What health workers need to know about gender-based violence: an overview

There has been a national programme of work across NHS Scotland to improve the health service identification of, and response to, gender-based violence (GBV) since 2008.

This guide is one of a series developed to support health staff respond to GBV. It was written and compiled by Katie Cosgrove, Organisational Lead GBV, NHS Health Scotland and Shirley Henderson (Shirley Henderson - writing, editing and consultancy, www.shirleyhenderson.co.uk)

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Introduction

Gender-based violence is a major public health issue which causes immense pain, injury and suffering, particularly to women and children.

This guide forms part of a package of resources designed to support health workers to work effectively with the victims of gender-based violence in line with NHS Scotland policy (1) and 'Equally Safe: Scotland's Strategy for preventing and eradicating violence against women and girls' (2)

It briefly explains the nature of gender-based violence, its impact on health, and outlines how to respond. As a health worker you are in a unique position to respond. You are not expected to be an expert or to provide everything a patient needs, but you can play a crucial part in improving the immediate and long-term health impact on all those affected.

The series of practice guides covers the following areas of gender-based violence:

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

Explaining gender-based violence

What is gender-based violence?

Gender-based violence (GBV) is:

“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” (3).

The term may be unfamiliar to some people. ‘Gender’ refers to the attitudes and behaviour that society expects of men and women. These are often subtle, seen as ‘normal’ and accepted as the ‘way things are’. Despite great progress, many inequalities still exist between men and women such as in the differences in earnings and caring responsibilities. A fundamental inequality is the level of fear and harm experienced mainly by women and perpetrated mainly by men.

‘Gender-based violence’ is used to explain the context in which such violence occurs. It highlights the most important fact that cuts across these forms of abuse: that they stem from, or reinforce, gender inequality. It also makes the connections between the different forms of abuse, particularly since many women experience more than one type of violence.

NB This does not mean that men and boys are not affected by GBV.

- 20% of women and almost 8% of men have experienced sexual abuse before the age of 18 (4)
- 90% of child sexual abuse perpetrated by adults is by men (5)

- 28% of all cases referred to the National Referral Mechanism for human trafficking involved potential victims of sexual exploitation (6)
- One in two women in prostitution become involved at the age of 18 or younger (7)

Since GBV is often hidden and undisclosed, the statistics available represent a significant underestimate. Similarly, the costs of abuse are likely to exceed existing calculations; a study estimated that the combined health and social care costs of domestic abuse alone in England and Wales are over £2billion[1] a year (8).

Who is at risk?

[1] Health care costs = £1,730million, Social services costs = £283 million (Walby, 2009).

Gender-based violence can happen to anyone regardless of sex, sexual identity or gender. The key risk factor for experiencing GBV, however, is being female.

While no woman is immune from it, not all women are equally at risk. Factors such as age, financial dependence, poverty, disability, homelessness and insecure immigration status can heighten women's vulnerability to abuse or entrap them further in it. For example, minority ethnic women may face barriers such as racism and language difficulties and may also fear being accused of bringing shame and dishonour upon the family.

Disabled women may experience communication or physical barriers to getting help or away from an abuser, may be isolated because of their impairment and can find it harder being believed.

Young women are at high risk of all forms of abuse, yet often this can be overlooked or minimised, particularly in their teenage years. Older women's experiences may be invisible or misunderstood as 'elder abuse'.

Violence and abuse can also take place in same sex relationships and can be experienced by transgender people. Victims may fear being 'outed' by perpetrators or encountering transphobic or homophobic attitudes from support and statutory agencies.

As a health worker, you need to understand how these factors combine to affect how people get and experience health services, so you can provide the best care possible.

