

Harmful Traditional Practices



What health workers need to know
about gender-based violence

The Scottish Government has introduced a national programme of work across NHS Scotland to improve the identification and management of gender-based violence. A national team has been established to support its implementation.

This guide is one of a series developed by the programme to support health staff. It has been written and compiled by Shirley Henderson (Shirley Henderson -writing, editing and consultancy, www.shirleyhenderson.co.uk) and Katie Cosgrove, Programme Manager (GBV Programme, NHS Scotland).

Thanks to the National GBV Reference group who also contributed to its development.

Contents

Who is this guide for?	2
What are harmful traditional practices?	3-4
Who is at risk?	5
How harmful traditional practices affect health	6
Your role as a healthworker	7
What every health professional can do	8-12
Support for staff	12
Further information and training	13
Role of local health boards	13
References	14
Local information and notes	15-16

Who is this guide for?

This guide is one of a series designed to support health workers to work effectively with the victims of gender-based violence in line with national guidance issued to health boards,^{a,b} and the Scottish Government's shared approach to tackling violence against women.^c It covers 'harmful traditional practices' and focuses on forced marriage and 'honour'-based violence. There will be a separate guide on the harmful practice of female genital mutilation.

As a health worker you are in a unique position to respond to such abuse. 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 aspects of gender-based violence:^d

- **What health workers need to know about gender-based violence: an overview**
- **Domestic abuse**
- **Rape and sexual assault**
- **Childhood sexual abuse (adult survivors)**
- **Commercial sexual exploitation**
- **Stalking and harassment**
- **Harmful traditional practices (for example, forced marriage, female genital mutilation, and so-called 'honour' crimes)**

Note: Given prevalence statistics, the terminology used in this guide assumes victims are female. This is not always the case, however, and the principles of the healthcare response apply to both women and men.

^aGender-based violence encompasses a range of abuse most often perpetrated by men against women and girls. It includes domestic abuse, rape and sexual assault, childhood sexual abuse, commercial sexual exploitation, stalking and harassment and harmful traditional practices, such as forced marriage and female genital mutilation.

^bSGHD Chief Executive's Letter to health boards on identifying and responding to gender-based violence
www.sehd.scot.nhs.uk/mels/CEL2008_42.pdf

^cSafer Lives: Changed Lives. A Shared Approach to Tackling Violence against Women in Scotland" Scottish Government 2009
www.scotland.gov.uk/Publications/2009/06/02153519/0

^dAvailable at www.gbv.scot.nhs.uk

What are harmful traditional practices?

Harmful traditional practices are forms of violence which have been committed primarily against women and girls in certain communities and societies for so long that they are considered, or presented by perpetrators, as part of accepted cultural practice. The most common are:*

- Forced or early marriage
- So-called 'honour'-based violence
- Female genital mutilation or cutting (FGM)

Forced or early marriage

The Scottish Government defines forced marriage as 'where one or both parties are coerced into the marriage against their will and under duress.' Duress includes both physical and emotional coercion, ranging from emotional pressure exerted on victims by family members, to more extreme cases involving assault, being held captive, rape, and in some cases, the threat of murder'.¹

Forced marriage is not the same as an **arranged** marriage where both parties give their free and full consent.

In some cases the potential spouse is not able to give consent, for example if she cannot understand the implications because she has a learning disability, or if she is a minor.

There are a number of motives for forced marriage including:²

- Maintaining a family's honour and pride in the community
- Strengthening family ties within the community, sometimes to improve financial prosperity, or preserving family wealth which may be in a family's native country
- Ensuring compliance with traditional community norms
- Controlling 'unwanted' behaviour, particularly the behaviour and sexuality of women
- Preventing relationships with others from other ethnic, cultural or religious groups
- Assisting with claims for residence and citizenship in the UK
- Fulfilment of longstanding family commitments and promises
- Providing a carer for a family member with a physical or mental disability

*other forms include female infanticide, dowry related violence, son preference

'Honour killings, domestic violence, forced marriage and FGM are not isolated practices but are instead part of a self-sustaining social system built on ideas of honour.'¹⁴

Legal situation in Scotland

There is no law which expressly prohibits forced marriage in Scotland and it is not a specific criminal offence. However, it is a requirement that both parties are at least 16 years old, and must be capable of understanding the nature of the marriage ceremony and of giving consent. If either party has been forced to marry, they may apply for a court order declaring it null and void ('declarator of nullity') under section 20A of the Marriage (Scotland) Act 1977.

