



partnership
information network
for the service by the service

GENDER-BASED VIOLENCE EMPLOYEE PIN POLICY

FEBRUARY 2011

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1st Edition 2011

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Ministerial Foreword



NHSScotland aims to deliver the highest quality healthcare services and, through this, to ensure that NHSScotland is recognised by the people of Scotland as amongst the best in the world. The *Quality Strategy*¹ sets the overall direction for achieving this, both now and in the future, focussing on three Quality Ambitions: ‘person-centred’, ‘safe’ and ‘effective’. Delivering against all three is dependent on having a committed, dedicated, professional and healthy workforce.

I am proud of the progress made by NHSScotland Boards in striving towards exemplar employer status. Staff Governance (ensuring the fair and effective management of staff) has been enshrined in legislation, and enjoys equal status with the other pillars of clinical and financial governance. Similarly, the evolution of partnership working between employers and trade unions/professional organisations at both local and national level has helped to ensure that we have a health service in which employees are actively involved in the decisions which affect them and engaged in delivering high quality services. Indeed, the approach to employee relations within NHSScotland has been described in a recent report as ‘*groundbreaking*’ and ‘*arguably the most ambitious labour-management partnership so far attempted in the UK public sector*’².

The development of NHSScotland Partnership Information Network (PIN) policies provides a means of further ensuring sound staff governance practice. They set a minimum standard of practice in the area of employment policy, helping to ensure a fair and consistent means of managing staff which meets both current legislative requirements and best employment practice. These PIN Policies have been published following significant work in partnership between the Scottish Government, NHSScotland employers and recognised trade union/professional organisation partners, and following widespread consultation across the service.

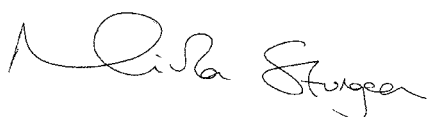
¹ <http://www.scotland.gov.uk/Topics/Health/NHS-Scotland/NHSQuality/QualityStrategy>

² Nottingham University Business School, 2011. *Evaluating Labour-Management Partnership in NHSScotland: first-findings*.

These PIN Policies form part of the terms and conditions of employment of all NHSScotland employees. While Boards may develop policies to meet particular local needs, I expect all Boards to adhere to the PIN policies and ensure that practice never falls short of any of the provisions set out within these policies. By doing so, we can ensure that employees are treated fairly and consistently irrespective of the part of the service in which they work.

I am asking all NHSScotland managers and leaders to ensure that they adopt and embrace the PIN policies within their Boards and within their individual roles. I am also tasking Employee Directors and Board Partnership Forums to champion these policies and to raise non-compliance in a positive and constructive manner.

These PIN policies represent an exemplar approach to employment policy and practice, and I look forward to seeing evidence of their implementation across NHSScotland in the months and years ahead.

A handwritten signature in black ink, appearing to read 'Nicola Sturgeon'. The signature is fluid and cursive, with a large initial 'N' and 'S'.

Cabinet Secretary for Health, Wellbeing and Cities Strategy

Preface

Staff Governance

Staff Governance is defined as “a system of corporate accountability for the fair and effective management of all staff”. The [Staff Governance Standard](#)³, which is applicable to all staff employed in NHSScotland, sets out what each NHSScotland employer must achieve in order to improve continuously in relation to the fair and effective management of staff. The Standard requires that all NHS Boards must demonstrate that staff are:

- Well informed;
- Appropriately trained;
- Involved in decisions which affect them;
- Treated fairly and consistently; and
- Provided with an improved and safe working environment.

It is recognised that staff are central to achieving the principal aims of NHSScotland, namely to improve health and wellbeing, and to deliver high quality care to those with ill health. Achievement against the Staff Governance standard is therefore key to the effective and efficient delivery of services by providing an environment that is inclusive and conducive to employees giving of their best.

NHSScotland’s commitment to staff governance has been reinforced by its legislative underpinning within the [National Health Service Reform \(Scotland\) Act 2004](#)⁴, which ensures parity with the other two governance pillars of clinical and financial governance.

PIN Policies

Partnership Information Network (PIN) policies define a minimum standard of best employment practice and are designed to achieve a consistent approach to the way NHSScotland deals with its employees. They have been developed in partnership between NHSScotland management, trade unions/professional organisations and Scottish Government. While local adaptations may be agreed in partnership to suit Boards’ own local needs, any such adaptations must still meet or exceed the minimum standards set out within the PIN policies.

³ <http://www.staffgovernance.scot.nhs.uk>

⁴ <http://www.legislation.gov.uk/asp/2004/7/contents>

Compliance with the Staff Governance Standard includes implementation of PIN policies. Boards will be expected to evidence adherence to the PIN policies as part of the annual SAAT and accountability review processes. Part 1: Principles and Partnership of the *Agenda for Change Terms and Conditions Handbook*⁵ incorporates PIN policies within the terms and conditions of employment of all NHSScotland staff and serves to further reinforce the fact that adherence to the minimum standards set out within them is mandatory for all NHSScotland Boards.

Board Partnership Forums therefore have a key role in ensuring that locally developed policies meet or exceed the minimum standards set out in the PIN policies; and in raising non-compliance in a positive and constructive manner.

⁵ <http://www.msg.scot.nhs.uk/wp-content/uploads/Agenda-for-Change-Handbook-Master-Scottish-Copy-Amendment-24.pdf>

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1 Introduction

The *Staff Governance Standard*⁶ commits NHSScotland to ensuring that all staff are treated fairly and consistently and that the minimum standards, as described in Partnership Information Network (PIN) policies, are met or exceeded.

Staff working across NHSScotland have a clear entitlement to be '*provided with an improved and safe working environment*' monitored through the explicit commitment in the Staff Governance Standard.

This *Gender-Based Violence* PIN policy is designed to contribute to such a safe working environment and provide a clear framework for a partnership approach.

The policy has been developed to meet the requirements of the Chief Executive's Letter on Gender-Based Violence (*CEL(2008)41*)⁷. The CEL, issued to NHSScotland Boards in September 2008, outlines a 3-year programme of work to improve the identification and management of Gender-Based Violence across NHSScotland.

The impact of Gender-Based Violence on the health and well-being of NHSScotland staff is a serious, recognisable and preventable problem like many other health and safety issues that affect NHSScotland organisations. This policy has accordingly been created to promote the welfare of staff affected by current or previous experience of such abuse. It further aims to ensure that organisations respond effectively to staff members who may be perpetrators of such abuse.

In partnership with local trade unions/professional organisations, this PIN policy should be adopted and implemented as a minimum standard within NHSScotland Boards.

⁶ <http://www.staffgovernance.scot.nhs.uk>

⁷ http://www.show.scot.nhs.uk/sehd/mels/CEL2008_41.pdf

2 Gender-Based Violence

2.1 What is Gender-Based Violence?

2.1.1 Gender-Based Violence is a major public health issue which cuts across the whole of society. It is also a fundamental violation of human rights.

2.1.2 Gender-Based Violence is an umbrella term that encompasses a spectrum of abuse experienced mostly by women and perpetrated mainly by men including: domestic abuse, rape and sexual assault, childhood sexual abuse, sexual harassment, stalking, commercial sexual exploitation and harmful traditional practices such as female genital mutilation (FGM), forced marriage and so-called 'honour' crimes.

2.1.3 Although primarily experienced by women, the policy recognises that men too can experience abuse. For example:

- Of 53,681 domestic abuse incidents reported to Scottish police in 2008/09, 84% of victims were female. (Statistical Bulletin 2008/9);
- In 2006, a study found that domestic abuse within same sex relationships could be as high as 1 in 3. (Donovan, Hester, Holmes & McCarry);
- 21% of girls and 11% of boys have experienced childhood sexual abuse. (Cawson et al, 2000);
- 37% of aggravated stalking against women was by a partner or ex partner and 8% was against men. (Walby & Allen, 2000); and
- In 2009, the UK Forced Marriage Unit dealt with 1682 cases of forced marriage, 86% of these were women and 14% men. (Forced Marriage Unit).

Full references and further information on the prevalence and impact of abuse on women and men are included in the attached Appendix 1.

2.2 Why is a policy needed?

2.2.1 Given its prevalence within the wider population, and the size of the workforce in NHSScotland, it is inevitable that a significant number of NHS employees will have experience of some form of abuse, past or current. It is further recognised that a number will be perpetrators.

The focus on improving the NHS response to Gender-Based Violence, particularly the implementation of routine enquiry of abuse in key services, may result in a greater number of staff disclosing their own experiences of abuse.

2.2.2 Given the disproportionate impact on women and girls, Gender-Based Violence is one of the most sensitive indicators of gender inequality. As such, implementation of this policy will assist NHSScotland Boards to meet their legislative obligations to promote gender equality under the [Equality Act 2010](#)⁸.