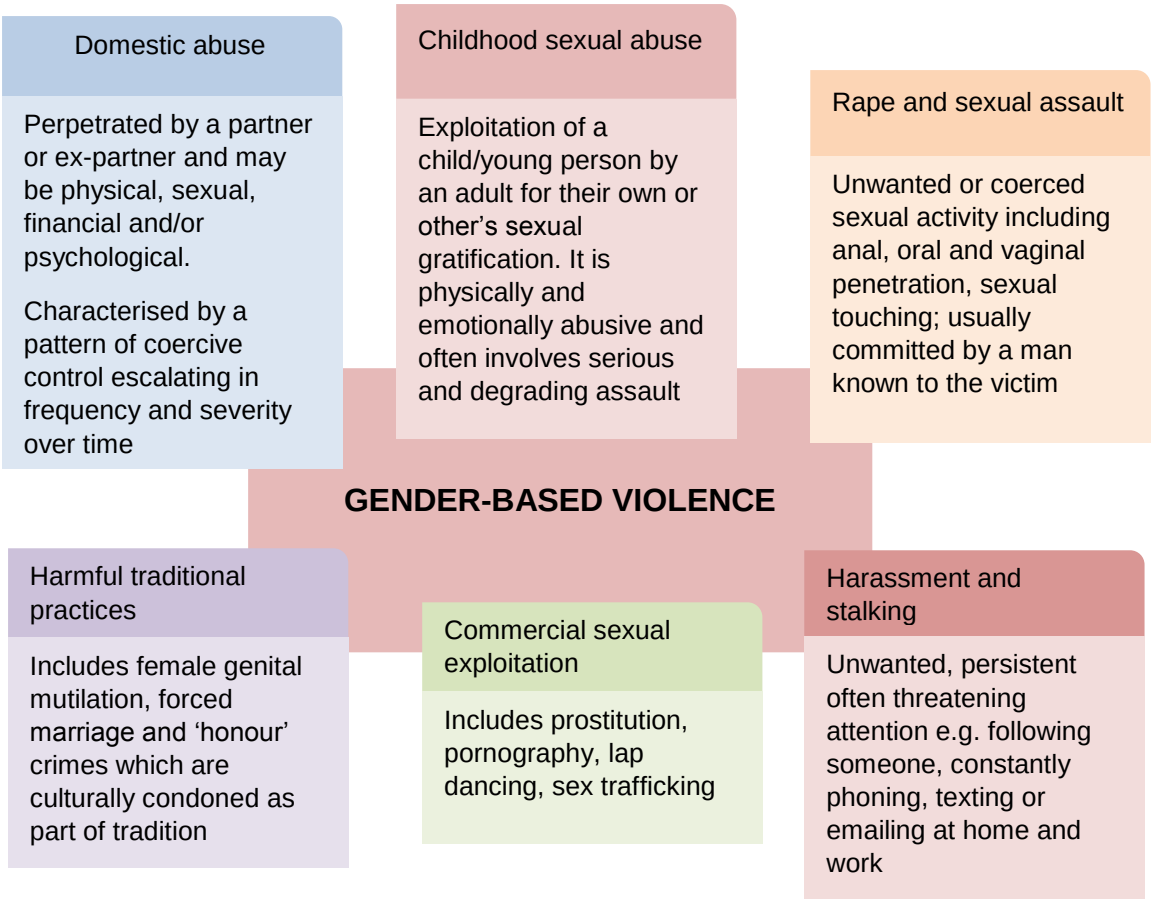
Gender-based violence is often seen as acceptable. For example, in some Scottish surveys:

Only 58% of adults said that a woman wearing revealing clothing raped on a night out was "not at all to blame" (9)

27% of S3-S6 pupils believe that when a girl says no to sex, she doesn't always mean no (10)

Only 32% of boys thought it was "very seriously wrong" for a man to slap his wife after finding out she had an affair (11).

Controlling behaviours are viewed as less serious and less harmful than physical and verbal abuse (9).



Male victims

Although prevalence figures indicate higher levels of risk for women, men and boys also experience GBV, some men are abused in similar ways by other men and, sometimes, by women.

It is important to understand the role of gender in silencing men or making it difficult for them to seek help. Men may hesitate to disclose abuse because of stigma, or fear that they will not be seen as 'real' men. Being aware of this possibility is important for helping men to disclose. Anyone who is affected by abuse deserves the best care you can give.

Gender-based violence and health

The physical, emotional and psychological consequences of all forms of abuse can be profound and damaging. They are significant predictors of poor health and strong risk factors for poor health outcomes and compromised functioning.

