



Employee Gender Based Violence Policy

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DOCUMENT CONTROL		POLICY NO.	
Policy Group	Corporate		
Author	Lynsey Fitzpatrick	Version no.	1.0
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CONTENTS

	Page
1.0 Purpose and Scope	3
2.0 Policy Aims	4
3.0 Responsibilities and Organisational Arrangements	4
3.1 The Organisations Responsibilities	
3.2 Manager's Responsibilities	
3.3 Staff Responsibilities	
3.4 Workforce Directorate Responsibilities	
3.5 Occupational Health Responsibilities	
4.0 Monitoring	7
5.0 Equality and Diversity	7
6.0 Document Control Sheet	8

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1.0 PURPOSE AND SCOPE

- 1.1 Staff working across NHS Dumfries and Galloway have a clear entitlement to be 'provided with an improved and safe working environment' monitored through the explicit commitment in the Staff Governance Standard.
- 1.2 The purpose of the 'Gender-based Violence' policy is designed to contribute to such a safe working environment and provide a clear framework for a partnership approach.
- 1.3 This policy has been developed to meet the requirements of the Chief Executive's letter on Gender Based Violence (CEL-41, 2008) http://www.sehd.scot.nhs.uk/MELS/CEL2008_41.PDF The CEL, issued to NHS Scotland Boards in September 2008, outlined a 3 year programme of work to improve the identification and management of gender-based violence across the NHS in Scotland.
- 1.4 The impact of gender-based violence (GBV) on the health and wellbeing of NHS Scotland staff is a serious, recognisable and preventable problem like many other health and safety issues that affect NHS Scotland organisations.
- 1.5 Given the disproportionate impact on women and girls, gender-based violence is one of the most sensitive indicators of gender inequality. As such, implementation of this policy will assist NHS Dumfries and Galloway to meet their legislative obligations to promote gender equality under the Equality Act 2010.
- 1.6 As well as being rooted in gender inequality, gender-based violence cuts across boundaries of ethnicity/race, age, disability, sexual orientation, gender reassignment, marriage and civil partnership, pregnancy and maternity, religion and belief. The policy will therefore also contribute to the Boards legal requirements in relation to these other aspects of the Equality Act.
- 1.7 Whether it takes place within or outside of the workplace, the employment 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.
- 1.8 This policy has accordingly been created to promote the welfare of staff affected by **current** or **previous** experience of such abuse or stalking. It further aims to ensure that as an organisation we respond effectively to staff members who may be perpetrators of such abuse.
- 1.9 Further information can also be obtained from the NHS Scotland Partnership Information Network '[Gender Based Violence' PIN policy 2011](#).
- 1.10 This policy applies to all employees and people working within NHS Dumfries and Galloway. Where there is clear evidence that sub-contracted, or agency staff are the perpetrators of abuse, there will be direct communication between NHS Dumfries and Galloway, the employer and the member of staff to ensure that harm is minimised.

Title: Employee Gender Based Violence Policy

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- 1.11 NHS Dumfries and Galloway recognises that gender-based violence is a serious issue within our society and affects many people, the vast majority being women. Although research identifies that gender-based violence is predominately experienced by women, all of the guidance in this policy should be applied to men and those in same sex-relationships who experience gender-based violence and who deserve the same respect and support when they request help.
- 1.12 For the purposes of this policy, the term 'manager' can refer to the Line Manager of an employee or a more senior manager.

2.0 POLICY AIMS

2.1 The aim of this policy is to:

- Raise awareness of Gender Based Violence as a serious health and social issue, highlighting its hidden nature and the impact on those affected by it
- Send a positive message to employees with experience of abuse that they will be listened to and supported
- Project a clear signal that the actions of employees who perpetrate abuse, within or outside the workplace, is unacceptable
- Provide a framework for addressing the behaviour 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
- Clarify the scope for managers to interpret and apply provisions within existing NHS Dumfries and Galloway policies when responding to Gender Based Violence
- Create a potential cost benefit for NHS Dumfries and Galloway by contributing to reductions of absence related costs and increased productivity
- Formally recognising and responding to Gender Based Violence as a serious workplace issue

The policy includes guidance for managers to assist them to implement its aims.

3.0 RESPONSIBILITIES AND ORGANISATIONAL ARRANGEMENTS

3.1 The Organisation's Responsibilities

- To take reasonable steps to promote equality and reduce the risk of gender based violence.
- To provide a safe working environment in which employees are safe to disclose their experience of abuse in order to access support and increase safety for themselves and others, and to feel confident in seeking support and advice from a range of sources i.e. Line Managers, Occupational Health, HR Staff and external agencies. 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.
- To raise awareness of Gender Based Violence as a serious health and social issue, highlighting its hidden nature and the impact on those affected by it.