'Honour'-based violence

This term covers violence which is thought justified to protect or restore the 'honour' of a family following 'transgressions'; this justification may be advanced by the perpetrator(s) without the knowledge of other family members. It can include physical abuse, bullying, sexual violence, abduction, forced marriage, and in its most extreme form, murder. Some of the common ways in which honour is seen as damaged are:³

- Defying parental authority, including refusal to enter into a forced marriage
- Becoming 'westernised' e.g. refusing to wear traditional clothes
- Women having, or suspected of having, sex/relationships before marriage
- Women having, or suspected of having, relationships with others from different ethnic, cultural or religious groups
- Using drugs or alcohol or smoking
- 'Gossip' which is considered damaging to the status of an individual/family

Female genital mutilation

Female genital mutilation is defined as all procedures involving partial or total removal of the external female genitalia or other injury to the female genital organs, whether for ritual, cultural or other non-therapeutic reasons. This is not a religious practice.

As noted earlier, a separate guide will be produced for health staff on FGM

'Honour' crime is performed with the intent of limiting the psychological and physical freedom of women...forced marriage is often in itself an honour crime, used as a punishment for girls who defy parental authority and as a means to increase masculine control over a woman'⁹

Who is at risk?

The key risk factor for experiencing forced marriage and 'honour'-based violence is being female.

Younger women are the main victims although men are also sometimes affected. Codes of honour tend to define how women are expected to behave. Young people forced to marry are frequently withdrawn from education, restricting educational and career opportunities and contact with friends/peers. They may feel trapped, unable to oppose their parents and pressurised into maintaining the family honour. They may also be forced to travel abroad to get married.

Forced marriage is practised amongst many communities. In the UK, it usually involves South Asian communities (Pakistani, Indian and Bangladeshi). It also occurs within minority communities from Africa, the Middle East and parts of Eastern Europe.⁵

'Honour' based violence is **not** associated with particular religions or religious practice: it has been recorded across Christian, Jewish, Hindu, Muslim and Sikh communities.

There is a direct link between forced marriage and crimes committed in the name of honour. The most extreme examples – 'honour' killings - are committed in the belief that defiled honour can only be redeemed when the source of shame is removed. This is often done in collusion with relatives and the community.

Relationship to domestic abuse

Forced marriage and 'honour' crimes are forms of domestic and, sometimes, child abuse.

Victims of forced marriage and 'honour'-based violence often experience abuse within the relationship. Rape, physical, emotional and psychological violence, forced pregnancy and restrictions on freedom of dress, behaviour and lifestyle are common. Some women are virtually under 'house arrest', and may only be allowed out if accompanied by family members. They may also have their passports and legal documents removed.

Health staff should understand the cultural context within which these practices occur so that you can address the distinct needs of victims. For example, unlike 'typical' domestic abuse, family members, children, siblings, in-laws and extended family, are often involved.

- **400 cases of forced marriage are reported to the Forced Marriage Unit each year 85% of victims are women, 15% are men; 30% of all cases involve minors⁶**
- **Police estimate that 12 women are killed in honour killings each year in the UK although this is likely to be an under-estimate⁷**
- **66,000 women in the UK are affected by FGM⁸**

How harmful traditional practices affect health

The term 'harmful traditional practices' encompasses a range of abuse which results in physical and psychological harm, disability and even death for significant numbers of women.

Following forced marriage, a woman may be abused by her husband and, sometimes, by her in-laws. The health consequences are considerable and can include physical, emotional and psychological harm, which can be chronic and acute and long-term. (See 'What every health worker needs to know about gender-based violence: domestic abuse' NHS Scotland 2009.)

Isolation is common. Women may be removed from education or from their social circle, be forbidden to work, or prevented from going out alone.

As a result, they may be depressed, anxious and may self-harm. Studies have shown a significantly higher level of self-harm in young Asian women, some of which is attributed to lack of self-determination and the weight of expectations surrounding the concept of honour and concerns about marriage.¹⁰

Reports of women committing suicide are noted by women's organisations with experience in this area.¹¹ Substance misuse, eating disorders, early and unwanted pregnancies are also common.