- 29% of women in the UK have experienced physical and/or sexual violence by a current and/or previous partner since the age of 15 (12)
- 52% of women murdered in Scotland between 2007 and 2017 were killed by a partner, compared with 6% of men murdered in the same ten-year period (13)
- 22% of men in a GP survey experienced negative behaviours in a relationship consistent with domestic abuse (14)
- In 2016-17 the police recorded 58,810 incidents of domestic abuse in Scotland. In 79% of these cases the recorded victim was female and the perpetrator was male (15)
- 38% of LGBT people in a UK study had experienced domestic abuse (16)
- Almost two thirds of children exposed to domestic abuse also experience physical or emotional abuse or are neglected (17)

Physical and sexual health

The experience of gender-based violence contributes to a range of physical and sexual health problems including:

- Medical attention for injuries – which are more likely to occur in partner violence and feature a number of different injuries than non-partner violence (12)
- Greater risk of chronic health problems particularly gynaecological problems, STIs, chronic pelvic pain, urinary tract infections; gastrointestinal symptoms, especially Irritable Bowel Syndrome; chronic pain and self-reported cardiac symptoms, for example hypertension, chest pain (18)
- Women experiencing abuse tend to consumer more alcohol and women who misuse alcohol are more likely to report experiences of violence (19)
- Higher rates of health risk behaviour such as smoking, risky sexual behaviour, unwanted teenage pregnancies and greater vulnerability to sexual exploitation (18)

- In 55% of serious sexual assaults women are assaulted by a current or ex-partner (20)
- Only 8% of serious sexual assaults are committed by strangers (20)

- 20% of women and 4% of men experience sexual assault as adults (21)

Women, and younger women in particular, are the most likely victims of stalking and tend to experience severe and lasting effects (20)

There are clear links between stalking and domestic abuse: 36% of stalking and harassment cases had also experienced domestic abuse (20)

- Abuse during pregnancy significantly increases the risk of poor maternal and infant health outcomes and is associated with obstetric complications including: (18)
- Higher rates of miscarriage and placental abruption
- Uterine infection
- Health risks to neonates such as low birth weight, foetal bruising, fractures, haematomas and preterm birth

Mental health

Gender-based violence adversely affects mental health and there is an association with greater use of health services (22,23):

- Women subjected to domestic abuse are at almost twice the risk of experiencing depressive symptoms than women not exposed to domestic abuse (24).
- The prevalence of domestic abuse among women with post-traumatic stress disorder has been found to be 61% (25).
- Childhood sexual assault is associated with increased subsequent risk of physical and sexual victimisation and poor mental health including depression, anxiety, eating disorders, posttraumatic stress disorder, self-harm, psychosis and suicidal ideation (26-28).
- Male victims of domestic abuse report higher levels of mental health problems including anxiety and depression (14)
- Around half of all mental health service users have been physically and/or sexually abused as children (29).
- The mental health impacts of rape and sexual assault include posttraumatic stress disorder, anxiety, panic attacks, somatic symptoms, depression and suicide (18)

- An estimated 103,000 women aged 15-49 living in England and Wales have undergone female genital mutilation (30)
- There were 1,196 reported cases of forced marriage in the UK in 2017; 78% of these are women and 21% men (31)

- Police estimate that 12 women are killed in honour killings a year in the UK, although this is likely to be an underestimate (32)

Responding to gender-based violence

Even though they may not disclose, many of your patients are likely to have experience of abuse. They may be reluctant to approach other agencies, often through fear or shame, but do present across the whole range of primary and acute health settings. As a health worker you are, therefore, in a unique position to assist.

Ignoring or not responding to such abuse means that you may not be able to treat health problems effectively and may even cause additional harm.

Your role

You may worry that you do not have the skills or knowledge to deal with abuse and are afraid of making the situation worse. Whether you see the patient only once or have an ongoing relationship with them, your role is to provide sensitive healthcare by:

- Providing a supportive environment to help disclosure
- Gathering information on the health problems associated with the abuse
- Assessing immediate and long-term health and safety needs
- Providing information/signposting and referring on where appropriate
- Documenting disclosure of abuse and action taken in her records

You do not have to be an 'expert' or to 'fix' the problem; indeed patients do not want or expect this of you.

