

Human Resources and Organisational Development

Gender-Based Violence Employee Policy

Joint Policy Managers Anne Younger Jenny Alexander	Policy Group Gender-Based Violence Employee Pin Policy Group
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Policy Established Workplace Policy on Domestic Abuse 2008	Last Updated February 2017	Policy Review Period/Expiry August 2020
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This policy does apply to Medical/Dental Staff

Uncontrolled when Printed

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Gender-Based Violence Employee Policy

Version Control

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1.0	Version Control was introduced in July 2011 and previous versions of this Policy, prior to this date, are available in the Electronic Document Store. Previous Policy-Workplace Policy on Domestic Abuse	J Mudie	October 2008
2.0	Reviewed Due to CEL 41 2008 and New PIN Gender-Based Violence Employee PIN Policy February 2011 Published November 2011	A Younger	December 2012
2.1	New Corporate Format and Updated EIA	A Younger J Alexander	February 2017

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1 Statement of Policy

It is the aim of NHS Tayside:

- 1.1 To raise awareness of Gender-Based Violence¹ as a serious health and social issue, highlighting its hidden nature and the impact on those affected by it. (see Appendix 1)
- 1.2 To send a positive message to employees with experience of abuse that they will be listened to and supported.
- 1.3 To acknowledge the impact of Gender-Based Violence on the health and well-being of NHS Tayside staff as a serious, recognisable and preventable problem like many other health and safety issues that affect NHS Tayside. It further aims to ensure that NHS Tayside respond effectively to staff members who may be perpetrators of such abuse.
- 1.4 To clarify the scope for managers to use and apply provisions within existing NHS Tayside Policies when responding to Gender-Based Violence.
- 1.5 To send a clear message that the actions of employees who perpetrate abuse, within or outside the workplace, is unacceptable.
- 1.6 To provide a framework for responding to employees who may be perpetrators of abuse and who may pose a risk to other employees or patients within the context of their work.
- 1.7 To provide guidance for managers and team leaders to assist them to implement the aims of the NHS Tayside Policy.

This Policy has been developed in partnership with trade unions and professional organisations. It reflects the best practice identified in, and meets the minimum standards set out in, the NHSScotland Gender-Based Violence Employee PIN Policy² Published November 2011 which was itself developed to meet the requirements of the Chief Executive's Letter on Gender-Based Violence [CEL 41](#) (2008). The policy also reflects relevant current employment legislation.

NHSScotland Gender-Based Violence Employee PIN Policy Published November 2011 should be read in conjunction with this policy in order to access fullest information.

¹includes: 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 www.scotland.gov.uk/publications/2011/12/07090656/0

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2 Purpose and Scope

The purpose of this policy is to promote the welfare of staff currently or previously affected by the act of and or experience of Gender-Based Violence. Gender-Based Violence is a major public health issue which cuts across the whole of society as well as being a fundamental violation of human rights. Although primarily experienced by women, the policy recognises that men too can experience abuse.

Managers have a role to actively promote the Gender-Based Violence policy to staff and support the needs of employees (see Appendix 4). This policy provides Managers with guidance to enable them to fulfil this role and to identify and respond to the individual needs both of employees with experience of abuse and those who perpetrate abuse.

- 2.1 This Policy applies to all clinical and non clinical directly employed staff, including bank/temporary staff and NHS Tayside staff on secondment during all operational hours and working patterns across NHS Tayside. This Policy is developed in accordance with NHSScotland PIN policies which form part of the terms and conditions of employment of all NHSScotland employees.
- 2.2 Gender-Based Violence (GBV) is an umbrella term that encompasses a spectrum of abuse experienced mostly by women and perpetrated mainly by men. Given its prevalence within the wider population (see Appendix 1), and the size of the workforce in NHS Tayside, it is inevitable that a significant number of NHS Tayside employees will have experience of some form of abuse, past or current. It is further recognised that a number will be perpetrators. A programme to improve the identification and management of GBV commenced with the issue to Health Boards of the Scottish Government Chief Executive's Letter [CEL 41](#) (2008) Gender-Based Violence Action Plan. Due to the prevalence of abuse, its adverse health impact and the reluctance to disclose without direct questioning NHS Tayside must be proactive in seeking to identify and address this issue. The implementation of Routine Enquiry of abuse in key services has been advocated at a UK level by the home office and the Department of Health. Routine Enquiry is designed as a means of supporting diagnosis and assessment of service users' needs to ensure the most appropriate treatment and care. This in turn may result in a greater number of staff disclosing their own experiences of abuse.
- 2.3 Staff disclosing their own Gender-Based Violence experiences whilst as a patient have the knowledge that the staff member hearing this, is bound by an ethical and legal duty to keep patient information confidential. All NHSScotland employees and contractors are contractually obliged to respect a patient's right to confidentiality. It is policy that all members of staff are provided with a copy of [Protecting Patient Confidentiality NHSScotland Code of Practice](#). Failure to comply with the Code of Practice is a disciplinary offence.
- 2.4 For those working with children and adults who may be at risk of self-harm the guide [Practice Guidance on Information Sharing, Protection and Confidentiality](#) focuses on these issues and is for people working with children and adults where there is a concern about self-harm. The guidance is intended to help people working in this context to be able to work effectively with people who self harm.
- 2.5 Allegations of abuse made against employees could have potential implications for their employment and could breach organisational values and professional codes of conduct.

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- 2.6 **NB** Whether it takes place within or outside of the workplace, the impact on employers and the 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 (see Appendix 2). In all situations, the primary objective must be to promote a workplace culture in which Gender-Based Violence is recognised and addressed.**

Organisational Context

NHS Tayside should ensure that employers of sub-contracted and agency staff have policies and procedures in place which meet the standards outlined in the PIN policy. Furthermore, where contractors are the perpetrators of abuse, they must be advised that their contract may be terminated prematurely.

3 Definition - 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. It is also important to recognise, however, that men and boys can also be subjected to abuse; most often by other men but sometimes also by women.

- 3.1 Gender-Based violence is one of the most sensitive indicators of gender inequality cutting across boundaries of ethnicity, age, disability, sexual orientation, religion and belief. This policy therefore will contribute to the NHS Tayside’s Board legal requirement in relation to other aspects of the Equality Act 2010³.

4 Principles & Values

The principles and values of this policy 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.

- 4.1 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
 - Take action where incidents occur or allegations of abuse are raised
 - Raise awareness of Gender-Based Violence Policy to enable appropriate action when these circumstances occur
- 4.2 NHS Tayside is committed to ensuring that all employees have equitable access to the provisions of this policy. The policy takes into consideration and account of the barriers that may be faced by staff because of their needs due to the impact of various forms of inequality that exist for people with a protected characteristic(s) (i.e. age, disability, gender reassignment, pregnancy/maternity, race/ethnicity, religion/belief, sex/gender, and sexual orientation) as well as other factors that may

³ <http://www.legislation.gov.uk/ukpga/2010/15/contents> Equality ACT 2010

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impact on equality of access such as literacy, culture barriers and traditional beliefs, language barriers, access to systems etc.

- 4.3 All disclosures of abuse experienced by employees should be treated confidentially⁴, the key exception being situations where there is reason to believe that there may be a risk to the individual and to others, including harm to children. In these circumstances, local child/adult protection procedures should be followed.
- 4.4 NHS Tayside is 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.
- 4.5 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 Nursing and Midwifery Council (NMC), require registered professionals to disclose not only any convictions, but also any charges which are being brought against them.

5 Responsibilities

5.1 Responding to Gender-Based Violence and Supporting Staff

This Section gives an overview and signposting to appendices as well as links to the NHSScotland Gender-Based Violence Employee PIN Policy Published November 2011 Section 3. These documents provide insight into a number of areas which should be considered regarding the impact of Gender-Based Violence in the workplace and details the ways in which managers can support staff with experience of abuse. This sends a positive message to employees with experience of abuse that they will be listened to and supported at a level that is appropriate for them.