As well as being rooted in gender inequality, Gender-Based Violence cuts across boundaries of ethnicity, age, disability, sexual orientation, religion and belief. The policy will therefore also contribute to Boards' legal requirements in relation to these other aspects of the Equality Act.

2.2.3 Whether it takes place within or outside of the workplace, the employment implications for employees who experience abuse are significant. It can have a detrimental impact on health and well-being, which may affect attendance, performance and productivity.

2.2.4 Allegations of abuse made against employees could have potential implications for their employment role and could breach organisational and professional codes of conduct.

⁸ <http://www.legislation.gov.uk/ukpga/2010/15/contents>

2.2.5 The creation of a specific policy on Gender-Based Violence demonstrates the commitment of NHSScotland Boards to improving the safety and welfare of all staff affected by abuse. Having an explicit policy enables organisations to:

- Raise awareness of GBV as a serious health and social issue, highlighting its hidden nature and the impact on those affected by it;
- Send a positive message to employees with experience of abuse that they will be listened to and supported;
- Project a clear signal that the actions of employees who perpetrate abuse, within or outside the workplace, is unacceptable;
- Provide a framework for addressing the behaviour of employees who may be perpetrators of abuse and who may pose a risk to other employees or patients within the context of their work;
- Clarify the scope for managers to interpret and apply provisions within existing NHS policies when responding to Gender-Based Violence;
- Create a potential cost benefit for NHSScotland, by contributing to the reduction of absence related costs and increased productivity; and
- Improve their reputation by formally recognising and responding to Gender-Based Violence as a serious workplace issue.

2.2.6 The policy includes guidance for managers to assist them to implement its aims.

3 Main Report

3.1 Organisational context

This policy applies to all employees and people working within NHSScotland organisations. NHSScotland Boards should ensure that employers of sub-contracted and agency staff have policies and procedures in place which meet the standards outlined in this policy. Furthermore, where contractors are the perpetrators of abuse, they must be advised that their contract may be terminated prematurely.

3.1.1 Links to other policies

This Gender-Based Violence PIN is designed to complement other NHSScotland PIN Policies including *'Managing Health at Work'*, *'Embracing Equality, Diversity & Human Rights in NHSScotland'*, *'Supporting the Work-Life Balance'*, *'Preventing & Dealing with Bullying & Harassment in NHSScotland'* and *'Management of Employee Conduct'*⁹. NHSScotland Boards should develop not only a local policy to meet the requirements of this PIN Policy, but also be clear how such local policies link with those developed against the other PIN policies as detailed above, detailing such links as appropriate within the same.

To promote a workplace culture in which Gender-Based Violence is recognised and addressed, this issue should be incorporated explicitly into the following:

- Health & safety risk assessment programmes;
- Core training programmes, including staff induction; and
- Local *'Preventing & Dealing with Bullying & Harassment in NHSScotland'*¹⁰ and *'Management of Employee Conduct'*¹¹ policies. Consideration should be given to the scope for including Gender-Based Violence in the list of potential offences that constitute serious/gross misconduct.

⁹ <http://www.staffgovernance.scot.nhs.uk>

¹⁰ <http://www.staffgovernance.scot.nhs.uk>

¹¹ <http://www.staffgovernance.scot.nhs.uk>

3.1.2 Confidential contacts

Given the sensitive nature of this issue, and the challenges it may present for managers, organisations are encouraged (where possible) to identify a network of 'Confidential Contacts' for Gender-Based Violence. Their role would be similar to that described within the *Preventing & Dealing with Bullying & Harassment in NHSScotland*¹² PIN Policy; namely, to provide an initial point of contact for private discussion. Such Contacts, who may be drawn from employees or representatives of trade unions/professional organisations, would primarily act as a signposting service for employees, providing independent, confidential support to employees who may be affected by or accused of Gender-Based Violence, either currently or in the past. They will meet to listen to an employee's concerns and help them explore the options available, including enabling them to access the provisions of local policies as appropriate. The role would not involve providing counselling or advice.

It should be noted that, while representatives of trade unions/professional organisations may undertake this function, it would negate any representation role in the same case.

There are 2 prerequisites for making such a network effective:

- Contacts need to receive training which should include understanding their role in supporting employees to access the provisions of this PIN policy, core training on Gender-Based Violence, basic listening skills, setting boundaries and record keeping; and
- The support needs of Confidential Contacts have to be given consideration. For example, Human Resources (HR) may be able to provide supervision and/or organise regular meetings to support them and facilitate peer support. It is likely that these Contacts may also require a degree of support from their own line managers.

¹² <http://www.staffgovernance.scot.nhs.uk>

3.1.3 Training for key staff

Although managers may recognise GBV as a serious social issue, they may not necessarily feel equipped to respond appropriately to disclosures of abuse from staff. Consequently it is important that they have access to guidance and support.

To ensure this is available, it will be necessary for key staff with such a role to receive training on understanding the provisions of this policy and its implementation, i.e. Line Managers, HR, Occupational Health, Learning and Development (L&D) staff, and GBV Confidential Contacts. It is recommended that training is undertaken in partnership with colleagues from trade unions/professional organisations.

Content of the training should cover:

- The nature of Gender-Based Violence and its impact on the workplace;
- Awareness of the legal context;
- Why Gender-Based Violence is a management responsibility;
- How to address the needs of staff with experience of abuse, taking account of inequalities issues and any additional support needs;
- How to risk assess and safety plan;
- How to respond effectively to allegations of abuse;
- Who to go to for support and advice; and
- The importance of working in partnership with trade unions/professional organisations and external support agencies.

3.1.3.1 Resources

Training will be provided through the CEL Gender-Based Violence Programme, prioritising key staff with a role in providing an immediate response to employees with experience of abuse.

To plan the roll out of the training, managers, HR and L&D staff should link into their Board's existing CEL infrastructure for Gender-Based Violence. Where possible, organisations may also wish to consider the scope for HR and L&D staff to contribute to the ongoing delivery of training.

3.2 Principles & values

- 3.2.1** The principles and values of this PIN reflect those within other NHSScotland PIN Policies, i.e. valuing all employees and acknowledging that they have a right to work in an environment that is safe, promotes equality, dignity at work and encourages individuals to treat each other with respect.
- 3.2.2** To uphold the above principles, the organisation has an ethical and legal responsibility to:
- Take reasonable steps to promote equality and reduce the risk of Gender-Based Violence; and
 - Take action where incidents occur or allegations of abuse are raised.
- 3.2.3** NHSScotland organisations are committed to ensuring that all employees have equitable access to the provisions of this policy. Given this, the policy takes account of the barriers and differential needs of staff who may require additional support due to the impact of various forms of inequality, i.e. gender, race, disability, sexual orientation, age, socio-economic status, religion and belief.
- 3.2.4** All disclosures of abuse experienced by employees should be treated confidentially, the key exception being situations where there is reason to believe that there may be a risk to others, including harm to children. In these circumstances, local child/adult protection procedures should be followed.
- 3.2.5** NHSScotland organisations are committed to creating an environment in which employees are safe to disclose their experience of abuse in order to access support and increase safety for themselves and others. The right of staff not to disclose, however, must be respected and no-one should feel pressured into sharing this information if they do not wish to do so.

3.2.6 As is the case with other criminal convictions, employees (and prospective employees) would be required to disclose any unspent convictions related to abuse. Furthermore, depending on the nature of the role, prospective employees may also be required to disclose spent convictions as part of the application process. It is presently the case that a number of professional bodies, such as the NMC, require registered professionals to disclose not only any convictions, but also any charges which are being brought against them. While it is unlikely that NHSScotland employers currently have contractual arrangements in place which require employees to disclose 'charges', it is recommended that organisations consider introducing such arrangements, through discussion and agreement with local partnership structures. Further guidance is provided later in the policy regarding the approach to be taken where disclosures of charges or convictions are made, either by prospective or existing employees.

3.3 Legal framework/relevant legislation

The policy is underpinned by the following legislation (which is not an exhaustive list):

- *Health and Safety at Work etc. Act 1974*¹³: Under this Act, employers have a duty to ensure, as far as is reasonably practicable, the health and safety and welfare of employees at work;
- *The Management of Health and Safety at Work Regulations 1999*¹⁴: The regulations require employers to assess the risk of violence to employees and make arrangements for their health and safety;
- *Equality Act 2010*¹⁵: This Act simplifies and harmonises existing equality legislation and extends protection to a wide range of groups to ensure that they are treated more fairly. Under the Act, people are not allowed to discriminate, harass or victimise another person on grounds relating to age, disability, gender reassignment, race, religion or belief, sex, sexual orientation, marriage and civil partnership, or pregnancy and maternity, referred to as 'protected characteristics';
- *Protection from Abuse (Scotland) Act 2001*¹⁶: This Act is designed to afford greater protection to individuals who have left abusive relationships by allowing for a power of arrest to be attached to an interdict;
- *European Convention on Human Rights, Article 3*¹⁷: Affords an 'absolute' right not to be tortured, or inhumanely or degradingly treated or punished;
- *Protection from Harassment Act 1997*¹⁸: Criminalises, and creates a right to protection from, stalking and persistent bullying in the workplace. Employers may be vicariously liable for harassment under the Act; and
- *Sexual Offences (Scotland) Act 2009*¹⁹: Criminalises a range of sexual offences including rape and sexual assault against adults and children.

