

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

# What health workers need to know about gender-based violence

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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 (ShirleyHenderson - writing, editing and consultancy, [www.shirleyhenderson.co.uk](http://www.shirleyhenderson.co.uk)) and Katie Cosgrove, Programme Manager (GBV Programme, NHS Scotland).

Gender-based violence is a major public health issue which causes immense pain, injury and suffering, particularly to women and children. Health staff have a unique and crucial role in identifying and supporting all those affected by it. The Scottish Government Health Directorate has issued guidance to health boards on identifying and responding to gender-based violence as part of its commitment to improving the health and healthcare of those who have experience of such abuse.\*

This guide forms part of a package of resources developed by NHS Scotland for staff. It briefly explains the nature of gender-based violence and its impact on health, and outlines how to respond. It accompanies a series of more detailed practice guides about the following aspects of such abuse:\*\*

- 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)

**Note:** Given prevalence statistics, terminology in this leaflet assumes the victim is female. However, the principles of the healthcare response apply to both women and men.

\*Chief Executive letter on Gender Based Violence. [www.sehd.scot.nhs.uk/mels/CEL2008\\_41.pdf](http://www.sehd.scot.nhs.uk/mels/CEL2008_41.pdf)

\*\*These are available at [www.gbv.scot.nhs.uk](http://www.gbv.scot.nhs.uk)

# Explaining gender-based violence

## What is gender-based violence?

Gender-based violence 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”.*<sup>1</sup>

The term is unfamiliar to many 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.

■ 21% of girls and 11% of boys have experienced child sexual abuse<sup>2</sup>

■ 90-95% of sexual abuse is perpetrated by men<sup>3,4</sup>

■ There are 4,000 victims of trafficking for sexual exploitation in the UK<sup>5</sup>

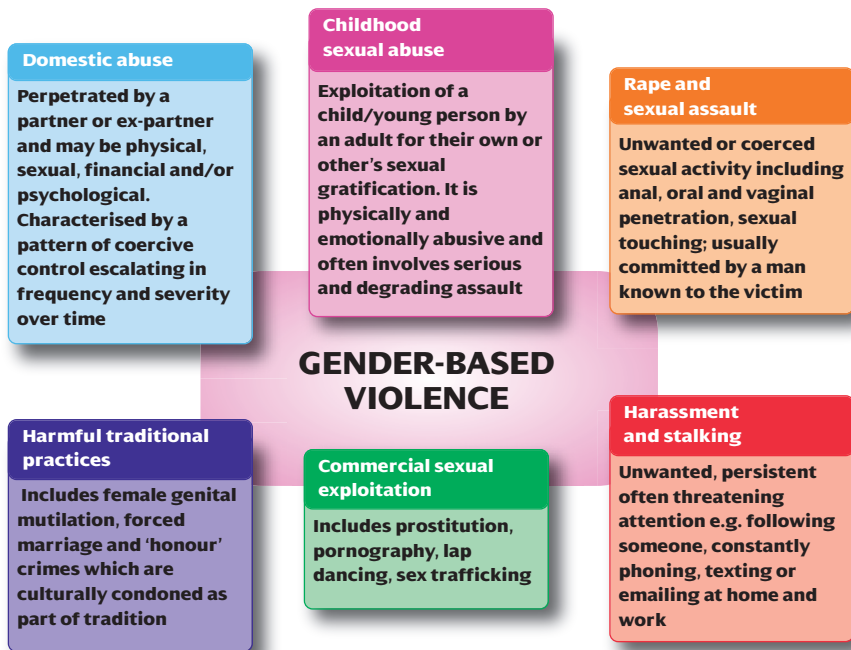
■ One in two women in prostitution become involved at the age of 18 or younger<sup>6</sup>

Since gender-based violence is often hidden and undisclosed, the statistics available represent a significant underestimate. Similarly, the costs of abuse are likely to exceed existing calculations; a recent study estimated that the health care costs of domestic abuse alone in England and Wales are £1.2billion a year.<sup>7</sup>

## Who is at risk?

Being female is the **key** risk factor for gender-based violence.

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, or be isolated because of their impairment. 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'.

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.

## Male victims

Many health workers ask 'what about men?' Whilst men are at much less risk from gender-based violence, some men are abused in similar ways by other men and, sometimes, by women. However, men are more likely to be perpetrators than victims of gender-based violence.