Guidance and information included in the PIN Policy and Appendices:

- **Impact on employees at work:** details the negative impact on an employee's ability to attend or function effectively at work. It provides examples of the possible impact including any or all of the following: absenteeism, time off, lateness and harassment at the work place.
- **Impact on work colleagues:** covers work performance, feeling helpless, distracted and impacting on their own health and also possibly fearing for their own safety.
- **How Gender-Based Violence may affect staff:** covers historical, recent and ongoing abuse. It is also 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

⁴ In accordance with local procedures and in line with the Data Protection Act (1998) and the Scottish Government Records management: NHS Code of Practice (Scotland) version 2.1 (January 2012)

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support staff may vary depending on the nature and the timing of the abuse, the core principle of offering a supportive and flexible response remains constant.

- **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. Full details Refer to appendix 2 1.4
- **Supporting Staff with experience of Abuse:** NHS Tayside is 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 Employee Relations staff, Key Contacts and/or Trades Unions and external agencies.

5.1.1 What managers can do

This policy provides initial guidance for managers in various circumstances which should then be expanded upon by referral to the GBV Employee PIN Policy along with appropriate Human Resources support. Managers need to be aware of the potential barriers (see Appendix 2) that make it difficult for employees to seek support and should be conscious not to make judgements or to provide counselling or advice.

Managers Responsibilities

Managers have the responsibility to endeavour to provide flexible support to meet the circumstances of each individual, taking account of any additional needs that they may have (see Appendix 4). Managers should also apply provisions within existing NHS Tayside Policies when responding to Gender-Based Violence and offering support.

In responding to staff who have disclosed experience of abuse managers 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 (see Appendix 4). Employees should, nonetheless, have a clear understanding of what is expected of them in relation to performance and attendance.

To assist managers in their role of addressing the needs of employees (see flowchart Appendix 5) managers should be aware that other NHS Tayside Policies⁵ compliment this policy. There is also support for managers who can call upon key professionals through the Diversity and Inclusion Manager. It is important to evaluate each situation on an individual basis and should policies overlap key professionals such as HR managers should be called upon for priority guidance e.g. Promoting Attendance at Work Policy

NHS Tayside Links with other Policies section 6 - electronic link

In summary a manager can support staff by:

- Being aware of the possibility that staff members could be affected by past or current abuse (see Appendix 2)
- Recognising potential signs of abuse (see Appendix 3)
- Initiating discussion if you have concerns about abuse (see Appendix 4)

⁵ Full Links to NHS Tayside Policies Section 6

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Responding sensitively to disclosure.
 Helping your staff member assess their level of risk and devise a safety plan in cases of domestic abuse or other Gender Based Violence.
 Discuss how the organisation can support them
 Possible work related adjustments
 Taking cognisance of existing provision within NHS Tayside Policies and contact Human Resources as appropriate.

- Providing information about other sources of help (see Section 7 & Appendix 10)
- Keeping good records, documenting discussion and actions taken, ensuring that information is stored confidentially in line with local procedures and in accordance with the Data Protection Act (1998) and the Scottish Government Records management: NHS Code of Practice (Scotland) version 2.1 (January 2012)
- Respecting confidentiality except where there is reason to believe that there is a risk to the individual and to others, including harm to children when local child/adult protection procedures should be followed.

5.2 Responding to Staff Who May be Perpetrators

Given the prevalence within the wider population, and the size of the NHS Tayside workforce it is acknowledged that a number of employees will be perpetrators of abuse and that committing acts of gender-based violence is a serious matter which:

- Contravenes Equality and Human Rights legislation
- Could constitute a criminal offence
- May breach corporate and professional codes of conduct

NHS Tayside project a clear signal that the actions of employees who perpetrate abuse, within or outside the workplace, is unacceptable. As such NHS Tayside managers are provided with a framework for the management 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. In order to respond effectively to staff members who may be perpetrators of Gender-Based Violence, guidance within this policy and reference to the PIN Policy at www.scotland.gov.uk summarised in Appendix 6 must be given full consideration. These documents cover situations and circumstances that can arise in allegations of such misconduct and encompasses aspects necessary for guidance along with Appendix 7 the Flowchart Summary for Responding to Alleged Perpetrators.

The areas covered in the documents include:

- Disclosures and allegations of abuse and how this may be brought to light.
- Allegations of abuse within the workplace.
- Allegations of Abuse outside the workplace.
- What managers can do, how this should be acted upon.
- Assessment process - 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.
- Allegations of abuse – criminal proceedings pending
- Notification of perpetrators, post conviction.
- Assisting perpetrators – where founded will be viewed as a serious disciplinary offence and action will be taken under the NHS Tayside Employee Conduct Policy.

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- Malicious Allegations – will be treated as a serious disciplinary offence and action will be taken under the NHS Tayside Employee Conduct Policy.
- Victimisation – where clear evidence viewed as a serious disciplinary offence and action will be taken under the NHS Tayside Employee Conduct Policy.
- Good practice in working with perpetrators – lists good practice principles to observe.
- Providing information to enable change – support agencies and referrals.

6 Links to other policies

In designing this NHS Tayside Gender-Based Violence Employee policy it has been developed to highlight and promote good practice for managers. One aspect is bringing attention to the number of existing NHS Tayside Policies and NHSScotland PIN policies enabling these to be utilised in responding sensitively and effectively with staff affected.

NHSScotland Gender-Based Violence Employee PIN Policy Published November 2011 has been designed to complement other NHSScotland PIN Policies including 'Managing Health at Work', 'Embracing Equality, Diversity & Human Rights', 'Supporting the Work-Life Balance', 'Tackling Workplace Bullying & Harassment' and 'Management of Employee Conduct'. Therefore to promote a workplace culture in which Gender-Based Violence is recognised and addressed it is the aim of NHS Tayside that this issue should be incorporated explicitly into Health & Safety Risk Assessment programmes and relevant Human Resource policies including that Gender-Based Violence will be regarded as serious/gross misconduct. It has also been incorporated into Core Training programmes, including staff induction.

NHS Tayside Policies that may link into the Gender-Based Violence Employee Policy are:

- [Alcohol, Drug and Other Substance Misuse Policy and Procedures](#)
- [Dealing Positively with Stress at Work](#)
- [Employee Conduct Policy](#)
- [Equal Opportunities Policy](#)
- [Flexi-Time Policy](#)
- [Grievance Policy](#)
- [Induction Policy](#)
- [Lone Workers Policy](#)
- [Preventing and Dealing with Bullying and Harrassment](#)
- [Promoting Attendance at Work Policy](#)
- [Special Leave Policy](#)
- [Whistleblowing Policy](#)

All the above can be accessed through the following link in order to facilitate possible support/adjustments and flexibility in supporting staff.

- [Staffnet HR Policies & Guidelines](#)

7 Key Contacts

Given the sensitive nature of this issue the following have within their role, provision to provide an initial point of contact for private discussion. Following core training on Gender-Based Violence they will primarily act by providing information which will be independent and confidential for 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

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them explore the options available, including enabling them to access the provisions of NHS Tayside policies as appropriate.

It is therefore necessary that Key Contacts undertake the training appropriate to their level of participation.

Key Contacts will be bound by confidentiality except where there is reason to believe that there is a risk to the individual and to others, including harm to children when local child/adult protection procedures should be followed. Confidentiality guidance is detailed in Section 2 Purpose and Scope.

The role would not involve providing counselling or advice unless specified.