¹³ <http://www.legislation.gov.uk/ukpga/1974/37>

¹⁴ <http://www.legislation.gov.uk/uksi/1999/3242/contents/made>

¹⁵ <http://www.legislation.gov.uk/ukpga/2010/15/contents>

¹⁶ <http://www.legislation.gov.uk/asp/2001/14/contents>

¹⁷ http://www.echr.coe.int/NR/rdonlyres/D5CC24A7-DC13-4318-B457-5C9014916D7A/0/ENG_CONV.pdf

¹⁸ <http://www.legislation.gov.uk/ukpga/1997/40/contents>

¹⁹ <http://www.legislation.gov.uk/asp/2009/9/contents>

3.4 Responding to Gender-Based Violence

This section covers the impact of Gender-Based Violence in the workplace and details the ways in which managers can support staff with experience of abuse. Responding to allegations about employees who may be perpetrators is also covered.

3.4.1 Impact on the workplace

The following section covers the potential impact of Gender-Based Violence on employees and work colleagues at work.

Impact on employees at work

- Negative impact on an employee's ability to attend or function effectively at work e.g. they may have mood swings, be constantly tired or preoccupied, have difficulty concentrating, be withdrawn and have a strained relationship with colleagues;
- Absenteeism due to long-term physical injuries and/or psychological symptoms such as anxiety/depression and using drugs/alcohol as a coping strategy – these may be linked to former abuse in childhood or adulthood;
- Time off as a result of having to seek help from solicitors, doctors and support agencies;
- Lateness as a result of the abuser attempting to prevent an employee from going to work;
- Harassment/abuse at the workplace: such behaviour can include numerous telephone calls, faxes or emails or the abuser turning up. Employees may be stalked, or subjected to verbal or physical abuse at the workplace or while they are travelling to and from work. In extreme cases, employees have been murdered at their place of work; and
- Risk to children: If the employee uses workplace childcare facilities, children may be in danger of abuse or abduction whilst on the premises.

Impact on work colleagues

Gender-Based Violence can also affect other staff members who may:

- Have to fill in for absent or less productive colleagues;
- Try to protect a colleague experiencing abuse from unwanted phone calls or visits;
- Feel helpless and unsure about how to intervene;
- Be distracted from their own work;
- Experience a negative impact on their own mental and emotional health, especially if they too are/have been affected by abuse; and
- Fear for their own safety.

3.4.2 How Gender-Based Violence may affect staff

This policy covers historical, recent and ongoing abuse. It is important to recognise that some staff may have experience of more than one form of Gender-Based Violence.

All forms of abuse can have an adverse impact on both physical and mental health. Although the actions required to support staff may vary depending on the nature and timing of the abuse, the core principle of offering a supportive and flexible response remains consistent. For example:

- *Current/ongoing abuse*

This may be in the context of domestic abuse from a partner or ex-partner; it may involve ongoing physical and psychological abuse, threats, and/or stalking and harassment. In such instances, there may be an urgent need for a workplace risk assessment and safety planning to assess the potential risks to the staff member, children, colleagues and others.

Flexibility around working arrangements may also be needed and information made available on what support can be provided by the NHS and other national/local agencies such as the Domestic Abuse Helpline, Men's Advice Helpline, Women's Aid, Rape Crisis and trade unions/professional organisations etc.

- *Past abuse*

Employees may have experienced abuse in the past e.g. sexual abuse in adulthood or childhood, which is currently interfering with their ability to cope, and they may need support to deal with this. Their current reaction might have been triggered by working with patients on these issues, requiring some flexibility and sensitivity around their case management. It may also be that they are involved in legal proceedings around the abuse and need to have both practical and supportive line management during this period.

3.4.3 Barriers to seeking support

Although widespread, Gender-Based Violence is often hidden, generally occurring in a private or domestic setting, away from the workplace. The vast majority of cases of abuse are not disclosed to public agencies (including the police) and of those which are, relatively few result in criminal conviction. The covert nature of abuse and the impact it has on individuals can act as barriers to disclosure. For example:

- People who have experienced abuse are often silenced by the perceived shame and stigma that surround it; they may feel they will be judged or blamed for the abuse and may therefore be reluctant to seek help within the workplace;
- Issues around trust and concerns about confidentiality, especially if children are involved or if the perpetrator is also an NHS employee, can make it difficult for individuals affected to come forward; and
- Staff may fear that seeking help could impact on how they will be treated by managers or colleagues, e.g. that they may be perceived as less competent or ineffective in their post and/or that it may prejudice career advancement.

It is equally important to be mindful of diversity within the workforce, and that staff may have other experiences of discrimination or inequality which could affect, or indeed compound, the impact of abuse. For example:

- People in lesbian, gay or bisexual relationships who have not disclosed their sexual orientation may be reluctant to discuss domestic abuse, thereby 'outing' themselves in an environment which they may fear to be unsupportive or homophobic;
- Whilst Gender-Based Violence is predominantly experienced by women, it does impact on some men. Disclosing abuse can be difficult for men who may fear being seen as 'weak' or 'unmanly'. Male survivors of rape or childhood sexual abuse may also fear being regarded as potential abusers given the widespread acceptance of the myth of the 'cycle of abuse';
- Black and minority ethnic (BME) staff may be concerned that they will be ostracised in their communities, or accused of bringing dishonour on their families if they disclose abuse. They may be fearful of feeding racist or stereotypical views within the workplace which may minimise or dismiss their experiences; and
- Forms of domestic abuse can vary, e.g. forced marriage or so-called 'honour' based violence, which may be perpetrated by extended family members of both sexes as well as a husband/partner.

3.4.4 Supporting staff with experience of abuse

NHSScotland organisations are committed to creating a working environment that enables employees affected by abuse to feel safe and confident in seeking support and advice from a range of sources, i.e. Line Managers, Occupational Health and HR staff, GBV Confidential Contacts and/or trade unions/ professional organisations and external agencies.

3.4.4.1 *What managers can do*

Managers have a role to address the needs of employees who have experience of abuse. In responding to staff, they are expected to be available and approachable; to listen and reassure; respond in a sensitive and non-judgemental manner and discuss how the organisation can support them.

In cases where a member of staff raises their experience of abuse, managers should endeavour to provide flexible support, tailored to meet the circumstances of each individual, taking account of any additional needs that they may have. Managers should be aware of the potential barriers that make it difficult for employees to seek support and should be conscious not to make judgements or to provide counselling or advice.

When responding to employees, managers should refer to local policies developed in line with national PIN policies, such as: *'Managing Health at Work'*, *'Embracing Equality, Diversity & Human Rights in NHSScotland'*, *'Supporting the Work-Life Balance'*, *'Preventing & Dealing with Bullying & Harassment in NHSScotland'* and *'Management of Employee Conduct'*²⁰, and act in accordance with child/adult protection procedures, referring to Occupational Health and Human Resources as appropriate.

Although managers should try to be as supportive as possible, employees should, nonetheless, have a clear understanding of what is expected of them in relation to performance and attendance.

If an employee discloses experience of abuse during procedures in relation to performance, absenteeism etc, this should be taken into account. If it is felt that the issue can be resolved by addressing the support/safety needs of the employee, then the process may be suspended. Managers should refer to local *Management of Employee Conduct, Management of Employee Capability*²¹ and *Promoting Attendance*²² policies, developed in line with national policy, as appropriate.

²⁰ <http://www.staffgovernance.scot.nhs.uk>

²¹ <http://www.staffgovernance.scot.nhs.uk>

²² <http://www.staffgovernance.scot.nhs.uk>

As a manager, you can support staff by:

- Being aware of the possibility that staff members could be affected by past or current abuse;
- Recognising potential signs of abuse;
- Initiating discussion if you have concerns about abuse;
- Responding sensitively to disclosure;
- Helping your staff member assess their level of risk and devise a safety plan in cases of domestic abuse;
- Considering what workplace supports you could provide within the scope of current NHS policy provisions;
- Providing information about other sources of help; and
- Keeping good records, documenting discussion and actions taken, ensuring that information is stored confidentially.

