggc.scot.nhs.uk
West Dunbartonshire	Ailsa King: ailsa.king@ggc.scot.nhs.uk

6. Engagement with other agencies

6.1 It is widely recognised that when agencies work together they can intervene effectively with the men who perpetrate violence; safeguard individuals affected by it; and take steps to prevent it happening in the first place.

6.2 A number of multi-agency planning arrangements and delivery mechanisms are in place across NHSGGC and can support effective interventions on gbv within Primary Care Services. Information about these arrangements is contained in Appendix 1 together with contact details for CHCP GBV Leads who can provide further details about such arrangements and how primary care services might link into them.

6.3 Police Disclosures of DA incidents to GPs: Since 2nd July 2012 Strathclyde Police has begun sharing information by letter with GPs following their attendance at a domestic abuse incident, to alert them to the fact that their patient is at high risk of continuing and serious harm. The police have the victim's consent to share this information. Sharing of this information provides an opportunity for the GP to have a conversation with the patient about the effect of the abuse on their health and to refer them for further assessment, support and information.

7. Guidance on Responding to GBV within Primary Care Services

i. *Responding to Domestic Abuse: Guidance for General Practices* Royal College of General Practitioners (RCGP) (June 2012). Work is underway to have this adapted for the Scottish context.
ii. *Rape or Sexual Assault Information for GPs (RCPG Scotland) (2011)* supports GPs to respond, signpost, refer patients affected by rape and sexual assault.
iii. Patient Information leaflets:
   - *Information for Survivors: Recent Assault*
   - Information for Survivors: Childhood Abuse

iv. *NHSGGC Forced Marriage Policy and Guidance for Health Workers*
v. *NHSGGC Guidance on Human Trafficking*
vi. *NHSGGC response to Female Genital Mutilation*

All of the above guidance can be held on the GP IT system for ease of access.

Please visit http://www.equalitiesinhealth.org/gender_based_violence.htm for further information and guidance on all aspects of GBV and specialist support services.

7. Patient Support Services and Helplines

A range of services exist at local and national levels that can support primary care practitioners' response to patients' experiences of GBV. Please see Appendix 1.

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References

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8. Evaluation Report of Domestic Abuse Pilot Project Accident and Emergency Service, Royal Alexandra Hospital, Paisley Bryce, A., Elliot, E. (2010)(internal NHSGGC document

9. Evaluation of Pilot of Routine Enquiry of Domestic Abuse within NHSGGC Maternity Services. Internal NHSGGC report McFeely, C. (2007)

10. Evaluation of Implementation of Routine Enquiry of Domestic Abuse in a Termination of Pregnancy Service.(internal NHSGGC report) Kergan, L., McFeely,C., (2012)

APPENDIX 1

Multi-agency GBV planning arrangements and delivery mechanisms across NHSGGC

A range of multi-agency arrangements are in place to co-ordinate agency responses to gbv for the purposes of improving services protecting victims of abuse and preventing gender- based violence. Please contact your CH(C)P GBV lead for further information about multi-agency arrangements in your area.

1. Multi-Agency Planning and Procedures

To promote partnership working on the issue the Scottish Government has supported the establishment of strategic multi-agency planning arrangements (MAPs) on GBV within all local authority areas across Scotland. MAPs work to ensure a comprehensive response to gbv across prevention, protection, provision and participation.

The guiding principles of this shared approach are set out in Safer Lives: Changed Lives: A Shared Approach to Tackling Violence Against Women in Scotland, 2009. This strategy is underpinned by a shared commitment from all partners to tackle violence against women as a fundamental activity towards achieving the national outcomes.

2. Multi-Agency Risk Assessment Conferences (MARACs)

A MARAC is a local multi-agency risk management process which aims to increase protection of adults and children (if any) affected by domestic abuse, address the behaviour of the perpetrator, make links with other public protection arrangements and safeguard agency staff.

MARACs work by bringing agencies together to share information about, and agree actions, that will increase the protection of individuals who have been assessed as being at a very high risk of serious physical or emotional harm as a result of domestic abuse. The approach is to put the victim or non-abusing carer at the centre of the process and hold the abuser accountable for his actions.