- 7.1 Managers and Line Managers** provide an initial point of contact for private discussion. Listening to an employee's concerns and help them explore the options available, including enabling them to access the provisions of NHS Tayside policies as appropriate.
- 7.2 Human Resources Employee Relations** for employees provide an initial point of contact for private discussion. For line and senior managers HR Managers will provide appropriate support, advice and guidance.
- 7.3 The Spiritual Care Department** provides a confidential counselling service for employees.
- 7.4 OH** provides a self referral service for counselling. Employees can approach OH directly or Human Resource Representatives can access this service for employees with their consent.
- 7.5 Trade Union/Professional Association Representatives** provide support services for their members as well as representative services.
- 7.6 Equality and Diversity Champions** are listed locally on notice boards or can be contacted through the Diversity and Inclusion Manager.

National Information available in Appendix 10

8 Legal Framework / Relevant Legislation

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

- [Health and Safety at Work Act \(1974\)](#): 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](#): The regulations require employers to assess the risk of violence to employees and make arrangements for their health and safety;
- [Equality Act \(2010\)](#): 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 race, sex, age, sexual

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orientation, religion and belief, disability, gender reassignment, marriage & civil partnership, pregnancy & maternity, referred to as 'protected characteristics';

- [Protection from Abuse \(Scotland\) Act \(2001\)](#) : 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, Articles 3 & 8](#) : most challenges in the European Court around domestic abuse are brought jointly on both articles. A3: Affords an 'absolute' right not to be tortured, or inhumanely or degradingly treated or punished: A8 relates to a statutory authorities duty to protect.
- [Protection from Harassment Act 1997](#) : 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](#) : Criminalises a range of sexual offences including rape and sexual assault against adults and children.

9 Promotion of the policy

NHS Tayside will take steps to raise awareness of this policy to all staff. A range of methods will be undertaken including:

1. Notices will be displayed on all notice boards.
2. Notices will be displayed in all toilets/ changing rooms and staff dining rooms.
3. Notices to be displayed on Staff Intranet and web site.
4. Included in staff induction and training courses
5. Other Promotional Material
6. The managers' responsibility to communicate and raise awareness of the policy and to ensure that all staff understand the policy and are confident in using it.

The Policy will also be promoted by senior staff in partnership with colleagues from trade unions/professional organisations.

TRAINING

Within the Training Provision to Support the Policy (see Appendix 9) there are three strands of specific on going training.

- A Managers ½ day workshop
- Frontline staff workshops on "CEL 41" Routine enquiry.
- All Staff Basic Awareness raising on Gender-Based Violence included in Corporate Induction programmes and "LearnPro" e-learning module.

The Equality & Diversity Champions within NHS Tayside receive a 3 day programme. The purpose of the training is to ensure that participants are skilled, knowledgeable and confident in the following areas:

- Understanding some of the key concepts in relation to prejudice, stereotyping, discrimination and how they impact on all of us;
- Why equality and diversity are important issues for the NHS

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- The Equality Act 2010 – The Public Sector Duties
- Challenging inappropriate behaviours including bullying, harassment, victimisation and discrimination
- Awareness of Human Rights
- Understand the role of the Equality & Diversity Champions and knowing where to access support and resources.

All equality and diversity champions will be trained on Gender Based Violence and Harmful Traditional Practices and how to use the GBV policy.

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, Human Resources, Occupational Health or any other Key Contact. All of these staff have a role to support employees in line with the provisions of this policy which is outlined in Section 7

Staff can self-refer to external support agencies including the Employee Counselling Service and /or local and national support services as detailed in appendices 8 and 10.

10 Duty of Care

In line with current health and safety legislation, NHS Tayside has a duty of care to its employees. In the context of this policy, this means that NHS Tayside needs to be mindful of the potential risks and a work place risk assessment be carried out to minimise any potential risk to staff members, patients and colleagues (see Appendix 4).

11 Retention of Records

All records pertaining to management of an employee under this policy must be held in accordance with local procedures and in line with both the *Data Protection Act 1998*⁶ and the *Scottish Government records Management: NHS Code of Practice (Scotland) version 2.1 (January 2012)*⁷

Further guidance is given in appendix 4 – 4.1.3 Recording

12 Review

This policy will be subject to ongoing monitoring and evaluation to ensure that it is being implemented fairly, consistently, effectively and in line with the policy's stated principles and values. The policy will be reviewed in partnership as and when required, to ensure that any new policy drivers, legislation, standards and /or structures are incorporated when necessary and that it remains fit for purpose.

⁶ <http://www.legislation.gov.uk/ukpga/1998/29/contents>

⁷ <http://www.scotland.gov.uk/Publications/2012/01/10143104/0>

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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.

1.1 What is Gender-Based Violence?

Gender-Based Violence is endemic in society. Defined by the United Nations as: "violence that is directed against a women 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.

1.2 Definitions and Prevalence:

1.2.1 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 lives⁸.

⁸ 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.

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- Of 53,681 domestic abuse incidents reported to Scottish police in 2008/09, 84% of victims were female.⁹ 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 violence¹⁰.
- 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 study¹¹.

1.2.2 Child Sexual Abuse is defined as exploitation of a young person by an individual for their own or others' sexual gratification. It is physical and emotional abuse and often involves serious and degrading assault.

- 21% of girls and 11% of boys have experienced child sexual abuse¹².

1.2.3 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-partner¹³.

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

- One in two women in prostitution becomes involved at the age of 18 or younger¹⁴.
- There are 4,000 victims of trafficking for sexual exploitation in the UK¹⁵.

1.2.5 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 men¹⁶._____

⁹ Statistical Bulletin Crime and Justice Series: domestic Abuse recorded by the Police in Scotland 2008-09 <http://scotland.gov.uk/Publications/2009/11/23112407/3>.

¹⁰ Macleod, P et al. 2008-09 Scottish Crime and Justice Survey: Partner Abuse. Scottish Government Social Research, 2009

¹¹ Donovan, Hester, Holmes & McCarry (2006) 'Comparing domestic abuse in the same sex relationships'. University of Bristol and University of Sunderland.

¹² 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.

¹³ Myhill, A. & Allan, J. (2002) 'Rape and sexual assault of women: the extent and nature of the problem'. Home Office research Study 237. Home Office, London.

¹⁴ Hester, M and Westmarland, N. (2004) 'Tackling street prostitution: towards a holistic approach' Home Office Research study 279. London.

¹⁵ UK Action Plan on Tackling Trafficking (2007) Home Office, London and Scottish Government, Edinburgh www.homeoffice.gov.uk/documents/human-traffick-actionplan.

¹⁶ Walby, S and Allan, J. (2004) 'Domestic violence, sexual assault and stalking: Findings from the British Crime Survey'. Home Office Research Study 276. London.

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1.2.6 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.

1.2.7 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.

- In 2009 the UK Forced Marriage Unit dealt with 1682 cases of forced marriage. 86% of these were women and 14% men¹⁷.

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

- An estimated 66,000 women living in the UK have undergone female genital mutilation¹⁸.

1.3 Health Impact

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

1.3.1 Physical & Sexual Health

- Medical attention for injuries – in around 50% of cases according to one UK study;¹⁹
- 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;²⁰
- Higher rates of health risk behaviour such as smoking, risky sexual behaviour, unwanted teenage pregnancies and greater vulnerability to sexual exploitation; and²¹
- Abuse during pregnancy significantly increases the risk of poor maternal and infant health outcomes²²

¹⁷ Forced Marriage Unit. www.fco.gov.uk/forced marriage.

¹⁸ 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)

¹⁹ Richardson, J. et al (2002) 'Identifying domestic violence; cross sectional study in primary care'. BMJ 324:274.

²⁰ Stark, E & Flitcraft, A. (1996) 'Women at Risk'. London. Sage

²¹ Campbell, J.C. (2002) 'Health consequences of intimate partner violence'. The Lancet. 359:1331-36

²² Mezey, G.C. (1997) 'domestic violence in pregnancy' in Bewley, S et al (eds) (1997) 'Violence against women'. London RCOG

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1.3.2 Mental Health

- Around 35-40% of women experiencing domestic abuse report depressive symptoms²³; 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.²⁴
-

²³ 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'.