'In many cases the contradiction between how women are told to act by their families and the personal freedoms which they see enjoyed by wider society can create complex psychological problems.'¹²

Your role as a health worker

As a health worker you are in an ideal position to support women who are in, or threatened with, a forced marriage, or are at risk of other forms of 'honour'-based violence. Most women experiencing abuse will, at some point, use health services for themselves or their children.

Women are often entrapped by abusive behaviour – literally, and because of fear and threats. This can be all the more intense for women in these situations. The weight of cultural expectations, fear of bringing dishonour to the family, along with the social ostracism, harassment and violence which may ensue make it very difficult for them to come forward.

Identifying forced marriage and 'honour'-based violence

Women may present to health professionals with many of the same problems evident in women experiencing domestic abuse, for example, unexplained injuries, chronic pain, mental health problems such as depression, anxiety, eating disorders, self-harm, difficulties in pregnancy and so on. Being aware of indicators for domestic abuse can help you identify possible cases of forced marriage or 'honour'-based violence.

NHS Scotland is implementing a programme of routine enquiry of domestic abuse across mental health, maternity, addictions, A&E, community nursing and sexual and reproductive health services. This may make disclosures of abuse more frequent but may not reveal forced marriage unless you ask a woman about her family life and whether

there are restrictions at home. For example, asking whether she has friends or family who support her or whether she gets out much.

Other warning signs may include:

- A family history of older siblings marrying early. In these cases, their parents may think it is their duty to ensure that children are married soon after puberty in order to protect them from sex outside marriage
- Withdrawal from education, or for women with physical or learning disabilities, withdrawal from their social networks or day care
- A young woman being taken to the doctor to be examined to see if she is a virgin
- Possible presentation of symptoms associated with poisoning

Less commonly, a woman's hair may have been cut or shaved as punishment

Remember – a woman may be a virtual prisoner at home, so seeing health staff may be a rare opportunity for her to tell someone about what is happening.

What every health professional can do

This guide should be read along with 'What health workers need to know about gender-based violence: domestic abuse', NHS Scotland 2009.

In all cases health workers can improve women's safety and health by:

- Being aware of the possibility of abuse
- Recognising signs and symptoms
- Broaching the subject sensitively
- Listening and making time
- Giving information and referring on to other services

To support disclosure and protect a woman at risk of, or experiencing, abuse:

- Provide a private and confidential environment where she can speak without fear of being overheard
- See her on her own, even if she is accompanied. The only exception should be a professional interpreter. Under no circumstances should a family member, friend or community leader be used to interpret
- Treat her with respect and dignity. Understand the grave risks she may face in talking about abuse
- Recognise that she may fear contact with statutory agencies – she may have been told that she will be deported and/or that her children will be taken from her

Your approach

The following approach is adapted with permission from Foreign & Commonwealth Office good practice recommendations.^{13,14,15}

For a woman already in a forced marriage or at risk of 'honour'-based violence

- Assess the impact on her health and ensure she receives appropriate treatment

- Assess her safety – is there an immediate or future safety risk?
- Go over a safety plan with her
- Discuss the options available to her and ensure she can access information in a language and format suitable to her needs
- Check her immigration status to assess the help available (see box overleaf). If she is from overseas, leaving the marriage and applying to remain in the UK is complicated, requiring professional immigration advice. Refer to legal services which can help (see Further Information)
- If she wishes, refer her to a support agency such as Women's Aid which has experience in this area. If there is a black & minority ethnic Women's Aid group in your area they may have more specialist provision (see Further Information)
- Give her information about local support agencies including the **Domestic Abuse Helpline 0800 027 1234**
- Refer her to the **Forced Marriage Unit** (See Further Information) for specialist help and support
- Depending on the degree of freedom she has, it may not be possible for her to access these services on her own or to follow aspects of the safety plan. Discuss this with her and whether she needs more assistance to contact other agencies
- Is she in immediate danger – would an admission to hospital help to allow contact to be made with other agencies? Does she want you to contact the police?
- Offer her a further appointment. A health appointment may be one of the few occasions where she is allowed out of the house. This may provide the opportunity for getting further help

Domestic abuse, immigration and 'no recourse to public funds'

If a woman has come to the UK from overseas on a spousal or other temporary visa, she may not have indefinite leave to remain, exceptional leave to remain or a right of abode in the UK. She is therefore likely to be ineligible for public funds, such as income support and housing benefit. This has a direct impact on her ability to get accommodation and support, including refuge provision.