3.4.4.2 *Potential signs of abuse*

Note: Given the barriers that can make it difficult for staff to disclose abuse, they may not necessarily approach you as their manager in the first instance. It is more likely that you will become aware of any problems through associated issues such as absence monitoring, poor performance or uncharacteristic changes in an employee's behaviour.

Some of the signs that an employee could be affected by their experience of abuse are outlined below. Keep in mind, however, that this is not an exhaustive list nor should these factors be seen in isolation. Also, they may be indicative of other concerns unrelated to abuse. The context within which they occur is therefore an important consideration.

Work productivity

- Persistently late without explanation; needing to leave work early;
- Constraints on work schedule; employee may be dropped off and picked up from work and unable to attend work related events;
- High absenteeism rate without explanation;
- Needing regular time off for 'appointments';
- Changes in quality of work performance for unexplained reasons, e.g. may start missing deadlines and show additional performance difficulties despite a previously strong record;
- Interruptions at work, e.g. repeated upsetting calls/texts/e-mails; Reluctance to turn off mobile phone at work; and
- Increased hours being worked for no apparent reason, e.g. very early arrival at work or working late.

Psychological indicators

- Changes in behaviour: may become quiet and withdrawn, avoid interaction, making acquaintances or friends at work; may always eat alone;
- Uncharacteristic distraction, problems with concentration;
- May cry at work or be very anxious;
- Obsession with time;
- May exhibit fearful behaviour such as startled reactions;
- Fear of partner/references to anger;
- Is seldom or never able to attend social events with colleagues;
- Expresses fears about leaving children at home alone with partner;
- Secretive regarding home life; and
- Appears to be isolated from friends and family.

Physical indicators

- Repeated injuries such as bruises that are explained away; explanations for injuries that are inconsistent with the injuries displayed;
- Frequent and/or sudden or unexpected medical problems/sickness absences;
- Sleeping/eating disorders;
- Substance use/dependence;
- Depression/suicide attempts;
- Fatigue; and
- Change in the way the employee dresses, e.g. excessive clothing in summer; unkempt or dishevelled appearance, change in the pattern or amount of make-up worn.

Vicarious Trauma

Many health workers experience stress at work which sometimes can be related to the particular role they have in responding to the distress of others. For example, working with people who have experienced trauma such as childhood abuse or rape. In some cases, workers may feel overwhelmed by this and experience difficulties in coping, e.g. they can't 'switch-off' from work; they may have intense feelings of horror, shock or sadness or pictures that they can't get out of their mind. They may have nightmares or be hyper-vigilant. They may have strong feelings and reactions to what they've heard, or perhaps over-identify with the suffering of patients.

This is known as vicarious trauma, sometimes referred to as 'secondary trauma', 'burnout' or 'compassion fatigue' and can arise when practitioners over empathise and take on the pain and suffering of others. For some staff, the experience of supporting survivors of abuse may also trigger emotions relating to their own experience of abuse which they may find difficult.

It is important for managers be aware of the possibility of vicarious trauma and support staff to address its effects. Evidence suggests that such trauma diminishes where employees work in a sensitive and supportive environment with good supervision.

3.4.4.3 *Asking about abuse and responding to disclosure*

Creating an environment where staff are aware of this policy and feel able to seek support is important in helping to meet the needs of staff experiencing abuse.

Although some people are afraid of being intrusive or causing offence, research shows that most people experiencing domestic abuse wish somebody had asked them about it.

Should you suspect that a staff member may have experienced some form of abuse:

- Provide a private space, reassure them about confidentiality and advise of the limits of this at the outset, i.e. risk to the safety of others, child protection;
- In instances when you pick up on possible signs of abuse, proactively initiate a discussion with your member of staff. Ask non-threatening, open questions – for example: *“how are things at home?”* or *“How are you feeling generally?”*;
- If there is obvious bruising/injuries, then ask direct questions: *“I’m worried about you because.....”* or *“I’m concerned about your safety.....”*; and
- Non-disclosure: you should be aware that an employee may choose not to share information about abuse during a first discussion. If this is the case, advise them that you or a nominated GBV Confidential Contact will be available to provide support in the future if required.

3.4.4.4 *Responding to a disclosure of abuse*

- Be aware of some of the barriers to disclosure for employees, e.g. not recognising/wanting to recognise their experience as abusive, fear of bringing shame or dishonour to their family, fear that they might lose their children, belief that the abuse is their fault, concerns about confidentiality;
- Treat staff with respect and dignity. Be non-judgemental, supportive and sympathetic. Reassure them that the abuse is not their fault, that no-one deserves to be abused and acknowledge that it is not always easy to know what to do;
- Be clear about the parameters of your role, i.e. providing information and practical support but not offering opinions or advice or adopting a counselling role;
- Take account of any additional cultural and inequalities needs; and
- Risk assessment: carry out a work place risk assessment to minimise any potential risk to staff members and colleagues.

Ascertaining risk involves taking account of the information provided by the staff member. The level of risk is likely to vary depending on whether the abuse is past or current and on the behaviour of the alleged perpetrator, e.g. is there any immediate danger? Are there threats of harm to her/him/others/children? Is there sexual violence? What is the employee's assessment of the threat from the perpetrator? Are there child protection issues?

If you have reason to believe that the perpetrator presents a risk to other employees, then you can consider taking legal action to protect the workplace.

For more information on risk assessment, please refer to the GBV Good Practice Guides.

- Safety planning: Speak to the staff member about their immediate and future safety and assist them to think through their options. For example, agree a safety plan, discuss support networks, protection strategies and provide phone numbers for organisations that can help including the police, women's aid, men's aid, rape crisis (contact details for national support agencies are listed at Appendix 5).

Provide a range of practical workplace safety measures such as those listed below i.e. the use of an assumed name at work, provision of a temporary mobile phone, mutual agreement of a safe, confidential method of communication etc.

For more information on safety planning, please refer to the GBV Good Practice Guides.

- Discuss potential options for workplace support, taking cognisance of existing NHS policy provisions, i.e. extended and/or flexible leave (paid or unpaid), change of work patterns, adjustment to workload etc;
- Provide information on possible supports within the NHS, i.e. Occupational Health, HR, GBV Confidential Contacts and the Employee Counselling Service as well as local and national external support agencies; and
- Recording: It is good practice to keep detailed records if an employee discloses abuse. Any discussions and actions agreed should be documented to provide as full a picture as possible. Disclosure should be recorded as an allegation, not fact.

In accordance with local procedures and in line with the [Data Protection Act 1998](http://www.legislation.gov.uk/ukpga/1998/29/contents)²³, records should be kept strictly confidential. It should be made clear that recording information on abuse will have no adverse impact on the employee's work record. You should document all absences in line with normal procedures, but if they relate to Gender-Based Violence then they can be marked as confidential 'for manager and employee access only'.

Any reason for breaching confidentiality should be detailed and organisational procedures on sharing information adhered to.

²³ <http://www.legislation.gov.uk/ukpga/1998/29/contents>

Employers have a legal duty to maintain a safe place of work. This requires monitoring and recording all incidents of violence or threatening behaviour in the workplace.

This information can be used if the member of staff wishes to press charges or apply for an injunction. If the actions of an alleged perpetrator affect the health and safety of the employee, the organisation could assist the employee to apply for an interdict.

Good records may be used to assess risks to children/ others and might also be used in criminal proceedings or if the employee wants to apply for a court order. As such, it is important that records are clear and accurate and should include dates, times, locations and details of any witnesses.

3.4.4.5 Possible work-related adjustments

Within local policies developed in line with the current *Supporting the Work-Life Balance*²⁴ PIN policy, there is scope for managers to consider a range of work-related adjustments. For example:

- Agree periods of extended absence in line with locally developed Special Leave policies (such as time off to visit solicitors, to attend counselling or to attend court etc.);
- Provide job security for staff attempting to flee an abusive situation and/or where possible give favourable consideration to any request for a change of workplace/ work arrangements;
- Change work patterns or adjust workload for a temporary period to make it more manageable;
- At times when the employee needs to be absent from work, mutually agree a safe, confidential method of communication and consider any safety implications that may arise when working from home;
- Review the security of information held such as temporary or new addresses, bank or healthcare details;
- With consent, advise colleagues of the situation on a need to know basis and agree the response should the perpetrator/alleged perpetrator contact the workplace;
- Approve requests for an advance of pay;

²⁴ <http://www.staffgovernance.scot.nhs.uk>

- Agree that an employee can use an assumed name at work;
- Provide a temporary mobile phone;
- Change telephone numbers, divert phone calls and e-mails;
- Alert reception and security staff where the alleged abuser is known to come to the workplace, ensure the employee does not work alone or in an isolated area;
- Implement particular security arrangements that may have to be put in place to ensure the safety of the employee, colleagues or patients; and
- Record any threatening or violent incidents by the perpetrator in the workplace, including visits, abusive/persistent phone calls, e-mails and other forms of harassment which can be used by the police or the employee at a future date if they wish to seek a court order.