²⁴ 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.

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Appendix 2

Responding to Gender-based Violence

To be referenced with Section 5 of the NHS Tayside Policy

2.1 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
- Risk to children: If the employee uses workplace childcare facilities, children may be in danger of abuse or abduction whilst on the premises

2.2 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
- Fear for their own safety

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2.3 How Gender-Based Violence May Affect Staff

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 work place 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 the provision of information 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 trades 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.

2.4 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.
- 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 the 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.

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- 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.
- 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).

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Appendix 3

Potential Signs of Abuse

3.1 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 or poor work 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.

3.2 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
- Increased hours being worked for no apparent reason e.g. very early arrival at work or working late

3.3 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

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- Secretive regarding home life
- Appears to be isolated from friends & family

3.4 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
- 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

3.5 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.

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Appendix 4

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.....”
- 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.

4.1 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 it's 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 & inequalities needs.

4.1.1 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.

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

4.1.2 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 the end of this appendix).

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.

4.1.3 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) and the Scottish government Records Management: NHS Code of Practice (Scotland) Version 2.1 (January 2012), 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 procedure but if they relate to gender-based violence then this 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.

Where Health and Safety applies, there is a 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.

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4.2 Possible work related adjustments

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

- Provide extended and/or flexible special leave to enable time off to visit solicitors, attend counselling, 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

Agree periods of extended absence

- in line with locally developed '*Special Leave*' policies
- 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
- 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
- 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 5**.

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4.3 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.

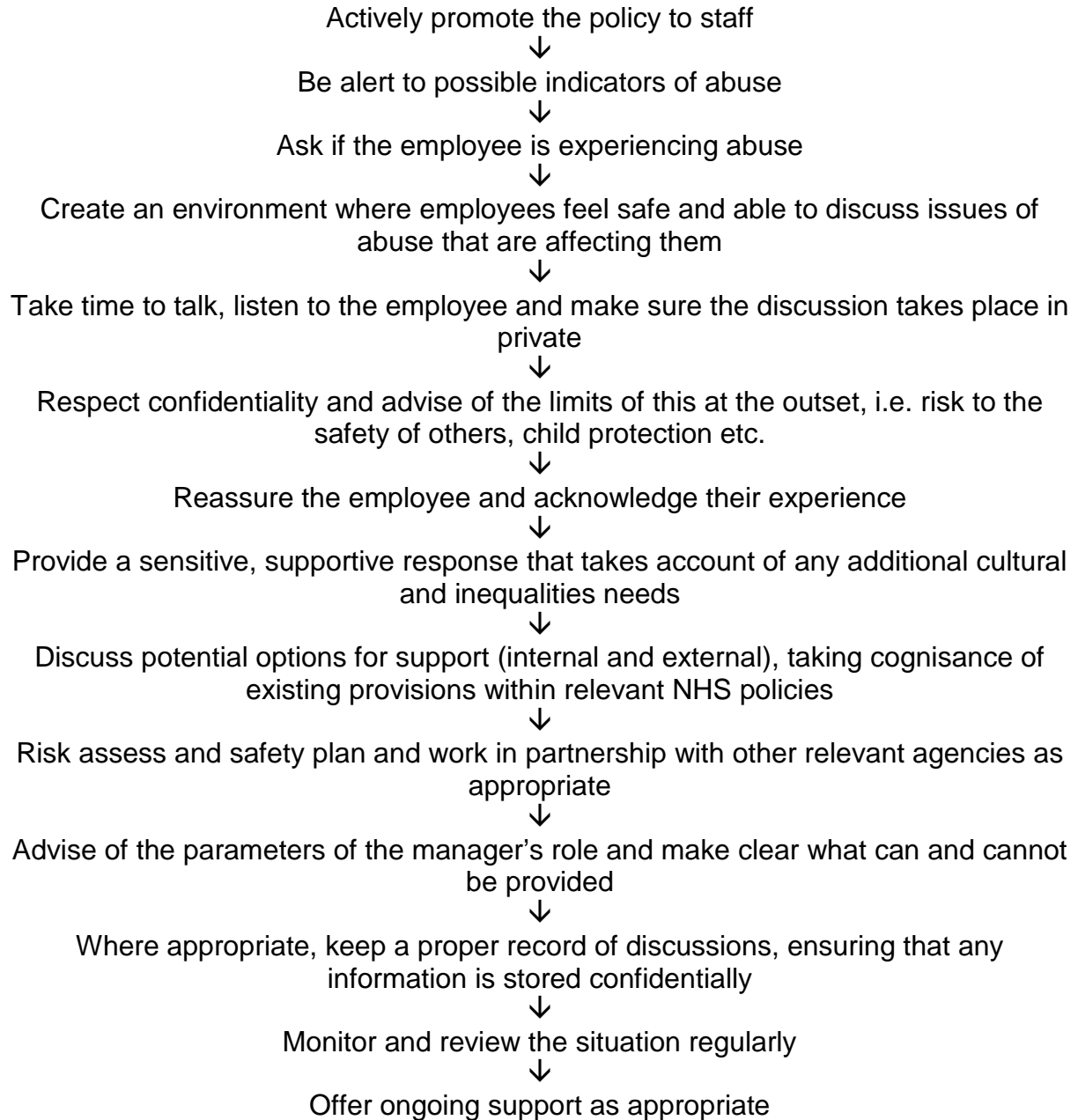
Respect their decision, reassure them that your primary concern is for their safety and remind them that support is available if they need it in future. Flowchart on employee access to the policy **Appendix 8**.

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Appendix 5

Flowchart Summary of Manager's Role

The manager's role in supporting staff is to:



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Appendix 6

Responding to staff who may be perpetrators

Responding to allegations about employees who may be perpetrators is also covered.

6.1 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 ²⁵ (multi-agency risk assessment conferences) or local equivalent. (See APPENDIX 6a)
 - Partners, ex-partners or others who are not NHS employees
 - Post conviction notification from the police
 - Disclosure Scotland pre-employment check

6.2 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.

6.3 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.

²⁶ MARAC is a process that screens victims at very high risk of repeat victimisation. 3 MARAC groups exist in Tayside 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. See Appendix 7a

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- 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 **Appendix 7. Assessment Process**
- 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.

6.4 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 '*Tackling Workplace Bullying & Harassment*' and '*Management of Employee Conduct*' 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 under 6.5 Assessment process, each case requires to be assessed to determine whether or not an investigation should be carried out?
- An allegation of abuse will not automatically result in an investigation

6.5 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

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- 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
 - 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*' PIN. Please refer to the attached flowchart in **Appendix 7** 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.
 - 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 NHS Tayside 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.

6.6 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*' PIN policy.
- Where an employee has been charged 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.

6.7 Legal Note

6.7.1 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 to fulfil their duties and damage the relationship of trust and confidence between employer and employee.

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The organisation would then consider the charges that had been proved against the employee and instigate disciplinary proceedings where appropriate.

6.7.2 Assisting perpetrators

Where staff members are found to be assisting colleagues to use work resources knowingly 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' PIN.

6.7.3 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' PIN.

6.7.4 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' PIN.

6.7.5 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.

6.7.6 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

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- Be clear that you might have to speak to other agencies if there are grounds to breach confidentiality
- Assist the perpetrator to be aware of the likely costs of continued abuse (arrest/loss of relationship/impact on children)

6.7.7 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 Phoneline is 0845 122 8609 and the website can be visited at: www.respectphoneline.org.uk.

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

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Appendix 6a

MARAC

MARAC is a process that screens victims at very high risk of repeat victimisation and subsequently takes actions to manage this risk. Three MARAC groups exist in Tayside (one in each local authority area) and are made up of representation from the police, NHS, social work and education, housing and the voluntary sector. 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, their children (if they have any) and any other relevant people who may be at risk (i.e. family member, other partner of the perpetrator). The MARAC process is governed by a multi-agency Information Sharing Protocol.