If she is experiencing domestic abuse, there are provisions under immigration rules which mean she can apply for indefinite leave to remain. This is the UK Domestic Violence Immigration rule. A health professional can help her by providing evidence in the form of:

- A medical report from a hospital doctor confirming that she has injuries consistent with being a victim of domestic abuse
- A letter from a GP who has examined her and is satisfied that she has injuries consistent with domestic abuse

It is vital that the woman decides for herself what course of action to take.

Women who leave often live in fear of their own families who will go to considerable lengths to find them. Families may solicit the help of others, or involve the police by reporting them missing or falsely accusing the woman of a crime. Some families have traced women through medical and dental records, bounty hunters, private investigators, local taxi drivers, members of the community and shopkeepers or through National Insurance numbers, benefit records, school and college records. Sometimes having traced the woman, the family may murder her – so-called 'honour killing'. **You need to respect her decision and help her plan for her safety.**

If a woman is at risk of forced marriage

If you suspect, or are told by a woman, that she is being forced into marriage, try to establish the facts and the level of response required. Remember that she has limited choices:

- To remain with the family and try to resolve the situation
- To comply with her family's wishes

The "One Chance" Rule¹⁶

All those working with victims of forced marriage and 'honour'-based violence need to know the "one chance" rule. That is, they may only have one chance to speak to a victim and thus, one chance to save a life. Be aware of your responsibilities and obligations when you encounter forced marriage. If the victim is allowed to walk out of the door without support being offered, that one chance might be wasted.

- To flee her family
- To seek legal protection

You should:

- Take it seriously – recognise that this may be her only chance to discuss her fears
- Discuss the options – recognise and respect her wishes
- Establish if there is a history of forced marriage in the family – have other siblings been forced to marry? Other indicators may include domestic abuse, self-harm, restrictions on freedom of movement, withdrawal from education

- Assess risk and develop a safety plan
- Advise her not to travel overseas and discuss the difficulties she might face (see box)
- Seek information and support from the **Forced Marriage Unit** (see Further Information)
- Refer her, with her consent, to support agencies experienced in dealing with forced marriage (see Further Information)
- Consider the need for immediate protection

DO NOT:

- Involve her family – this can jeopardise her safety. They may punish her for seeking help; deny that she is being forced to marry; expedite any travel arrangements; and bring forward the marriage
- Visit the family to ask them whether they are intending to force a marriage or write to the family asking to discuss the allegation
- Use relatives, friends, community leaders and neighbours as interpreters, despite any reassurances from them

Difficulties faced when overseas¹⁷

Returning to the UK may be difficult for a woman forced into marriage. It may be impossible for her to phone, email or write. She may not have her passport, money or any sources of support. She may be in a remote area, not be allowed out unescorted and subjected to violence. REMEMBER: even if UK authorities know where she is, it may not be possible to provide suitable assistance to reach the area or to rescue her. Therefore, it is always advisable to warn her not to travel overseas.

- Contact an Embassy or High Commission without her consent. She may not wish her country of origin to know of her whereabouts

If a woman is going overseas imminently

If there is no opportunity to refer a woman to other services, and she fears she will be forced into marriage, the Forced Marriage Unit recommends that you gather as much of the following information as possible in order to locate her:¹⁸

- A photocopy of her passport. Encourage her to keep details of her passport number as well as place and date of issue
- Information about her family (to be gathered discreetly) including:
 - Her full name and date of birth
 - Her father's name
 - Any addresses she may be staying at overseas
 - Potential spouse's name and name of his father
 - Date of proposed wedding
 - Address of extended family in the UK and overseas
- Information that only she may be aware of (to assist potential Embassy interview in case another person is produced pretending to be her):
 - Details of any travel plans and people likely to accompany her
 - Names and addresses of any close relatives in the UK
- A safe means by which contact can be made e.g. a secret mobile phone that will function overseas. Record the number
- An estimated return date. Ask her to contact you on return
- Offer to make a future appointment and discuss what to do if she fails to attend
- A written statement from her explaining that she wants the police or others to act on her behalf if she does not return or make contact by a certain date