Title: Employee Gender Based Violence Policy

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- To ensure that all employees have equitable access to the provisions of this policy.
- To take action where incidents occur or allegations of abuse are raised.
- To ensure that Occupational Health staff who are dealing with employees experiencing abuse are trained and also supported in this area.

3.2 Manager's responsibilities

- Managers have overall responsibility for the welfare, health and safety of NHS Dumfries and Galloway employees but particularly the staff they manage.
- To create an environment where staff are aware of this policy and feel able to seek support.
- When responding to a disclosure of abuse managers should treat staff with respect and dignity.
- To ensure that all disclosures of abuse experienced by an employee are treated confidentially, the key exception being situations where there is reason to believe that there may be a risk to others, including harm to children. In these circumstances, local child/adult protection procedures should be followed.
- Managers should be alert to the possibility of domestic abuse if an employee is depressed, distracted, lacking in self-confidence or visibly injured.
- To provide flexible support, tailored to meet the circumstances of each individual and taking account of any needs that they may have. Managers should be conscious not to make judgements or to provide counselling and/or advice.
- Managers should 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.
- Managers should try to be as supportive as possible but employees should, nonetheless, have a clear understanding of what is expected of them in relation to performance and attendance.
- If an employee discloses experience of abuse during disciplinary procedures in relation to performance, absenteeism etc, this should be taken into account. If it is felt that the issue can be resolved by the addressing the support/safety needs of the employee, then the disciplinary process may be suspended. Managers should refer to 'Attendance Management', 'Management of Employee Conduct' and 'Management of Employee Capability' policies.
- To ensure timely and appropriate referrals to Occupational Health providing full and detailed information where possible, so that informed guidance and recommendations can be given. Managers should always discuss the referral to Occupational Health with the staff member before referral takes place.

Title: Employee Gender Based Violence Policy

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- Managers should keep a record of all disclosures of abuse, and to whom the details have been passed to. The records should be kept strictly confidential and it should be made clear to the employee that recording information on abuse will have no adverse impact on the employee's work record.

There is more information available on the role of a manager in the Appendices.

3.3 Staff Responsibilities

- To familiarise themselves with this policy
- As is the case with other criminal convictions, employees (and prospective employees) are 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.

3.4 Workforce Directorate Responsibilities (HR)

- To provide support and guidance to managers, staff members and Trade Unions/Professional Organisations when interpreting the Employee Gender Based Violence Policy.
- To support managers, in close liaison with Occupational Health, to explore the options regarding flexible working arrangements.
- To ensure the employee Gender Based Violence policy is reviewed and updated as required.

3.5 Occupational Health Responsibilities

- To act as an initial point of contact for private and confidential discussion.
- To primarily act as a signposting service for employees, providing independent, confidential support to employees who may be affected by or accused of gender-based violence, either currently or in the past.
- To listen to an employee's concerns and help them to explore the options available, including enabling them to access the provisions of local policies or agencies as appropriate.
- To take part in Gender Based Violence training
- To take account of any additional cultural & inequalities needs
- Occupational Health staff in conjunction with the Organisation's Conflict Management Advisor, where appropriate should carry out a work place risk assessment to minimise any potential risk to staff members and colleagues, and ensure control measures, for example accommodations/restrictions, are considered and implemented

Title: Employee Gender Based Violence Policy

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If either a member of the Occupational Health team or a manager has reason to believe that the perpetrator presents a risk to other employees, then they should consider taking police advice to protect the workplace.

4.0 Monitoring

- 4.1 This policy will be reviewed on a biannual basis.
- 4.2 Staff Governance Committee will be responsible for monitoring and reviewing the effectiveness of this policy.

5.0 Equality and Diversity

- 5.1 NHS Dumfries and Galloway is committed to the elimination of discrimination, harassment and victimisation in relation to the nine protected characteristics (Race, Disability, Sexual Orientation, Religion and Belief, Gender, Gender Reassignment, Age, Pregnancy and Maternity and Marriage and Civil Partnership) as per the requirement in the Equality Act 2010. The Board is committed to ensuring that all employees have equitable access to the provisions of this policy and recognises the different needs of staff who may require additional support due to the impact of the various forms of inequality.
- 5.2 An Impact Assessment has been carried out on this policy.