The following would be included in the NHS Tayside Gender-Based Violence Employee Policy.

Agency representatives attending any MARAC Meeting are bound by the confidentiality statement which is individually signed at the beginning of each meeting.

Should a perpetrator be known to any agency representative through working in one of the contributing organisations this information remains confidential to that meeting. This information may be discussed by the meeting as appropriate and actions agreed where relevant. Any decision by the meeting to agree actions related to the perpetrators status as an employee of a contributing organisation will be governed by the main purposes of a MARAC Meeting, two of which are:

To determine whether the perpetrator poses a significant risk to any particular individual or to the general community;

To construct jointly and implement a risk management plan that provides professional support to all those at risk and that reduces the risk of harm;

Under the agreed terms of the Information Sharing Protocol that governs the MARAC meeting, agency representatives are not able to disclose information to any perpetrators workplace, including contributing organisations, unless this has been agreed as part of the risk management plan. Any disclosure that is to be made will be made in line with the actions agreed by the meeting; in most circumstances this is likely to involve the information being passed to Tayside Police Disclosure Unit for their consideration and processing who would inform employing organisations if appropriate.

Any concerns by any representative attending the MARAC must be outlined at that meeting. Any other agreed action would then be documented. A MARAC representative disclosing information regarding a perpetrator to their employer without the authorisation of the MARAC meeting will be in breach of the Information Sharing Protocol and data protection legislation.

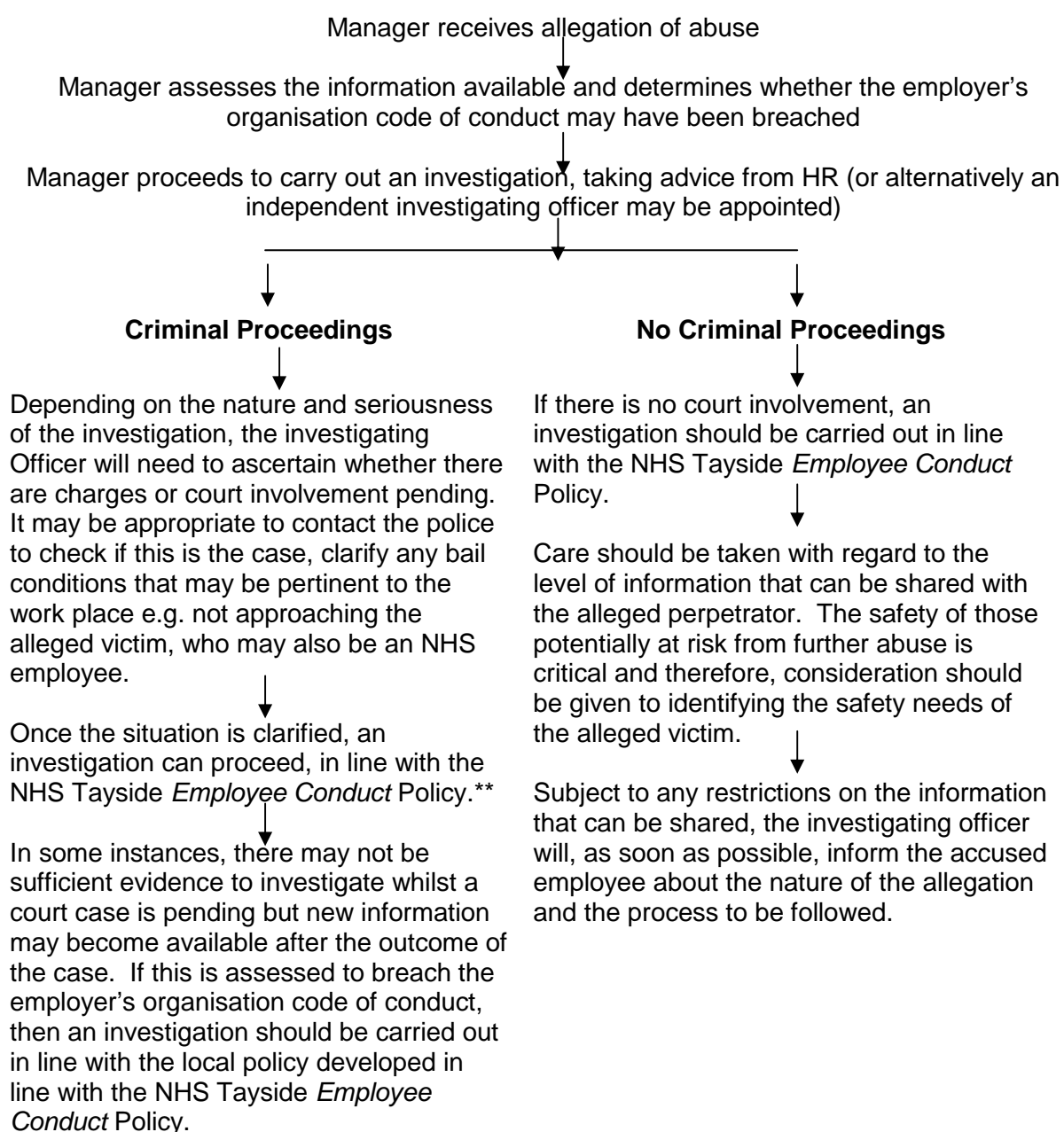
Further information can be found for Attendees of MARACs in the Department of Health document "Striking the Balance" practical guidance on the application of Caldicott Guardian Principles to Domestic Violence and MARACs (Multi Agency Risk Assessment Conferences) issued by the United Kingdom Council of Caldicott Guardians.

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Appendix 7

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.

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CASE STUDY

(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

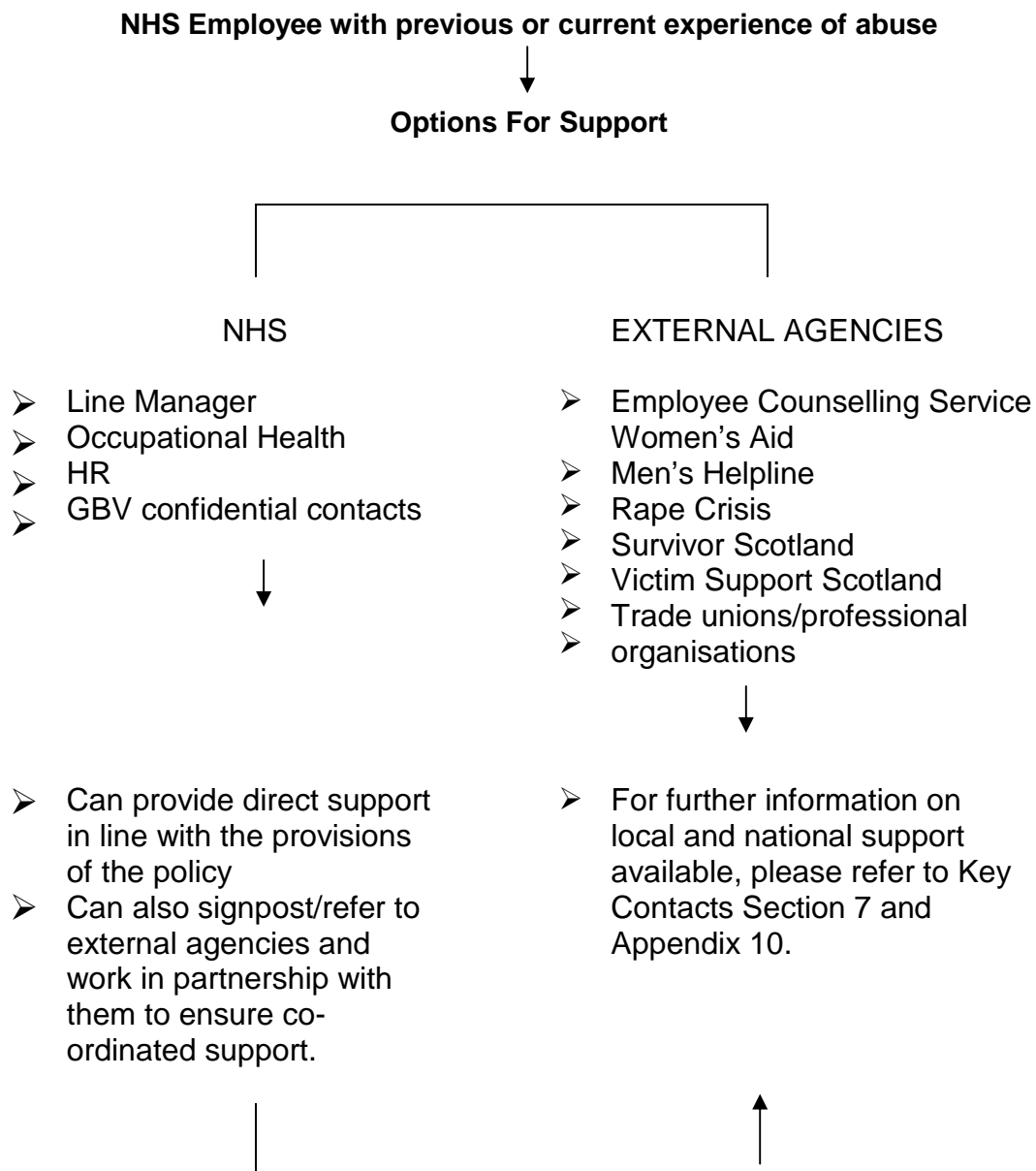
The allegation was upheld.