Dual Nationality¹⁹

If a person is a British national and also holds the nationality of another country, they are considered to be a dual national. This may mean that, in the country of their other nationality, the authorities may view them as being solely or primarily nationals of that country and treat them accordingly. Accordingly, the authorities there will not recognise that the British Embassy or High Commission has any right to assist them or may not permit any assistance to be given.

If the Foreign and Commonwealth Office considers that there is a special humanitarian reason to do so, it will consider offering assistance to dual nationals in the country of their other nationality. Forced marriage is one of those circumstances where such an exception may be made.

It is advisable to inform any young British person to travel under their British passport. Similarly, when asking a court to order the surrender of the passports of a person to prevent them from being taken abroad, ensure that this includes all passports if they are dual British nationals. Contact the Forced Marriage Unit if you have any queries about dual nationality.

- Confirm that she has the details of the nearest Embassy/British High Commission
- Make sure she is aware of the implications of dual nationality

Child protection

If you are concerned for the safety of a young person under 16, or she discloses that she is being forced into marriage, or is concerned that this might be the case, you should discuss this with your child protection advisor and activate local child protection procedures. Similarly, if a woman discloses domestic abuse and/or forced marriage you should ensure that your risk assessment includes risks to any children within the family.

Adult protection and support

While forced marriage is commonly a problem for young women, there have been reports of both disabled female and male adults being forced to marry. In some cases, the motive is to ensure that they will have someone to care for them when their parents are no longer able to do so.

Some adults with learning or physical disabilities and/or mental health problems do not have the capacity to consent to a marriage. Some may be unable to consent to consummate the marriage – sexual intercourse without consent is rape. Adults with support needs may be particularly vulnerable if they rely on their families for care. They may have communication difficulties and they may have fewer opportunities to tell anyone outside the family about what is happening to them.

In such circumstances, you should consider whether they are 'unable to safeguard their own interests through disability, mental disorder, illness or physical or mental infirmity, and are at risk of harm or self-harm, including neglect' as defined by the Adult Support and Protection Act (2008).

Each Multi-Agency Adult Protection Committee has local protocols and procedures to protect adults with learning or physical disabilities from abuse. You can ask for guidance from your local adult protection lead on whether more directive intervention is necessary.

Documenting and recording

Keep accurate and detailed records if forced marriage or other forms of 'honour'-based violence have occurred, or are threatened. Refer to *'What health workers need to know about gender-based violence: Domestic abuse' NHS Scotland 2009*.

Record the following:

- Nature of abuse, with details of any injuries and symptoms
- What the woman says and not what you think, although it is important to note any concerns or suspicions
- Outcome of risk assessment
- Any action taken or advised
- Information noted above if there are concerns that a woman may be taken overseas or may 'disappear'

Sharing information

You may need to share information about a particular case. It may be required

by law or it may be necessary to share information with support agencies to make sure that a woman and any children are safe and properly supported.

- Get the woman's permission before you pass on information and get advice if you are in any doubt
- It may be safer to share information than keep it confidential. It is important, however, to keep women informed about this
- Be careful not to divulge confidential information by accident, for example, if you are approached by a family friend or someone with standing in the community (such as an MP or councillor) with a plausible reason for knowing where the woman is staying

Follow up

Your intervention will depend on the setting you work in. You may only see the woman once, for example, in an emergency setting. If possible, it is helpful to offer a follow up appointment. Always consider the woman's safety and how any approach you make might affect this.

Support for staff

Supporting someone who is experiencing, or has experienced, forced marriage and other 'honour'-based violence can be stressful. At times it can be distressing to hear accounts of trauma and abuse, and staff are sometimes worried that they may be overwhelmed by it. It is also common to feel frustrated or helpless if you cannot 'solve' the problem or if you find it difficult to accept that a woman does not want, or is not ready, to leave an abusive situation. It is important to recognise how you feel and seek support or guidance from a supervisor or colleague.