What they want is to be listened to and supported. It is important that you check out how the patient feels the abuse has affected them and what they needs from you. For example, they may need reassurance or support to undergo invasive medical examinations if they have been sexually assaulted. They may not need to tell you the details or require ongoing support.

Being aware means you can deal sensitively with often intimate issues.

Accessibility

A warm and empathic response is crucial in allowing a patient to disclose abuse. To provide this, you need to be aware of your patients' needs and how these might affect their access to your service. For example:

- Arrange an independent interpreter if the patient's first language is not English or they have a hearing impairment. Do not use family members or friends
- If possible, give the patient the option of seeing a health worker of the same sex. This is particularly important for women who have experienced sexual violence

- Do not assume that the patient is heterosexual
- Ensure that the consultation takes place in private without other staff coming into the room, or where it can be overheard by other staff, the patient's partner or other patients

Broach the subject sensitively

Be aware of cultural or language difficulties. Avoid jargon. Provide a safe, quiet and confidential space.

Respond to disclosure sympathetically and validate the patient's experience

Listen carefully. Believe what she says. Reassure her that the abuse is not her fault. Tell her that other women experience such abuse and that the NHS takes it very seriously. Stress confidentiality but explain limits, for example, if there are child protection issues.

If abuse is disclosed, is this CURRENT or PAST abuse?

Current Abuse

- Assess impact of abuse on health and provide treatment
- Assess safety of woman and any children and their immediate and long term risk
- Help her call the police if she wants to do so
- If there are child protection issues, follow appropriate procedures
- Help her develop a safety plan and review options available
- Make referral to local resources if she wants this
- Document in her records
- Offer follow up appointment if appropriate

Past Abuse

- Assess the impact of abuse on woman's health: how does it affect the presenting health issue or relate to other health issues?
- Provide information on the links between abuse and poor health
- Is the abuse is still affecting her physically and/or emotionally?
- Is she at any risk e.g. suicidal, self-harming, excessive intake of drugs or alcohol?
- Offer referral to other services if required
- Document abuse in her records
- Offer follow up appointment if appropriate

More detailed guidance on responding to the different forms of gender-based violence is available at www.gbv.scot.nhs.uk (update web link)

Further information and training

National context

There are several national developments which have made the issue of gender-based violence a greater priority for the NHS:

Public Sector Duty for Gender

The Equality Act 2006 introduced the Public Sector Duty for Gender which requires all public agencies to promote equality of opportunity between women and men, and eliminate unlawful discrimination and harassment. The Scottish Government is also required to identify specific priorities for advancing this equality. As it is one of the most sensitive indicators of gender inequality, violence against women has been identified as one of these ministerial priorities.

National approach

The Scottish Government has widened its approach from a focus on domestic abuse to one which covers the spectrum of violence against women, and has produced *Equally Safe: Scotland's Strategy to prevent and eradicate violence against women and girls* and its subsequent delivery plan (2). The Scottish Parliament has also passed the Domestic Abuse (Scotland) Bill which covers psychological abuse and coercive and controlling behaviour in addition to physical abuse.

NHS Employee PIN Policy

Staff working across NHSScotland should have access to a gender-based violence PIN policy in their local health board. The policy has been created to promote the welfare of staff affected by current or previous experience of such abuse. It also aims to ensure that organisations respond effectively to staff members who may be perpetrators of such abuse.

CEL on gender-based violence

To assist the NHS fulfil its legislative obligations under the Gender Duty, and maximise its contribution to the wider approach to tackling gender-based violence, the Health Directorate issued a Chief Executive's Letter (CEL) in 2008. This contained guidance on prioritising action within six specific settings – mental health, maternity, addictions, A&E, sexual & reproductive health and community nursing – to improve the identification and management of such abuse.

Information on gender-based violence

Scottish Women's Aid:

www.scottishwomensaid.org.uk

Rape Crisis Scotland:

www.rapecrisisscotland.org.uk

Women's Support Project:

www.womenssupportproject.co.uk

Child and Women Abuse Studies Unit:

www.cwasu.org

Forced Marriage:

https://www.gov.uk/stop-forced-marriage

World Health Organization:

www.who.int/topics/gender_based_violence/en

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