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

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Appendix 8

Flowchart on employee access to the policy



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Appendix 9

TRAINING PROVISION TO SUPPORT THE POLICY

1. Introduction

The GBV PIN recognises the important role of training in working towards the elimination of Gender-Based Violence.

Training can both improve service provision to individuals experiencing Gender-Based Violence and impact on the prevention of abuse through conveying strong and unequivocal messages about its unacceptability.

In order to support the staff training agenda in relation to Gender-Based Violence in NHS Tayside, established training programmes are in place, to reflect the different levels of training required, so that staff have the required skills, knowledge and understanding to enable them to deal with the issue of Gender-Based Violence, at a level relevant to their role in the organisation.

2. Model for Training

- 2.1 To support the implementation of the Gender Based-Violence Policy, all managers require a level of awareness relating to their roles and responsibilities in how to deal with any staff disclosures and how to signpost to relevant services. Half day workshops across the localities are available for line managers.
- 2.2 To support front-line staff within NHS Tayside who may come into contact with individuals who are affected by Gender-Based Violence, dealing with “disclosure” and signposting to relevant services one day workshops in line with “CEL41 Routine Enquiry” training requirements are provided.
- 2.3 For new employees, basic awareness raising on Gender-Based Violence is included during Corporate Induction Programmes.
- 2.4 A “LearnPro” e-learning module on Gender-Based Violence is available for all staff to access [Click here to access elearnPro](#) **look in Statutory/Mandatory.**

3. Summary

It is essential that Gender-Based Violence training is delivered to agreed standards and good practice. In addition to single agency and specialism specific training, multi-agency training programmes bring, together representatives of all the partner agencies to ensure an effective response continues to be provided across public sector and voluntary agencies.

For further information and details on training provision please contact:

Learning & Development Department, Ward 2, Kings Cross Hospital, Dundee on 01382 740074 x 71429

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Appendix 10

National Contact Information

Domestic Abuse Helpline

0800 027 1234 (24 hours)

www.domesticabuse.co.uk

Rape Crisis Helpline

08088 01 03 02 (daily 6 pm – midnight)

www.rapecrisisscotland.org.uk

Scottish Women's Aid

Information and training on domestic abuse and main contact of 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 abuse 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 advice, 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 – 1 pm

www.broken-rainbow.org.uk

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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: fmufco.gov.uk

Email for outreach work:

fmuo Outreach@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

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Appendix 11 NHS Tayside – Policy Approval Checklist

POLICY/STRATEGY AREA: Human Resources and OD Directorate

POLICY/STRATEGY TITLE: Gender-Based Violence Employee Policy

POLICY MANAGER: Anne Younger/ Jenny Alexander

Why has this policy been developed?		Ver 2.1 Review and update to current corporate templates	
Has the policy been developed in accordance with or related to legislation? – Please give details of applicable legislation.		The policy is underpinned by a variety of legislation such as: Health and Safety at Work etc. Act 1974, The Management of Health and Safety at Work Regulations 1994, Equality Act 2010, Protection from Harassment Act 1997.	
Has a risk control plan been developed and who is the owner of the risk? If not, why not?		N/A	
Who has been involved/consulted in the development of the policy?		Ver 2.0 Tayside-wide consultation, HR Forum Ver 2.1 Joint leads	
Has the policy been Equality Impact Assessed in relation to:-		Has the policy been Equality Impact Assessed not to disadvantage the following groups:-	
Age Disability Gender Reassignment Pregnancy/Maternity Race/Ethnicity Religion/Belief Sex (men and women) Sexual Orientation	Please indicate Yes/No for the following: Yes Yes Yes Yes Yes Yes Yes Yes	People with Mental Health Problems Homeless People People involved in the Criminal Justice System Staff Socio Economic Deprivation Groups Carers Literacy Rural Language/Social Origins	Please indicate Yes/No for the following: Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes
Does the policy contain evidence of the Equality Impact Assessment Process?		Yes	
Is there an implementation plan?		Ongoing through Training induction	
Which officers are responsible for implementation?		All Staff	
When will the policy take effect?		Immediate effect	
Who must comply with the policy/strategy?		All NHS Tayside Employees and Employers of Subcontracted and Agency Staff should have policies in place to meet the same standards	
How will they be informed of their responsibilities?		Corporate distribution and Contracting Process	
Is any training required?		Induction	
If yes, attach a template			
Are there any cost implications?		Yes	
If yes, please detail costs and note source of funding		Cost met from Training Budget	
Who is responsible for auditing the implementation of the policy?		Area Partnership Forum	
What is the audit interval?		2 years	
Who will receive the audit reports?		Area Partnership Forum	
When will the policy be reviewed and provide details of policy review period (up to 5 years)		3 years	

POLICY MANAGER: Jenny Alexander/Wendy Farquharson DATE: March 2017

APPROVAL COMMITTEE TO CONFIRM: Area Partnership Forum

ADOPTION COMMITTEE TO CONFIRM: Staff Governance Committee

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EQUALITY IMPACT ASSESSMENT

Name of Policy, Service Improvement, Redesign or Strategy:

Gender Based Violence Employee Policy

Lead Director of Manager:

Director of Human Resources and Organisational Development

What are the main aims of the Policy, Service Improvement, Redesign or Strategy?

To review and update the Policy to meet the requirements of CEL 41 and the Gender-Based Violence Employee PIN Policy February 2011.
To promote the welfare of employees affected by current or previous experience of Gender-Based Violence
To ensure that NHS Tayside responds effectively to employees who may be perpetrators of such abuse.

Description of the Policy, Service Improvement, Redesign or Strategy – What is it? What does it do? Who does it? And who is it for?

This policy raises awareness that Gender-Based Violence is a major public health and social issue which cuts across the whole of society.

What are the intended outcomes from the proposed Policy, Service Improvement, Redesign or strategy? – What will happen as a result of it?- Who benefits from it and how?

NHS Tayside is committed to promoting the welfare of staff affected by Gender-Based Violence. This policy sends a positive message to employees with experience of abuse that they will be listened to and supported.
This policy also aims to ensure that NHS Tayside responds effectively to staff members who may be perpetrators of abuse.