Such abuse may directly affect you or a colleague. If you are experiencing abuse, it is important to recognise how this is affecting you. There should be a local employee policy on domestic abuse within your health board which provides guidance on how you can be supported at work, and any help available, for example occupational health or employee counselling. You may also want to contact Women's Aid or the Domestic Abuse Helpline for advice. If you are concerned about your own behaviour or that of a colleague, check the local employee policy for guidance about who to approach, or how to address this issue.

Further information

Forced marriage unit

020 7008 0151
 Email: fmu@fco.gov.uk
 Email for outreach work:
fmuoutreach@fco.gov.uk
www.fco.gov.uk/en/global-issues/human-rights/forced-marriage-unit/

Amina Muslim Women's Resource Centre

Helpline: 0808 801 0301
 Mon-Friday 9.30am–5pm
www.mwrc.org.uk

Hemat Gryffe Women's Aid

0141 353 0859
www.hematgryffe.org.uk

Shakti Women's Aid

0131 475 2399
www.shaktiedinburgh.co.uk

Scottish Women's Aid

0131 226 6606
www.scottishwomensaid.org.uk

Domestic Abuse Helpline

0800 027 1234 (24 hours)
www.domesticabuse.co.uk

Rape Crisis Scotland Helpline

08088 01 03 02 (daily 6pm - midnight)
www.rapecrisisscotland.org.uk

Immigration Advisory Service

0141 248 2956
 e-mail: glasgow@iasuk.org

Outreach Surgeries outside Glasgow

- Edinburgh CAB 0131 558 3681
- Aberdeen CAB 01224 569 750

www.iasuk.org/home.aspx

Ethnic Minorities Law Centre

- Glasgow Office - (0141) 204 2888

E-Mail: admin@emlc.org.uk

- Edinburgh Office -(0131) 229 2038

E-Mail: edinburgh@emlc.org.uk
www.emlc.org.uk

Office of the Immigration Services Commissioner

Responsible for regulating immigration advisers and keeps a list of OISC regulated advisers
www.oisc.gov.uk

Role of local health boards

As part of the implementation of the CEL on Gender-Based Violence and the Public Sector Duty for Gender, your health board should have an identified lead to help staff address gender-based violence, and direct you towards training and further information.

