



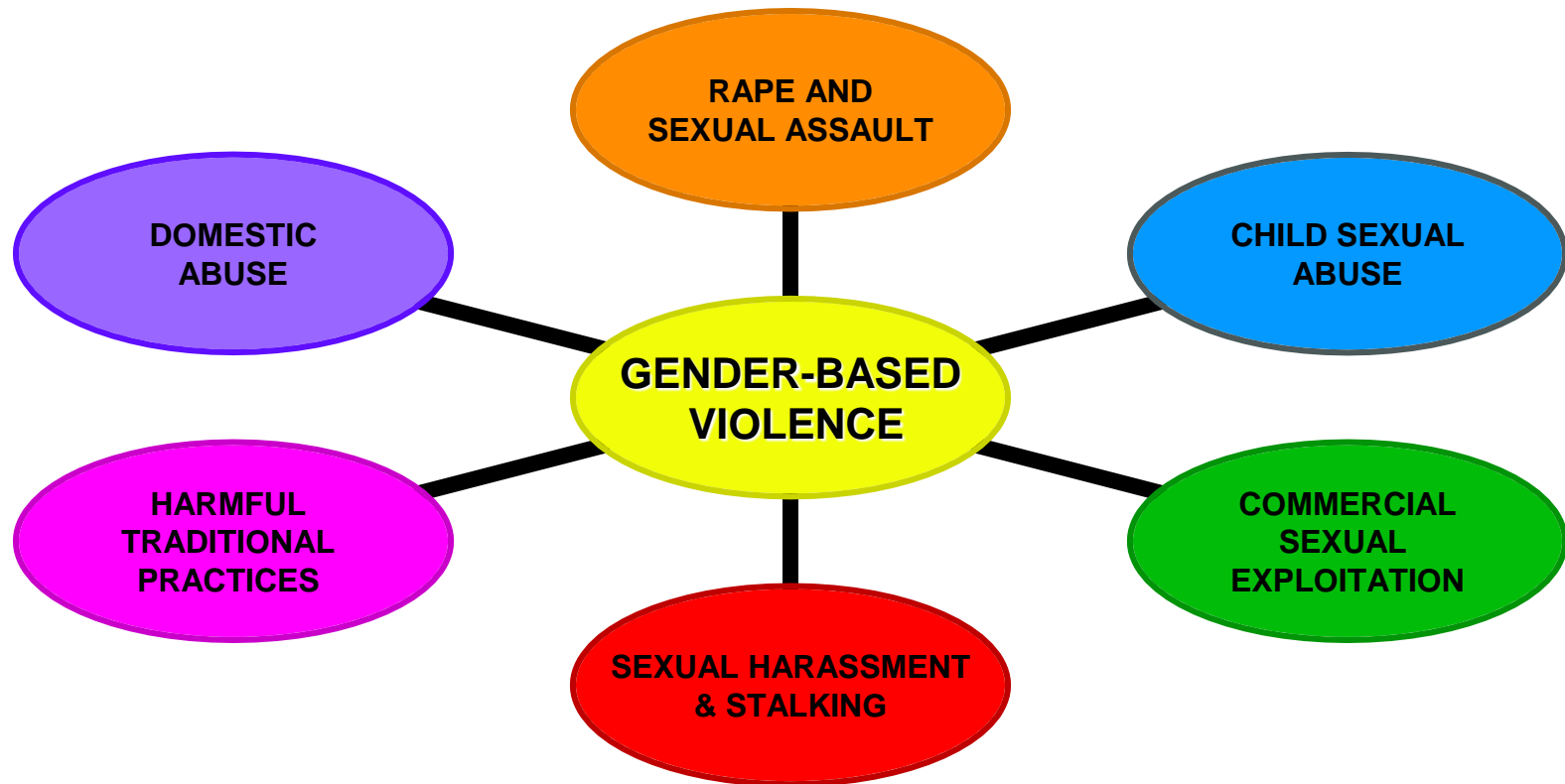
Routine enquiry of domestic and sexual abuse - NHS Scotland