Name of the group responsible for assessing or considering the equality impact assessment? This should be the Policy Working Group or the Project team for Service Improvement, Redesign or Strategy.

Policy working group

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SECTION 1 Part B – Equality and Diversity Impacts

Which equality group or Protected Characteristics do you think will be affected

Item	Considerations of impact	Explain the answer and if applicable detail the impact	Document any Evidence/Research/Data to support the consideration of impact	Further actions required
1.1	<p>Will it impact on the whole population? Yes or No.</p> <p>If yes will it have a differential impact on any of the groups identified in 1.2.</p> <p>If no go to 1.2 to identify which groups</p>	<p>NO - Policy for employees</p> <p>Impacts on all employees working within NHS Tayside to contribute to an improved and safe working environment</p>	<p>Staff Governance Standard Defined by the United Nations</p> <p>‘Violence that is directed against a woman because she is a woman, or violence that affects a woman disproportionately’.</p> <p>It is important to recognise, however, that men and boys can also be subjected to abuse: most often by men but sometimes also by women.</p> <p>Gender Equality Act (Part 1) 2006 now replaced by The Equality Act 2010</p> <p>Scottish Government CEL 41 2008</p> <p>Employee PIN Policy February 2011</p> <p>Scottish Government Forced Marriage Statutory Guidance (November 2011)</p>	<p>Awareness raising of NHS Tayside Gender-Based Violence Employee Policy</p> <p>Promotion of the policy will include Induction, e-learning and other relevant training courses being available.</p> <p>HIMAP: Hate Incident Multi Agency Panel</p> <p>CEL 41: 3 year action plan on the 4 key deliverables:</p> <ul style="list-style-type: none"> ○ Implementation of Routine Enquiry of abuse within priority settings ○ Dissemination of revised guidance on abuse to staff ○ Production of an employee policy on gender-based violence ○ Multi agency collaboration

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			Scottish Government Responding to Forced Marriage (Multi agency Practice Guidelines) November 2011	Forced Marriage; Briefing Note, “one chance rule”
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Item	Considerations of impact	Explain the answer and if applicable detail the impact	Document any Evidence/Research/Data to support the consideration of impact	Further actions required
1.2	<p>Which of the protected characteristic(s) or groups will be affected?</p> <ul style="list-style-type: none"> • Minority ethnic population (including refugees, asylum seekers & gypsies/travellers) • Women and men • People in religious/faith groups • Disabled people • Older people, children and young people • Lesbian, gay, bisexual and transgender people • People with mental health problems • Homeless people • People involved in criminal justice system • Staff • Socio- economically deprived groups 	<p>Only completed if for whole population</p> <p>Policy for Employees see 1</p>		

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Item	Considerations of impact	Explain the answer and if applicable detail the impact	Document any Evidence/Research/Data to support the consideration of impact	Further actions required
1.3	<p>Will the development of the policy, strategy or service improvement/redesign lead to</p> <ul style="list-style-type: none"> • Discrimination • Unequal opportunities • Poor relations between equality groups and other groups • Other 	None identified		

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SECTION 2 – Human Rights and Health Impact.

Which Human Rights could be affected in relation to article 2, 3, 5, 6, 9 and 11. (ECHR: European Convention on Human Rights)

Item	Considerations of impact	Explain the answer and if applicable detail the impact	Document any Evidence/Research/Data to support the consideration of impact	Further actions required
2.1	On Life (Article 2, ECHR) <ul style="list-style-type: none"> • Basic necessities such as adequate nutrition, and safe drinking water • Suicide • Risk to life of / from others • Duties to protect life from risks by self / others • End of life questions 	None identified		
2.2	On Freedom from ill-treatment (Article 3, ECHR) <ul style="list-style-type: none"> • Fear, humiliation • Intense physical or mental suffering or anguish • Prevention of ill-treatment, • Investigation of reasonably substantiated allegations of serious ill-treatment • Dignified living conditions 	None identified Positive impact		

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Item	Considerations of impact	Explain the answer and if applicable detail the impact	Document any Evidence/Research/Data to support the consideration of impact	Further actions required
2.3	On Liberty (Article 5, ECHR) <ul style="list-style-type: none"> • Detention under mental health law • Review of continued justification of detention • Informing reasons for detention 	None identified		
2.4	On a Fair Hearing (Article 6, ECHR) <ul style="list-style-type: none"> • Staff disciplinary proceedings • Malpractice • Right to be heard • Procedural fairness • Effective participation in proceedings that determine rights such as employment, damages / compensation 	None identified		

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Item	Considerations of impact	Explain the answer and if applicable detail the impact	Document any Evidence/Research/Data to support the consideration of impact	Further actions required
2.5	On Private and family life (Article 6, ECHR) <ul style="list-style-type: none"> • Private and Family life • Physical and moral integrity (e.g. freedom from non-consensual treatment, harassment or abuse) • Personal data, privacy and confidentiality • Sexual identity • Autonomy and self-determination • Relations with family, community • Participation in decisions that affect rights • Legal capacity in decision making supported participation and decision making, accessible information and communication to support decision making • Clean and healthy environment 	Confidentiality will be respected		

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Item	Considerations of impact	Explain the answer and if applicable detail the impact	Document any Evidence/Research/Data to support the consideration of impact	Further actions required
2.6	On Freedom of thought, conscience and religion (Article 9, ECHR) <ul style="list-style-type: none"> To express opinions and receive and impart information and ideas without interference 	None identified		
2.7	On Freedom of assembly and association (Article 11, ECHR) <ul style="list-style-type: none"> Choosing whether to belong to a trade union 	None identified		
2.8	On Marriage and founding a family <ul style="list-style-type: none"> Capacity Age 	None identified		
2.9	Protocol 1 (Article 1, 2, 3 ECHR) <ul style="list-style-type: none"> Peaceful enjoyment of possessions 	None identified		

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SECTION 3 – Health Inequalities Impact
Which health and lifestyle changes will be affected?

Item	Considerations of impact	Explain the answer and if applicable detail the impact	Document any Evidence/Research/Data to support the consideration of impact	Further actions required
3.1	<p>What impact will the function, policy/strategy or service change have on lifestyles?</p> <p>For example will the changes affect:</p> <ul style="list-style-type: none"> • Diet & nutrition • Exercise & physical activity • Substance use: tobacco, alcohol or drugs • Risk taking behaviours • Education & learning or skills • Other 	<p>Implementing Routine Enquiry and the “one chance rule” will enable the identification of victims as well as perpetrators early on. This will address the opportunity for staff to come forward and allow us to offer support.</p> <p>Respond effectively to employees who may be perpetrators of such abuse</p>	<p>It is estimated that a third of women in Scotland experience abuse at some point in their lives and the effects on Health are well documented (Scottish Executive 2003)</p> <p>Evidence shows that it is widespread and under reported and the level of repeat incidence is high</p> <p>Local NHS Tayside data and evidence on Gender-Based Violence (GBV) provided by the Consultant in Public health Nursing</p>	<p>Implement CEL 41</p> <p>Implement the Forced Marriage guidance and the briefing note</p> <p>Gather evidence through monitoring Gender-Based Violence</p> <p>To manage perpetrators in line with existing NHS Tayside employment employee conduct policies</p>