This list is not exhaustive and there may be other measures that managers can tailor to the individual circumstances of the employee. A summary of the manager's role is included in Appendix 2.

3.4.4.6 If an employee does not wish to take up support

Depending on their situation, some employees affected by abuse may refuse support or only take up partial support. This can be concerning, especially if the employee has begun to accept assistance and then decides to go back to an abusive situation or tries to minimise their abuse.

Dealing with abuse is a process that takes time and it is important to be aware of the reasons that can make it difficult for staff to access support, i.e. they may have pressure from family or community to remain silent/stay in their relationship or financial pressures, especially if children are involved.

It is the choice of the employee whether to accept support and the organisation cannot share what they have disclosed with anyone unless there are reasons to break confidentiality.

Respect their decision, reassure them that your primary concern is for their safety and remind them that support is available if they need it in future.

3.4.5 Responding to staff who may be perpetrators

It is acknowledged that a number of employees within NHSScotland will be perpetrators of abuse and that committing acts of Gender-Based Violence is a serious matter which:

- Contravenes equalities and human rights legislation;
- Could constitute a criminal offence; and
- May breach corporate and professional codes of conduct.

As such, it is important for the organisation to make explicit the unacceptability of this behaviour and provide clear guidance for managers to enable them to respond effectively to allegations of such misconduct.

3.4.5.1 *Disclosures and allegations of abuse*

Information about abuse may be brought to light in the following ways:

- An employee may directly disclose abuse (voluntarily or when asked by managers/colleagues);
- Managers might receive allegations of abuse from a range of sources. For example:
 - An NHS employee who's partner or ex partner is also an employee;
 - Colleagues or patients;
 - MARACs (multi-agency risk assessment conferences)²⁵ or local equivalent;
 - Partners, ex-partners or others who are not NHS employees;
 - Post conviction notification from the police; and
 - Disclosure Scotland pre-employment check.

²⁵ MARAC is a process that screens victims at very high risk of repeat victimisation. MARAC groups exist in some parts of the country and are made up of representation from the police, NHS, social work and education. These groups share information across agencies, identify the level of risk from the perpetrator and produce multi-agency safety plans to reduce the risks to victims and any children.

Allegations may relate to abuse perpetrated within or outside the workplace:

- **Allegations of abuse within the workplace**

Employees who are perpetrating abuse might use workplace resources such as transport, telephone, fax or e-mail to threaten, harass or abuse current/ex-partners or others. Their behaviour might also include, for example, stalking, physical assault, sexual violence or sexual harassment.

This conduct could be dangerous for those being abused and could bring the organisation into disrepute. In such circumstances, disciplinary proceedings should be considered and where appropriate, action may need to be taken to minimise the potential for employees to use their position or work resources to perpetrate abuse. This may include a change of duties or withdrawing access to certain computer programmes.

- **Allegations of abuse outside of the workplace**

Employees may be perpetrating various forms of Gender-Based Violence outside of the workplace. For example, domestic abuse, physical or sexual abuse of children, downloading child pornography, sexual violence, involvement in honour based violence, or stalking.

Given that such conduct could constitute a criminal offence, many of these examples would most likely involve criminal proceedings. However, whether or not criminal charges are involved, or there is a conviction, this behaviour may, in some cases, lead to disciplinary proceedings against an employee because of its employment implications. A clear process to assess the potential impact of the alleged abuse on the employee's role at work is detailed in paragraph 3.4.5.3.

Perpetrating these forms of abuse could also breach organisational and professional codes of conduct and potentially bring the NHS into disrepute, especially if an allegation of abuse was not acted upon and allowed to continue.

Legal note:

The legal definition of conduct does not require something to occur in the course of the actual work, or at the actual place of work, or even to be connected with the work, so long as in some respect or other it affects the employee, or would be thought likely to affect the employee, while he or she is doing his or her work. Disciplinary action could take place on the grounds of gross misconduct or some other substantial reason.

If no criminal conviction arises, the organisation must be in a position to establish a genuine belief from its own investigation that the employee has been guilty of an act, which has such an impact on the employment relationship that it damages the trust and confidence which an employer requires to invest in every employee.

3.4.5.2 *What managers can do*

When a disclosure or allegation of abuse is brought to the attention of a manager, this should be acted on. Managers should respond in the same way that they would address any other serious complaint against a staff member by following their local policies as developed in line with the *Preventing & Dealing with Bullying & Harassment in NHSScotland*²⁶ and *Management of Employee Conduct*²⁷ PIN Policies and seeking advice from HR as necessary.

Where the source of such allegations is anonymous, or where the allegation relates to abuse outwith the work environment, it may be that, as employers, organisations are not in a position to take action. However, advice should be sought from HR as the circumstances of each individual case will require to be considered in order to determine whether or not such a matter can and should be investigated by the employer.

The organisation will treat any allegation, disclosure or conviction of a Gender-Based Violence related offence on a case-by-case basis, with the aim of reducing risk and supporting change. Where possible, depending on the circumstances, managers should undertake a developmental or educational, rather than punitive approach.

In other instances it may be necessary to instigate disciplinary proceedings. In line with the process outlined in 3.4.5.3 below, each case requires to be assessed to determine whether or not an investigation should be carried out.

²⁶ <http://www.staffgovernance.scot.nhs.uk>

²⁷ <http://www.staffgovernance.scot.nhs.uk>

An allegation of abuse will not automatically result in an investigation.

3.4.5.3 *Assessment process*

The information that managers gather through direct disclosures from employees or allegations, will form the basis for any decision about how best to respond to the employee and identify what kind of support or sanctions are required.

The manager should assess the potential impact of the alleged abuse on the employee's role at work to determine whether or not an investigation should be carried out.

When undertaking an assessment, the manager should take account of the following factors:

- The nature of the conduct and the nature of the employee's work;
- The extent to which the employee's role involves contact with vulnerable individuals or groups, and assessment of any potential risk that this might pose to them or other employees;
- Whether or not the alleged actions of the employee could breach their corporate/professional code of conduct; and
- Whether or not the alleged actions of the staff member could bring the organisation into disrepute and into conflict with its aims and values.

The manager should then weigh up the above factors to determine whether or not there are sufficient grounds to investigate.

- If sufficient grounds are established, then the manager will proceed to carry out an investigation using local policies developed in line with the *Management of Employee Conduct*²⁸ PIN Policy. Please refer to the attached flowchart in Appendix 3 which highlights some key points to consider during the investigation process;
- Whilst an investigation process is ongoing, employees alleged to be perpetrators will receive support from Occupational Health and HR; and
- In the event that an allegation does not result in an investigation or no formal disciplinary sanction is imposed, no record shall be kept in the employee's personnel file. Notwithstanding this, it is important that organisations

²⁸ <http://www.staffgovernance.scot.nhs.uk>

keep a note of the number of allegations made. This will provide monitoring data to evidence that the policy is being implemented and will also indicate the level of complaints/ allegations within each organisation and across NHSScotland.

3.4.5.4 *Allegations of abuse – criminal proceedings pending*

Given that acts of abuse could constitute a criminal offence which could lead to caution, arrest, prosecution and criminal conviction, it is important for managers and HR to take account of the potential impact of any legal action on an employee, using local policies developed in line with the *Management of Employee Conduct*²⁹ PIN policy.

Where an employee has been charged with or convicted of an abuse-related criminal offence, disciplinary action will not be taken automatically. Each situation requires to be considered individually on the basis of whether the staff member's conduct warrants action because of its employment implications.

In some instances, the organisation may initiate its own internal investigation and decide whether there is sufficient information to move to disciplinary proceedings.

Legal Note

The organisation would only have to consider the allegation on a lower standard of proof than a criminal level of proof beyond reasonable doubt, so even if a criminal investigation were not pursued or if the employee were acquitted at trial, it could still be reasonable for the employer to take disciplinary action in respect of the allegations.

The standard of proof in a misconduct dismissal is that the employer has a genuine belief that the misconduct has occurred, has reasonable grounds for that genuine belief, and has conducted a reasonable investigation in order to reach that belief.

Notification of perpetrators, post conviction

There is a list of professions, including health, whereby the police are required to notify the employer and any relevant professional body of a conviction. In the case of a conviction for a charge or associated charge relating to GBV, it is possible that such a conviction could compromise the individual's ability

²⁹ <http://www.staffgovernance.scot.nhs.uk>

to fulfil their duties and damage the relationship of trust and confidence between employer and employee. The organisation would then consider the charges that had been proven against the employee and instigate disciplinary proceedings where appropriate.