MARACs are in place in most local police divisions across Scotland. They have been in place within Glasgow Police Divisions for some time and work is currently underway to establish them across the NHSGGC area.

Within NHSGGC area MARACs are administered and convened by ASSIST, a support service for victims of domestic abuse jointly funded by Scottish Government and Strathclyde Police based within Glasgow Community Safety Services. Referral to a MARAC follows assessment of risk of harm to the victim using the CAADA-DASH risk assessment tool. More information about the tool is available in http://www.caada.org.uk/dvservices/CAADA_GP_guidance_manual_FINAL.pdf

MARACs can provide a referral route for Primary Care Service providers who have concerns about the safety of individual patients who are experiencing domestic abuse and together with child and adult protection procedures can help ensure agencies and their staff meet their responsibilities to protect adults and children at risk of harm.

The UK Council of Caldicott Guardians has produced ‘Striking the Balance’ practical guidance on the application of Caldicott Guardian Principles to Domestic Violence and MARACs. The guidance seeks to identify any underlying ethical considerations to help resolve any tensions between confidentiality and information sharing.

3. Early Intervention for children: Non-Offence Reporting Mechanisms (NORMs)

Police, Social Work, Health and Education Services come together with other key agencies to agree effective early intervention to ensure care and protection for children affected by domestic abuse where police have attended an incident that has not resulted in a report the procurator fiscal.

Such arrangements have been shown to reduce referrals of children to the Children’s Reporter or into formal child protection procedures while ensuring any child protection issues are identified and addressed. GBV leads can provide information about any similar arrangements in your area.

Kath Gallagher

USEFUL CONTACTS FOR PATIENTS: GREATER GLASGOW & CLYDE

Child Sexual Abuse:
Sexual Abuse of Young Women (SAY Women) Helpline: 0141 552 5803

Scottish Government Website:
www.survivorscotland.org.uk/

Domestic Abuse:
National Domestic Abuse Helpline: open 24 hours per day
Freephone 0800 027 1234

Women's Aid Services within GGC area :

East Renfrewshire:	0845 1801 323
East Dunbartonshire:	0141 776 0864
Glasgow	0141 553 0592
Inverclyde:	01475 888505
Renfrewshire:	0141 561 7030
West Dunbartonshire:	
Clydebank:	0141 952 8118
Dumbarton District:	01389 751036
Hemat Gryffe Women's Aid (supports women from minority ethnic communities)	0141 353 0859

Contact and access details for all women's aid services:
http://www.scottishwomensaid.org.uk/info-for-women/local-womens-aid

Support for male victims: www.mensadviceline.org.uk

Forced Marriage:

The National Domestic Abuse Helpline provides advice to individuals affected by forced marriage. **0800 027 1234**
Alternatively, direct individuals to www.yourrightsscotland.org

Local support services for **women:**
Hemat Gryffe Women's Aid Tel: 0141 353 0859

Support for male victims: www.mensadviceline.org.uk

Rape and Sexual Assault:
Rape Crisis Scotland Helpline open daily: 6pm-12midnight
Freephone: 08088 01 03 02 Minicom number 0141 353 3091

To find your local rape crisis service go to:
http://www.rapecrisisscotland.org.uk/find-a-service/

Archway: Sexual Assault Referral Centre (at Sandyford Initiative): services for female and male victims of recent rape and sexual assault **: 0141 211 8175**

National Rape and Sexual Assault info pack:
www.scotland.gov.uk/Resource/Doc/220190/0059149.pdf

Prostitution:
Routes Out of Prostitution Intervention Team: 0141 276 3985

Trafficking for Commercial Sexual Exploitation:

MIGRANT HELPLINE: 07837 937737

Trafficking Awareness Raising Alliance (TARA)
Service for women over 18 years old: 0141 276 7724

Further information and guidance on all aspects of GBV and specialist support services.
http://www.equalitiesinhealth.org/gender_based_violence.html