Often, it can be difficult for men 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 is often seen as acceptable. For example, in a survey of young people:<sup>8</sup>

- One in eight young men believed it was 'OK' to hit a woman if she was 'nagging'
- One in five young men thought it acceptable to force a woman to have sex if she was his wife, while a further 15% were unsure
- 81% of young men and 68% of young women thought that women may provoke violence by 'flirting'

# Gender-based violence and health

## Health impact of abuse

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.

- Between one in three and one in five women experiences some form of domestic abuse over a lifetime<sup>9</sup>
- 53% of women murdered in Scotland between 1997 and 2007 were killed by a partner, compared with 6% of men murdered in the same ten-year period<sup>10</sup>
- In 2006/07 the police recorded 48,801 incidents of domestic abuse in Scotland, a 7% increase on the previous year. In 87% of these cases the recorded victim was female and the perpetrator was male<sup>11</sup>
- In around two in five domestic abuse cases, there is also childhood physical and sexual abuse by the same perpetrator, usually the father or father figure<sup>12</sup>

## 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 – in around 50% of cases according to one UK study<sup>a</sup>
  - 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<sup>b</sup>
  - Women experiencing abuse are 15 times more likely to misuse alcohol and nine times more likely to use drugs than non-abused women<sup>c</sup>
  - Higher rates of health risk behaviour such as smoking, risky sexual behaviour, unwanted teenage pregnancies and greater vulnerability to sexual exploitation<sup>b</sup>
- In 54% of rape cases women are raped by a current or ex-partner<sup>13</sup>
  - Only 8% of rapes are committed by strangers<sup>14</sup>
  - 23% of women and 3% of men experience sexual assault as adults<sup>15</sup>

- Women, and younger women in particular, are the most likely victims of stalking and tend to experience severe and lasting effects<sup>16</sup>

- 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% for men<sup>17</sup>

Abuse during pregnancy significantly increases the risk of poor maternal and infant health outcomes and is associated with obstetric complications including:<sup>d,e</sup>

- 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 mental health services<sup>f</sup>:

- Around 35-40% of women experiencing domestic abuse report depressive symptoms; for women with additional experience of childhood sexual abuse this is 50%<sup>g</sup>

- Average rate of post-traumatic stress disorder among victimised women is 64% according to a meta-analysis of 18 studies<sup>h</sup>

- Childhood sexual assault is associated with increased subsequent risk of physical and sexual victimisation and poor mental health including depression, anxiety, eating disorders, post-traumatic stress disorder, self-harm, psychosis and suicidal ideation<sup>i</sup>

- Around half of mental health service users have been physically and/or sexually abused as children<sup>j</sup>

- The mental health impacts of rape and sexual assault include post-traumatic stress disorder, anxiety, panic attacks, somatic symptoms, depression and suicide<sup>k</sup>

- An estimated 66,000 women living in the UK have undergone female genital mutilation<sup>18</sup>

- There are 400 reported cases of forced marriage in the UK every year; 85% of these are women and 15% men<sup>19</sup>

- Police estimate that 12 women are killed in honour killings a year in the UK, although this is likely to be an underestimate<sup>20</sup>

# Responding to gender-based violence

Even though they may not disclose, many of your patients are likely to have experience of abuse. Many are reluctant to come forward to 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

Many staff worry that they 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 her, 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 her and what she needs from you. For example, she may need reassurance or support to undergo invasive medical examinations if she has been sexually assaulted. She 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 woman's partner or 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](http://www.gbv.scot.nhs.uk)

# 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 male violence towards women, and has recently produced its blueprint for addressing the issue in 'Safer Lives: Changed Lives; a Shared Approach to Tackling Violence Against Women in Scotland.'<sup>21</sup>

### 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](http://www.scottishwomensaid.org.uk)

Rape Crisis Scotland:  
[www.rapecrisisscotland.org.uk](http://www.rapecrisisscotland.org.uk)

Survivor Scotland (Scottish Government website on childhood sexual abuse):  
[www.survivorscotland.org.uk](http://www.survivorscotland.org.uk)

Women's Support Project:  
[www.womenssupportproject.co.uk](http://www.womenssupportproject.co.uk)

Child and Women Abuse Studies Unit:  
[www.cwasu.org](http://www.cwasu.org)

Forced Marriage:  
[www.fco.gov.uk/forcedmarriage](http://www.fco.gov.uk/forcedmarriage)

World Health Organization:  
[www.who.int/topics/gender\\_based\\_violence/en](http://www.who.int/topics/gender_based_violence/en)

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- <sup>15</sup> Walby, S. & Allen, J. (2004) 'Domestic violence, sexual assault and stalking: Findings from the British Crime Survey.' Home Office Research Study 276. London.

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