Assisting perpetrators

Where staff members are found to be knowingly assisting colleagues to use work resources to harass and abuse others, this will be viewed as a serious disciplinary offence and action will be undertaken using local policies developed in line with the *Management of Employee Conduct*³⁰ PIN Policy.

Malicious allegations

Where there is clear evidence that an employee has made a malicious allegation that another employee is perpetrating abuse, then this will be treated as a serious disciplinary offence and action will be undertaken using local policies developed in line with the *Management of Employee Conduct*³¹ PIN Policy.

Victimisation

Employees should not suffer victimisation as a result of making allegations (or supporting others to do so) that another employee is perpetrating abuse. Where there is clear evidence that an employee has been victimised, then this will be treated as a serious disciplinary offence and action will be undertaken using local policies developed in line with the *Management of Employee Conduct*³² PIN Policy.

Good practice in working with perpetrators

When responding to a direct disclosure from a member of staff or where it has been established that an employee has perpetrated abuse, it is important to adopt good practice when responding. Engaging with perpetrators of abuse in a positive, respectful way does not mean excusing the abuse. This is an area that requires sensitivity and an awareness of how this might affect the safety and well being of those experiencing the abuse. Your response could affect the extent to which perpetrators accept responsibility for their behaviour and, therefore, the need to change.

³⁰ <http://www.staffgovernance.scot.nhs.uk>

³¹ <http://www.staffgovernance.scot.nhs.uk>

³² <http://www.staffgovernance.scot.nhs.uk>

Good practice principles to observe include the following:

- Be aware that some perpetrators, even when they have sought help voluntarily, are unlikely to disclose the seriousness or extent of their abuse and may minimise it or blame it on other factors, e.g. alcohol or stress;
- Be clear that abuse is always unacceptable and that it may constitute criminal behaviour;
- Be clear that abusive behaviour is a choice;
- Be respectful but do not collude;
- Be aware that on some level, the perpetrator may be unhappy about their behaviour;
- Be positive; it is possible for perpetrators to change if they recognise they have a problem and take steps to change their behaviour;
- Be clear that you might have to speak to other agencies if there are grounds to breach confidentiality; and
- Assist the perpetrator to be aware of the likely costs of continued abuse (arrest/loss of relationship/impact on children).

Providing information to enable change

You could provide information to alleged perpetrators of domestic abuse on Respect, an organisation which supports and develops effective interventions with perpetrators of abuse across the UK.

This service is open to men or women who are worried that their own behaviour towards a partner is abusive. It helps them to consider the effects of their behaviour and take the first steps to changing it. The Respect Phonenumber is 0845 122 8609 and the website can be visited at: www.respectphonenumber.org.uk.

Support could also be provided through referrals to occupational health, counselling or local perpetrator programmes, where these exist.

3.5 Promotion of the policy

3.5.1 All staff should be made aware of the existence of the policy. This can be undertaken through a range of methods, e.g. providing information about the policy on notice-boards, notices in toilets, news-sheets, in canteens, restaurants, on the staff intranet, websites, through training courses and more creatively where possible via the media of drama, promotional DVDs and staff seminars etc.

Information on the policy should be included in employee handbooks, induction packs, payslips, and relevant in-house training.

The policy should be promoted by senior staff in partnership with colleagues from trade unions/professional organisations.

3.5.2 Access to the policy

An employee with a past or current experience of abuse should be aware that help is available. In the first instance, where possible, they should raise the matter with their line manager, HR, Occupational Health or GBV Confidential Contacts where these exist. All of these key staff have a role to support employees in line with the provisions of this policy.

Staff members can self-refer to external support agencies including the Employee Counselling Service and/or local and national support services such as Women's Aid, Rape Crisis, Men's Advice Line, Victim Support Scotland, trade unions/professional organisations etc. Please refer to Appendix 4, which provides a flowchart on employee access to support and Appendix 5 which lists contact details for support agencies.

3.6 Monitoring and review

3.6.1 Indicators of success

In order to measure how successful the policy has been in operation, it is important to establish a baseline position. Where possible, this should be achieved by carrying out a general staff survey and undertaking a comparison survey at the end of the first year.

3.6.2 Other indicators

- Staff awareness that a policy exists and they have an understanding of how it works;
- Management and staff using the policy;
- Evaluation of training for key staff;
- Improvements in responding to the issue of Gender-Based Violence; and
- Discussion at Local Partnership Forums on the implementation/effectiveness of the policy.

3.6.3 All records in relation to staff members who have experienced abuse or allegations of abuse against employees will be maintained in the strictest confidence, in line with the organisation's policy on recording and storing information in accordance with the [Data Protection Act 1998](#)³³.

Information should be recorded and collated on the use of the policy, ensuring anonymity of staff with experience of abuse, i.e. numbers of staff seeking support, action taken (NHS or onward referral), outcomes for employees, where known, and numbers of allegations of abuse against employees. This information will be captured through the Staff Governance SAAT (self-assessment audit tool).

Other information will include feedback from staff through training sessions, online/other questionnaires.

3.6.4 Responsibility for monitoring the application of this policy will rest with Area Partnership Forums.

3.6.5 The policy will be made available in accessible formats on request.

3.6.6 An Equality Impact Assessment (EQIA) has been carried out on this policy. Organisations should carry out an EQIA on local policies developed in line with this PIN and review this annually.

3.6.7 This policy will be reviewed annually as part of Staff Governance and in line with any updates on legislation, best practice and feedback from staff.

³³ <http://www.legislation.gov.uk/ukpga/1998/29/contents>

Appendix 1

An overview of Gender-Based Violence, prevalence and health impact

This information is supplemented by a package of resources on Gender-Based Violence developed by NHSScotland for staff. This includes a generic guide *What health workers need to know about Gender-Based Violence: an overview*, outlining the nature of Gender-Based Violence, its health impact and how to respond. It is accompanied by a series of more detailed practice guides about the following specific forms of such abuse:

- Domestic abuse;
- Childhood sexual abuse;
- Rape and sexual assault;
- Commercial sexual exploitation;
- Stalking and harassment; and
- Harmful traditional practices (for example female genital mutilation, 'honour' crimes and forced marriage).

The guides can be accessed on www.gbv.scot.nhs.uk and hard copies should be available across health settings in all health settings.

What is Gender-Based Violence?

Gender-Based Violence is endemic in society. Defined by the United Nations as: "violence that is directed against a woman because she is a woman, or violence that affects a woman disproportionately", it encompasses a spectrum of abuse experienced mostly by women and perpetrated mainly by men i.e. domestic abuse, rape and sexual assault, childhood sexual abuse, sexual harassment, stalking, commercial sexual exploitation and harmful traditional practices such as female genital mutilation (FGM), forced marriage and so-called 'honour' crimes.

Given the disproportionate impact on women and girls, Gender-Based Violence is one of the most sensitive indicators of gender inequality. It is important to recognise, however, that men and boys can also be subjected to abuse; most often by other men but sometimes also by women.

Definitions and Prevalence:

Domestic abuse, is a pattern of assaultive and coercive control, including emotional, sexual, psychological and physical abuse that affects between 1 in 3 and 1 in 5 women over the course of their lives³⁴.

- Of 53,681 domestic abuse incidents reported to Scottish police in 2008/09, 84% of victims were female.³⁵ Although men too experience domestic abuse, women are much more likely to experience repeated incidents over time, have greater injuries, and suffer more psychological and sexual violence³⁶.
- In around 2 in 5 domestic abuse cases, there is also childhood physical and sexual abuse by the same perpetrator.
- There is evidence that domestic abuse within same sex relationships is common and could be higher than 1 in 3 according to a 2006 study³⁷.

Child sexual abuse is defined as exploitation of a young person by an individual for their own or others' sexual gratification. It is physically and emotionally abusive and often involves serious and degrading assault.

- 21% of girls and 11% of boys have experienced child sexual abuse³⁸.

Rape and sexual assault is defined as unwanted or coerced sexual activity, including anal, oral or vaginal penetration, sexual touching; usually committed by a man known to the victim.

- In 54% of rape cases women are raped by a current or ex-partner³⁹.

Commercial sexual exploitation includes prostitution, pornography, lap dancing and sex trafficking.

- One in two women in prostitution become involved at the age of 18 or younger⁴⁰.
- There are 4,000 victims of trafficking for sexual exploitation in the UK⁴¹.

³⁴ Recommendation (2002) 5 of the Committee of Ministers to member states on the prevention of violence against women, adopted 30 April 2002. Council of Europe.

³⁵ Statistical Bulletin Crime and Justice Series: Domestic Abuse Recorded by the Police in Scotland 2008-09 <http://www.scotland.gov.uk/Publications/2009/11/23112407/3>.

³⁶ MacLeod, P et al. 2008-09 Scottish Crime and Justice Survey: Partner Abuse. Scottish Government Social Research, 2009.