ACEs Routine Enquiry Seminar

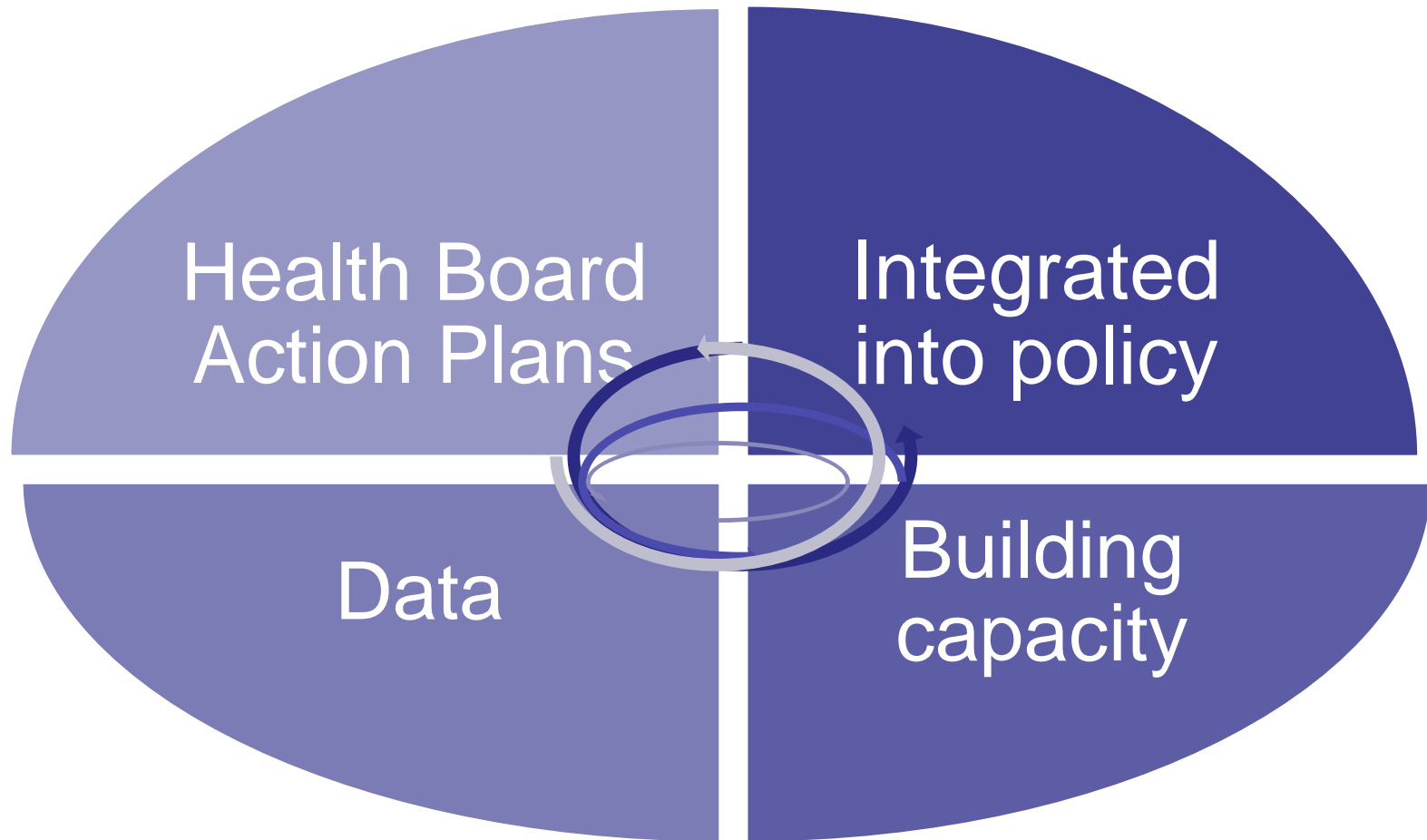
Edinburgh

27 June 2017

“Violence that is directed against a woman *because* she is a woman, or violence that affects women *disproportionately*. It includes acts that inflict physical, mental or sexual harm or suffering, threats of such acts, coercion and other deprivations of liberty.” (United Nations)



CEL_41 (2008) : Systems approach



Improving identification and response

4 Key deliverables:

- **Routine enquiry of abuse in priority settings** : maternity, mental health, substance misuse, sexual health, community nursing, & A&E
- Guidance for health staff
- Employee policy for staff who have experience of abuse, or who are perpetrators
- Improved multi-agency collaboration



Initial challenges

- Unfamiliarity with concept of gender-based violence
- Routine enquiry Vs Screening
- Evidence base contested
- ‘What am I supposed to do with the information?’
- Personal and professional reluctance
- Organisational resistance

Core components

- Development of training and skills aligned to shift in practice
- Executive and operational leadership – local infrastructure and ownership
- Organisational focus – adaptation of systems

Manageability?

- Staged, incremental approach over 3 years
- Targeted on key areas
- National team support
- Tangible & measurable improvements in planning and service provision in identification and management of abuse
- Built on previous good practice locally and nationally.
- Annual reporting on progress to SGHD and GIRFEC

‘I’ve tried to ask most of mine [clients] since the introduction just to see, and I’ve been astounded by the results, sadly, unfortunately. I don’t think I’ve come across anybody yet who’s not fallen into a category [of experiencing abuse]’

‘Initially we did think there would be huge knock on effects with other agencies, like psychology referrals would be sky high and obviously other agencies with huge spikes of activity but that doesn’t seem to be the case’
(MH Focus Group B)

But....

‘They’ve all disclosed something and that’s causing problems in other ways because I have to find them a service because in mental health we don’t – it’s not necessarily ours you know? And we cannot access [specialist abuse support agency], so it’s quite difficult.....and it’s an issue for me that I’m feeling now, I’m starting to retract. I cannot do it with everybody because we don’t have access to the resources that I think are required’ (MH focus group B)

Key ingredients...

- Political commitment
- Resources and infrastructure
- Clear policy direction from SGHD
- Consistency across country
- Measurable & focused
- Systems approach
- Accountability