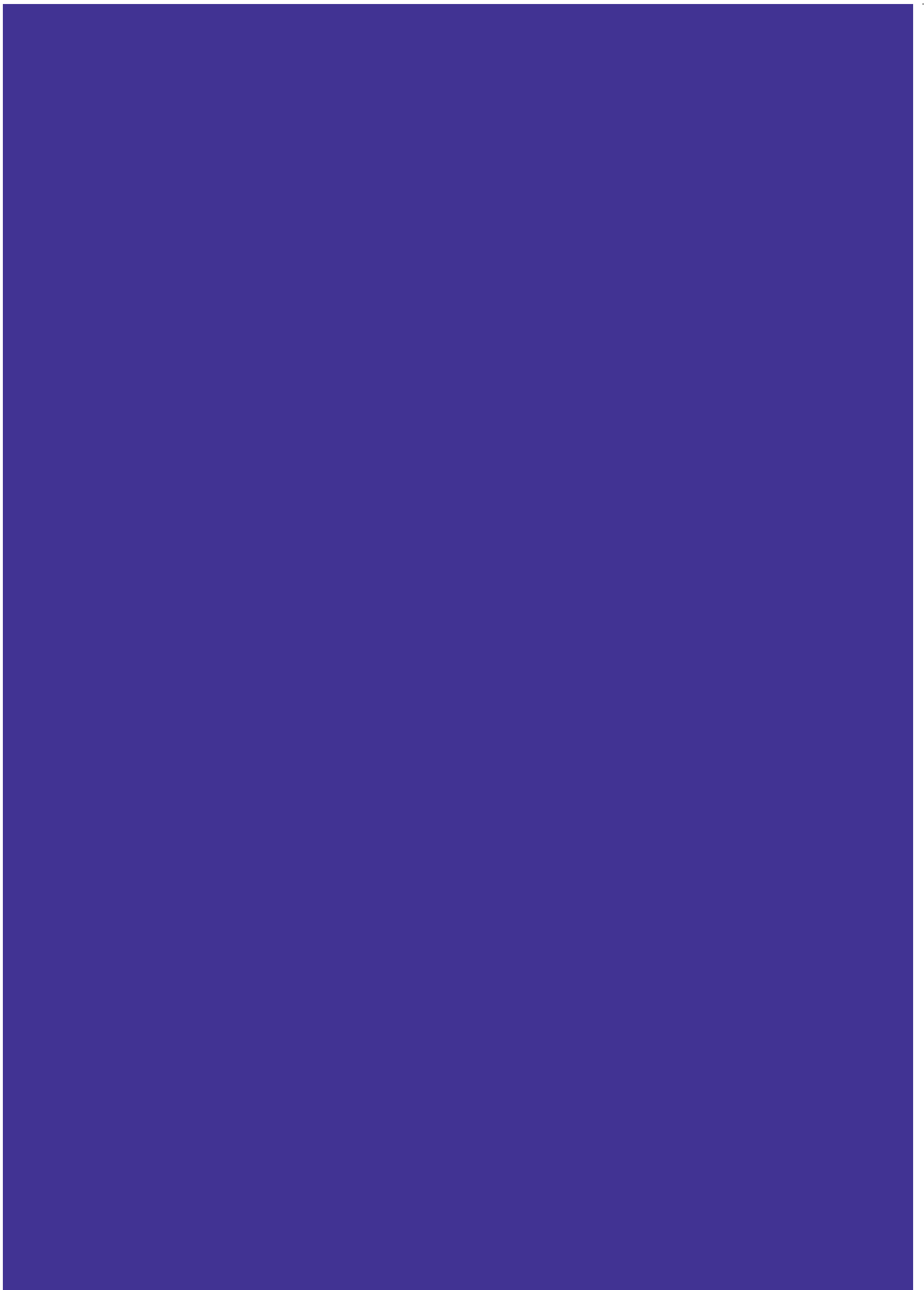
Your health board should also be represented on its local Violence Against Women Training Consortium. Training for health staff may also be available through the consortium.

References

- ¹ 'Forced marriage: a civil remedy? A consultation document'. Scottish Government, Edinburgh 2008.
- ² Brandon, J. & Hafez, S. (2008) 'Crimes of the community: honour-based violence in the UK'. Centre for Social Cohesion
- ³ Ibid
- ⁴ ibid
- ⁵ Khanum, N. (2008) 'Forced marriage, family cohesion and community engagement: national learning through a case study of Luton' cited in House of Commons Home Affairs Committee 'Domestic violence, forced marriage, and 'honour'-based violence 2007-08
- ⁶ Forced Marriage Unit.
www.fco.gov.uk/forcedmarriage
- ⁷ House of Commons Home Affairs Committee (2008) 'Domestic violence, forced marriage and 'honour'-based violence'. Sixth Report of Session 2007-08, Volume 1. House of Commons, London.
- ⁸ Dorkenoo, 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).
- ⁹ Evidence of the Iranian and Kurdish women's rights organisation (IKWRO) to the House of Commons Home Affairs Committee 'Domestic violence, forced marriage and 'honour-based violence' Sixth report of Session 2007-08 Volume 1. London: the Stationery Office Limited
- ¹⁰ Husain, M., Waheed, W. & Husain, N. (2006) 'Self-harm in British South Asian women: psychological correlates and strategies for prevention'. *Annals of General Psychiatry*
- ¹¹ See 5
- ¹² See 2. page 24
- ¹³ 'What health workers need to know about gender-based violence: domestic abuse'. NHS Scotland, 2009. www.gbv.scot.nhs.uk
- ¹⁴ 'Dealing with cases of forced marriage. Practice guidance for health professionals.' Foreign & Commonwealth Office and Department of Health. FCO Services: publishing. March 2007
- ¹⁵ 'Multi-agency practice guidelines: handling cases of forced marriage'
- ¹⁶ Ibid
- ¹⁷ As 13
- ¹⁸ As 14
- ¹⁹ As 13

Local information and notes

These pages are for you to record any local information or services for your area





The Scottish
Government

You can download this guide online at: www.gbv.scot.nhs.uk
NHS Scotland 2009