³⁷ Donovan, Hester, Holmes & McCarry (2006) 'Comparing domestic abuse in same sex relationships'. University of Bristol and University of Sunderland.

³⁸ Cawson, P., Wattam, C., Brooker, S. & Kelly, G. (2000) 'Child maltreatment in the UK: a study of the prevalence of child abuse and neglect'. NSPCC, London.

³⁹ Myhill, A. & Allen, J. (2002) 'Rape and sexual assault of women: the extent and nature of the problem'. Home Office research Study 237. Home Office. London.

⁴⁰ Hester, M and Westmarland, N. (2004) 'Tackling street prostitution: towards a holistic approach' Home Office Research study 279. London.

Harassment and stalking is defined as unwanted, persistent often threatening attention, e.g. following someone, constantly phoning, texting or e-mailing at home or work.

- There are clear links between stalking and domestic abuse: 37% of aggravated stalking against women was by a partner or ex-partner compared with 8% of men⁴².

Harmful traditional practices includes: female genital mutilation, forced marriage and so-called ‘honour’ crimes which are culturally condoned as part of a tradition. These are likely to be a form of domestic abuse or the basis for it.

Forced marriage is a marriage which takes place against the wishes of either or both parties. This is not the same as an arranged marriage, where the individuals have a free choice as to whether to proceed.

‘Honour’ crimes constitute violence excused as a form of punishment for behavior which is perceived as deviating from what the family or community believes to be the ‘correct’ form of behavior, sometimes referred to as ‘family honour’.

- In 2009 the UK Forced Marriage Unit dealt with 1682 cases of forced marriage. 86% of these were women and 14% men⁴³.
- An estimated 66,000 women living in the UK have undergone female genital mutilation⁴⁴.

⁴¹ UK Action Plan on Tackling Human Trafficking (2007) Home Office, London and Scottish Government, Edinburgh www.homeoffice.gov.uk/documents/human-traffick-actionplan.

⁴² Walby, s and Allen, J. (2004) ‘Domestic violence, sexual assault and stalking: Findings from the British Crime Survey’. Home Office Research Study 276. London.

⁴³ Forced Marriage Unit. [www.fco.gov.uk/forced marriage](http://www.fco.gov.uk/forced%20marriage).

⁴⁴ Darkenoo, E., Morison, L & MacFarlane, A (2007) ‘A statistical study to estimate the prevalence of female genital mutilation in England and Wales summary report’. Foundation for Women’s health, research and development (FORWARD).

Health Impact

The physical, emotional and psychological consequences of all forms of abuse can be profound and damaging, i.e.:

Physical & sexual health

- Medical attention for injuries – in around 50% of cases according to one UK study⁴⁵;
- Greater risk of chronic health problems: Sexually Transmitted Infections, chronic pelvic pain, urinary tract infection, irritable bowel syndrome etc;
- Women experiencing abuse are 15 times more likely to misuse alcohol and nine times more likely to use drugs than non-abused women;⁴⁶
- Higher rates of health risk behavior such as smoking, risky sexual behavior, unwanted teenage pregnancies and greater vulnerability to sexual exploitation; and⁴⁷
- Abuse during pregnancy significantly increases the risk of poor maternal and infant health outcomes⁴⁸.

Mental health

- Around 35-40% of women experiencing domestic abuse report depressive symptoms⁴⁹; and
- Childhood sexual assault is associated with poor mental health including depression, anxiety, eating disorders, post-traumatic stress disorder, self-harm, psychosis and suicidal ideation.⁵⁰

⁴⁵ Richardson, J. et al. (2002) 'Identifying domestic violence; cross sectional study in primary care'. *BMJ* 324:274.

⁴⁶ Stark, E & Flitcraft, A. (1996) 'Women at Risk'. London. Sage

⁴⁷ Campbell, J.C. (2002) 'Health consequences of intimate partner violence'. *The Lancet* 359:1331-36

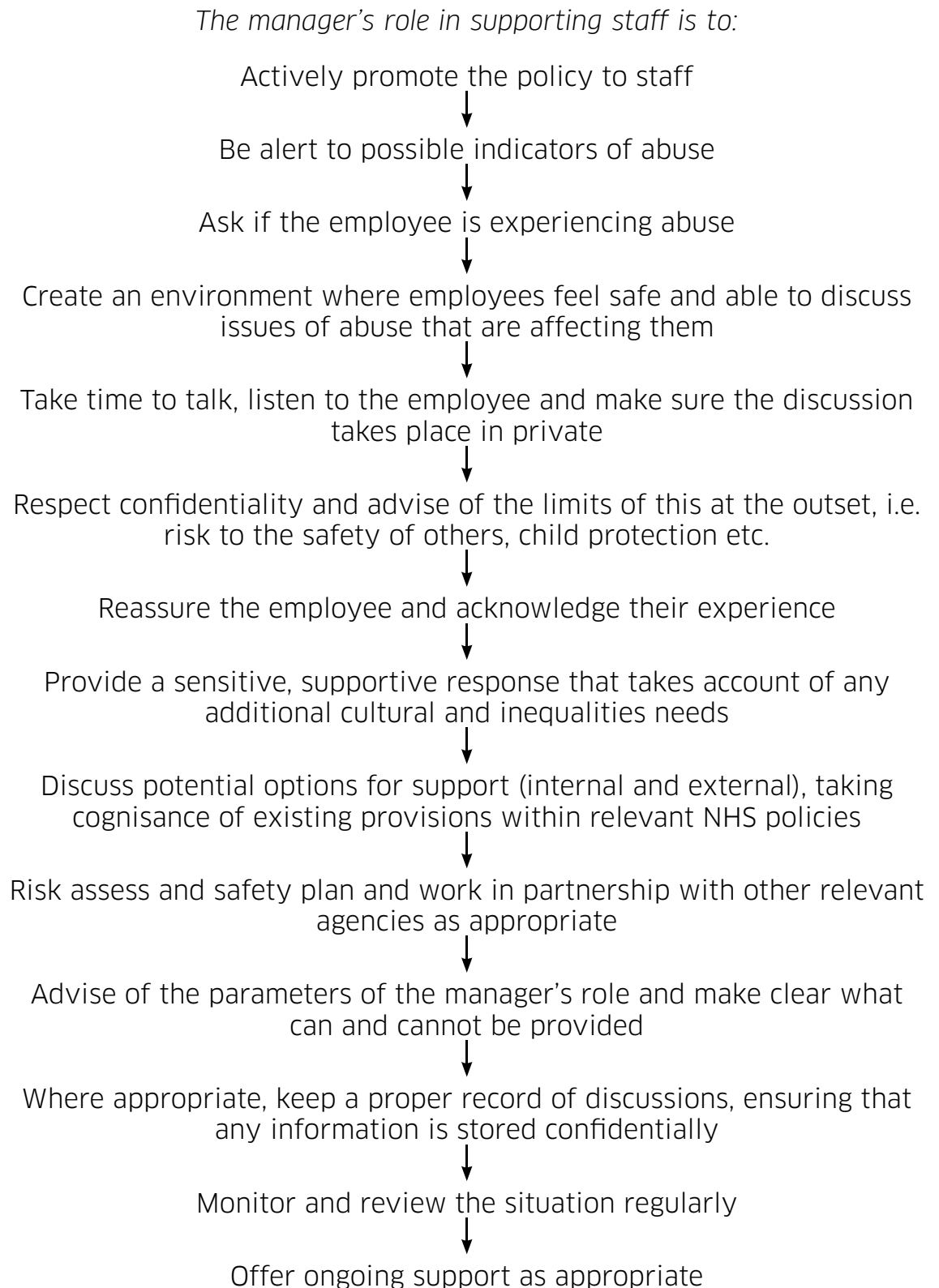
⁴⁸ Mezey, G.C. (1997) 'Domestic violence in pregnancy' in Bewley, S et al (eds) (1997) 'Violence against women'. London RCOG

⁴⁹ Fogarty, C.T., Fredman, L., Heeren, T.C. & Liebschutz, J. (2007) 'Synergistic affects of child abuse and intimate partner violence on depressive symptoms in women'.