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3.2.	<p>Does your function, policy or service change consider the impact on the communities?</p> <p>Things that might be affected include:</p> <ul style="list-style-type: none"> • Social status • Employment (paid/unpaid) • Social/family support • Stress • Income 	<p>Yes.</p> <p>Supporting the employee to be at work and enabling them to maximise their attendance.</p> <p>Supporting employees will enable better performance at work.</p> <p>Support employees socially and their family through multi agency collaboration and partnership working.</p>	Promoting Attendance At Work	<p>Promoting Attendance At Work Training</p> <p>Aim to reduce risk and support change</p>
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Item	Considerations of impact	Explain the answer and if applicable detail the impact	Document any Evidence/Research/Data to support the consideration of impact	Further actions required
3.3	<p>Will the function, policy or service change have an impact on the physical environment?</p> <p>For example will there be impacts on:</p> <ul style="list-style-type: none"> • Living conditions • Working conditions • Pollution or climate change • Accidental injuries/public safety • Transmission of infectious diseases • Other 	<p>Yes it can positively impact on the physical environment for staff, patient and public safety.</p> <p>This policy is designed to contribute in the provision of an improved and safe working environment In particular Working conditions which can be assessed and supported. It would be hoped that this in turn would assist in leading to better Living conditions.</p> <p>Responding to staff who may be perpetrators permits NHS Tayside to project a clear signal that within or outside the workplace, this is unacceptable behaviour</p>	<p>See 1.2 evidence</p> <p>NHS Tayside Health and Safety and Risk Assessment policy</p>	<p>A risk assessment needs to be carried if GBV is identified using local policies, procedures and practice</p> <p>Aim to reduce risk and support change</p>

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3.4	<p>Will the function, policy or service change affect access to and experience of services?</p> <p>For example</p> <ul style="list-style-type: none"> • Healthcare • Social services • Education • Transport • Housing 	<p>The policy will support access to appropriate services for victims of Gender-Based Violence and Forced marriage as and when required.</p>	<p>Partnership working through the Violence Against Women Steering group</p> <p>The partnership, Harmful Traditional Practices Steering group</p>	<p>Multi agency partnership working to address access to these services if concerns were identified</p>
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Item	Considerations of impact	Explain the answer and if applicable detail the impact	Document any Evidence/Research/Data to support the consideration of impact	Further actions required
3.5	<p>In relation to the protected characteristics and groups identified:</p> <ul style="list-style-type: none"> • What are the potential impacts on health? • Will the function, policy or service change impact on access to health care? If yes - in what way? • Will the function or policy or service change impact on the experience of health care? If yes – in what way? 	<p>Positive impact on health and wellbeing.</p> <p>Staff will have greater awareness of health care options which can be accessed</p> <p>It will improve health outcomes for staff particularly around mental health and wellbeing which are clear issues and concerns for victims of abuse.</p>	See 1 evidence	See 1

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SECTION 4 – Financial Decisions Impact

How will it affect the financial decision or proposal?

Item	Considerations of impact	Explain the answer and if applicable detail the impact	Document any Evidence/Research/Data to support the consideration of impact	Further actions required
4.1	<ul style="list-style-type: none">Is the purpose of the financial decision for service improvement/redesign clearly set outHas the impact of your financial proposals on equality groups been thoroughly considered before any decisions are arrived at	None identified		
4.2	<ul style="list-style-type: none">Is there sufficient information to show that “due regard” has been paid to the equality duties in the financial decision makingHave you identified methods for mitigating or avoiding any adverse impacts on equality groupsHave those likely to be affected by the financial proposal been consulted and involved	None identified		

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Item	Considerations of impact	Explain the answer and if applicable detail the impact	Document any Evidence/Research/Data to support the consideration of impact	Further actions required
5.	<p>Involvement, Consultation and Engagement (IEC)</p> <p>1) What existing IEC data do we have?</p> <ul style="list-style-type: none"> Existing IEC sources Original IEC Key learning <p>2) What further IEC, if any, do you need to undertake?</p>	The Harmful Traditional Practices group has community representation where there can be engagement with those communities particularly around Forced marriage and HBV.	<p>National data and evidence (1)</p> <p>Local NHS Tayside data and evidence on Gender-Based Violence provided by the Consultant in Public health Nursing</p> <p>NHS Tayside Violence Against Women Steering group, (multi agency representatives)</p> <p>Harmful Traditional P practices partnership steering group</p>	Assessment of the impact of this policy can be made through community representatives and steering groups

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Item	Considerations of impact	Explain the answer and if applicable detail the impact	Document any Evidence/Research/Data to support the consideration of impact	Further actions required
6.	<p>Have any potential negative impacts been identified?</p> <ul style="list-style-type: none"> If so, what action has been proposed to counteract the negative impacts? (if yes state how) <p>For example:</p> <ul style="list-style-type: none"> Is there any unlawful discrimination? Could any community get an adverse outcome? Could any group be excluded from the benefits of the function/policy? <p>(consider groups outlined in 1.2)</p> <ul style="list-style-type: none"> Does it reinforce negative stereotypes? <p>(For example, are any of the groups identified in 1.2 being disadvantaged due to perception rather than factual information?)</p>	<p>On implementing CEL 41 Routine Enquiry, a possible negative impact would be if this was seen as intrusive by staff.</p>		<p>Staff awareness</p> <p>Routine Enquiry training for all staff</p> <p>NHS Tayside Gender-Based Violence Employee Policy</p> <p>Violence Against Women Partnership</p>

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Item	Considerations of impact	Explain the answer and if applicable detail the impact	Document any Evidence/Research/Data to support the consideration of impact	Further actions required
7.	Data & Research <ul style="list-style-type: none"> Is there need to gather further evidence/data? Are there any apparent gaps in knowledge/skills? 	Yes monitoring Gender-Based Violence through Routine Enquiry and "one chance rule". Yes	Managers/Staff understanding policy	Consultant in Public Health Nursing to monitor usage of "Routine Enquiry" and report to Executive Team Communication/Training
8.	Monitoring of outcomes <ul style="list-style-type: none"> How will the outcomes be monitored? Who will monitor? What criteria will you use to measure progress towards the outcomes? 	Systems developed to monitoring Gender-Based Violence through Routine Enquiry and "one chance rule". Monitored through Staff Governance Standard.		Consultant in Public Health Nursing will monitor usage of "Routine Enquiry" and report to the Executive Team
9..	Recommendations State the conclusion of the Impact Assessment	Systems developed to monitoring Gender-Based Violence through Routine Enquiry and "one chance rule". Monitored through Staff Governance Standard.		Consultant in Public Health Nursing will monitor usage of "Routine Enquiry" and report to the Executive Team

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10.	Completed function/policy <ul style="list-style-type: none"> Who will sign this off? When? 	Staff Governance Committee June 2017		
11.	Publication	Staffnet		

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Conclusion Sheet for Equality Impact Assessment	
<p>Positive Impacts (Note the groups affected)</p> <p>Impacts on all staff working within NHS Tayside.</p> <p>Recognition by those who perpetrate abuse that this is unacceptable behaviour</p> <p>Clear guidelines are provided in order that NHS Tayside respond effectively to staff members who may be perpetrators of such abuse.</p> <p>Offering a supportive framework that enables employees affected by abuse to feel safe and confident in seeking support and advice from a range of sources.</p>	<p>Negative Impacts (Note the groups affected)</p> <p>Some employees may see implementing CEL 41, Routine Enquiry, as intrusive. e.g. particularly staff who come from a different culture where talking about Gender-Based Violence and FM is taboo and disclosing information can not only have an impact on the individual but also an impact on how the community where they come from will judge them.</p>
<p>Additional Information and Evidence Required</p> <p>None</p>	
<p>From the outcome of the Equality Impact Assessment what are your recommendations? (refer to questions 10 -13)</p> <p>The assessment has offered the opportunity to evaluate and highlight the impact and the actions within the NHS Tayside Gender-Based Violence Policy.</p>	

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Appendix 13

NHS Tayside Policy Review Group

Members:	Jenny Alexander	UNISON
	Santosh Chima	Diversity & Inclusion Manager
	Julia Egan	Consultant in Public Health Nursing
	Lesley McCallum	UNITE
	Pat Millar	Head of Knowledge & Skills
	Elizabeth Proudfoot	Site/Support Services Manager, Perth Royal Infirmary
	Anne Younger	Interim Policy Co-ordinator

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