⁵⁰ Polusny, M.A & Follette. V.M. (1995) 'Long term correlates of child sexual abuse:theory and review of the empirical literature' *Applied and Preventative Psychology*. 4:143-166

Appendix 2

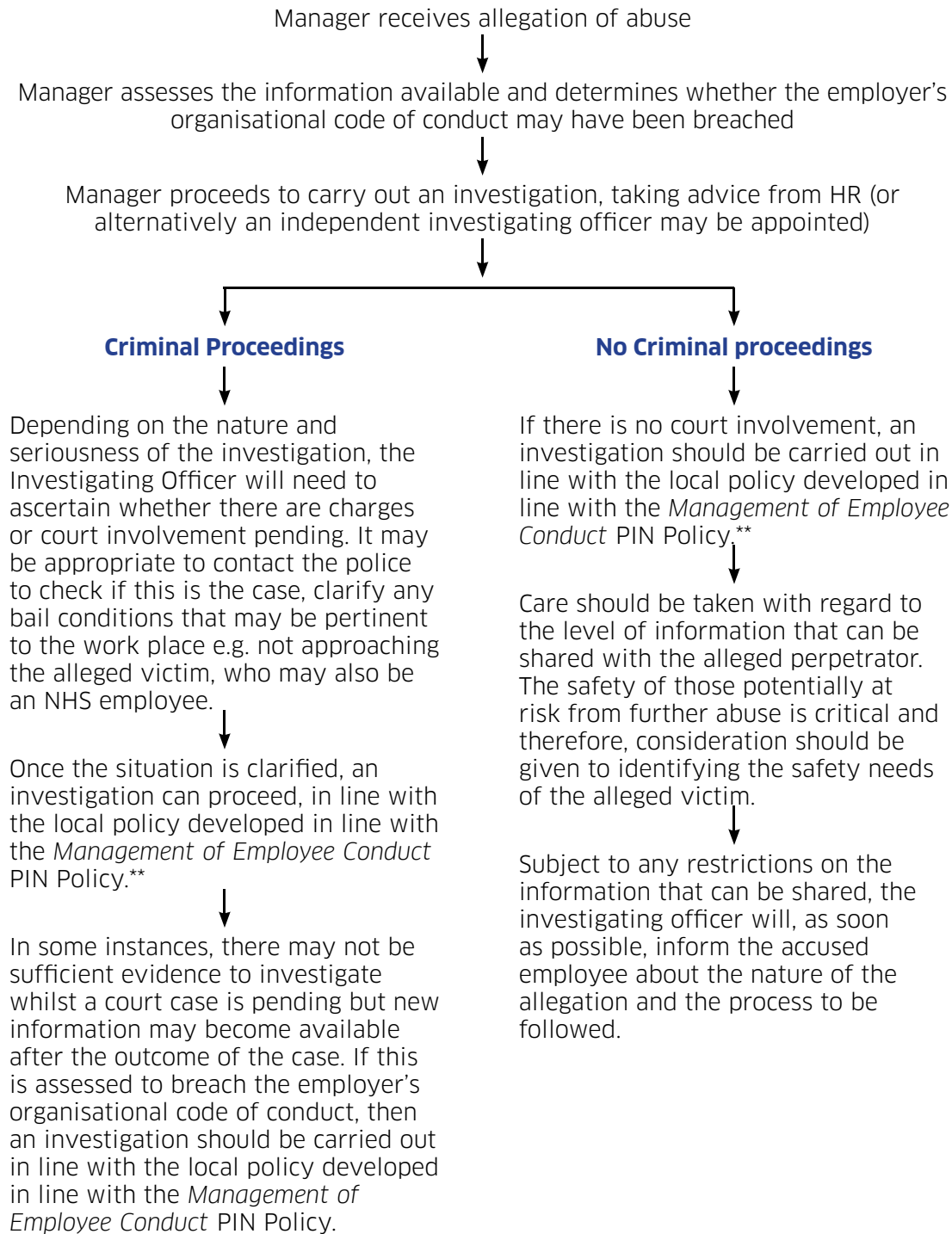
Flowchart summary of manager's role



Appendix 3

Flowchart summary for responding to alleged perpetrators

Points to consider during an Investigation Process



***Whilst the investigation is underway, it might not be appropriate for an alleged perpetrator to be working with vulnerable adults, women/children and a temporary transfer of duties/suspension with pay, might need to be considered. Where appropriate, the employee's professional body will be informed.*

CASE STUDY 1

(Workplace Scenario)

A Doctor and her ex-partner, a Consultant Oncologist, both worked at the same hospital and were employed by NHS X.



She reported him to her employer, alleging that he had sent her texts and voicemail messages of a threatening and sexual nature.



She received the messages night and day and had saved them to her phone. She had not reported the matter to the police.



NHS X considered the nature of the allegations/implications for the employee's work and assessed that there was sufficient information to proceed to investigation. NHS X notified the GMC and both launched an investigation in line with their respective Conduct policies.



The GMC suspended the Consultant during the investigation.



OUTCOME

The allegation was upheld.

NHS X dismissed the employee and the GMC imposed a number of strict undertakings on his registration for 8 years.

CASE STUDY 2

(Non-Workplace Scenario)

A local Multi-Agency Risk Assessment Conference (MARAC) group identified a high risk perpetrator who was an NHS employee. The employee, who was a psychiatric nurse working in an adolescent mental health unit, had been charged with physically and sexually assaulting his wife and was due to go to court in 2 months. His wife and 3 children were deemed to be at high risk of further violence. This information was shared with the NHS representative on the group.



The NHS representative raised this with the employer's manager at NHS X.

The manager assessed the nature of the allegation and possible implications for the employee's work. The manager identified a potential risk to the vulnerable young patients that the staff member worked with and determined that the employer's code of conduct may have been breached.

The manager sought advice from HR and proceeded to carry out an investigation.



Investigation Officer appointed.



Investigation Officer checked any bail conditions with the local court. The Investigation was then carried out in line with the organisation's conduct policy and the employee's professional regulatory body notified. The employee was suspended on full pay for duration of the investigation.

OUTCOME

Based on the evidence available, it was established that serious misconduct had taken place and the organisation's code of conduct had been breached.

The decision was Summary Dismissal.

Appendix 4

Flowchart on employee access to the policy

NHS Employee with previous or current experience of abuse



Options For Support

NHS

- Line Manager
- Occupational Health
- HR
- GBV confidential contacts



- Can provide direct support in line with the provisions of the policy.
- Can also signpost/refer to external agencies and work in partnership with them to ensure co-ordinated support.

EXTERNAL AGENCIES

- Employee Counselling Service
- Women's Aid
- Men's Helpline
- Rape Crisis
- Survivor Scotland
- Victim Support Scotland
- Trade unions/professional organisations



- For further information on local and national support available, please refer to Appendix 5.



Appendix 5

Further information

Domestic Abuse Helpline

0800 027 1234 (24 hours)

www.domesticabuse.co.uk

Rape Crisis Helpline

08088 01 03 02 (daily 6pm – midnight)

www.rapecrisisscotland.org.uk

Scottish Women's Aid

Information and training on domestic abuse and main contact for the network of local Women's Aid groups: 0131 226 6606

www.scottishwomensaid.org.uk

Women's Support Project

Information, training and support on violence against women and information around commercial sexual exploitation

www.womenssupportproject.co.uk

Men's Advice Line

A confidential helpline for men in abusive relationships.

Helpline: 0808 801 0327

Mon – Fri 10am – 1pm, 2pm – 5pm

www.mensadviceline.org.uk

Respect

Promotes, supports and develops effective interventions with perpetrators of abuse across the UK. Useful information can be found on its website:

www.respect.uk.net

Broken Rainbow LGBT DV (UK)

Offers advise, support and referral services to LGBT people experiencing homophobic, transphobic and same sex domestic abuse.

Helpline : 0300 999 5428 Mon & Thurs 2-8pm; Wed 10am – 1pm

www.broken-rainbow.org.uk

Men's Aid

National charity supporting male victims of domestic abuse.

www.mensaid.org

Survivor Scotland

Scottish Government information and education resource on children sexual abuse, including the national strategy for survivors of CSA

www.survivorscotland.org.uk

information on services for survivors across Scotland can be found at

www.survivorscotland.org.uk/help/

Survivors UK

Information, support and counselling for men who have been raped or sexually abused.

www.survivorsuk.org/

Helpline: 0845 122 1201 Tuesday and Thursday 7pm to 10pm

Yes You Can ...

Working with Survivors of Childhood Sexual Abuse

<http://scotland.gov.uk/Publications/2008/04/07143029/0>

Forced Marriage Unit

020 7008 0151

Email : fm@fco.gov.uk

Email for outreach work:

fmoutreach@fco.gov.uk

www.fco.gov.uk/en/global-issues/human-rights/forced-marriage-unit/

The National Gender-Based Violence Team

www.gbv.scot.nhs.uk

Appendix 6

PIN Policy Review Group

Members:	Shazia Ashraf	Staff Governance Associate, Scottish Government
	Katie Cosgrove	National Programme Manager (GBV & Health Programme), Scottish Government
	Liz Curran	Regional Advisor (GBV & Health Programme), Scottish Government
	Emma Curren	RCM
	Shirley Johnston	UNITE
	Dorothy McKinney	Head of Personnel, Scottish Ambulance Service
	Darren Paterson	Staff Governance Associate, Scottish Government