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6.0 DOCUMENT CONTROL SHEET

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Version	Section(s)	Reason for update

Distribution

Name	Responsibility	Version number
Board Secretary	Place on policy register	1.0
Communications Team	Place on intranet and in 'latest news'	1.0
Equality Lead	To add to workforce update paper	

Associated documents

NHS Scotland Partnership Information Network Policy on Employee Gender Based Violence

Action Plan for Implementation

Action	Lead Officer	Timeframe
Place on policy register	Board Secretary	March 2014
Place on intranet	Communications Team	March 2014
Raise awareness and inform staff	All line managers	Ongoing
Train staff on Gender Based Violence	Workforce Directorate	Ongoing
Use policy	All staff	

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APPENDIX 1: THE DEFINITION OF GENDER-BASED VIOLENCE

What is gender-based violence?

Gender-based violence is a major public health issue which cuts across the whole of society. It is also a fundamental violation of human rights.

Gender-based violence is an umbrella term that encompasses a spectrum of abuse experienced mostly by women and perpetrated mainly by men including: physical and mental 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.

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'¹.

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.

Definitions and Prevalence:

Gender-based violence 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 lives.¹

- Of 59,847 domestic abuse incidents reported to Scottish police in 2011/12, 84% of victims were female.² 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 violence.³
- 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 study.⁴

Child sexual abuse is defined as exploitation of a child/young person for their own or other's sexual gratification. It is physically and emotionally abusive and often involves serious and degrading assault.

¹ 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

² Statistical Bulletin Crime and Justice Series: Domestic Abuse Recorded by the Police in Scotland 2011/12 <http://www.scotland.gov.uk/Resource/0040/00406823.pdf>

³ MacLeod, P et al. 2008-09 Scottish Crime and Justice Survey: Partner Abuse. Scottish Government Social Research, 2009

⁴ Donovan, Hester, Holmes & McCarray (2006) 'Comparing domestic abuse in same sex relationships'. University of Bristol and University of Sunderland.

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- 21% of girls and 11% of boys have experienced child sexual abuse.⁵

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-partner⁶

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

- One in two women in prostitution become involved at the age of 18 or younger⁷
- There are 4,000 victims of trafficking for sexual exploitation in the UK⁸

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 men⁹

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.

- An estimated 66,000 women living in the UK have undergone female genital mutilation.¹⁰

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% men¹¹

⁵ 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.

⁶ Myhill, A. & Allen, J. (2002) 'Rape and sexual assault of women: the extent and nature of the problem'. Home Office research Study 237. Home Office. London.

⁷ Hester, M and Westmarland, N. (2004) 'Tackling street prostitution: towards a holistic approach' Home Office Research study 279. London

⁸ UK Action Plan on Tackling Human Trafficking (2007) Home Office, London and Scottish government, Edinburgh www.homeoffice.gov.uk/documents/human-traffick-actionplan

⁹ Walby, S and Allen, J. (2004) 'Domestic violence, sexual assault and stalking: Findings from the British Crime Survey'. Home Office Research Study 276. London

¹⁰ 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)

¹¹ Forced Marriage Unit. www.fco.gov.uk/forcedmarriage.

Title: Employee Gender Based Violence Policy

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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'.

Health impact

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

Physical & sexual health

- Medical attention for injuries – in around 50% of cases according to one UK study¹²
- 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 women¹³
- Higher rates of health risk behaviour such as smoking, risky sexual behaviour, unwanted teenage pregnancies and greater vulnerability to sexual exploitation.¹⁴
- Abuse during pregnancy significantly increases the risk of poor maternal and infant health outcomes¹⁵

Mental health

- Around 35-40% of women experiencing domestic abuse report depressive symptoms¹⁶
- Childhood sexual assault is associated with poor mental health including depression, anxiety, eating disorders, post traumatic stress disorder, self-harm, psychosis and suicidal ideation¹⁷

¹² Richardson, J. et al. (2002) 'Identifying domestic violence; cross sectional study in primary care'. BMJ 324:274.

¹³ Stark, E & Flitcraft, A. (1996) 'Women at Risk'. London. Sage

¹⁴ Campbell, JC. (2002)'Health consequences of intimate partner violence'. The Lancet 359:1331 - 36

¹⁵ Mezey, GC. (1997) 'Domestic violence in pregnancy' in Bewley, S et AL (1997)'Violence against women'. London RCOG

¹⁶ 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'.

¹⁷ 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

Title: Employee Gender Based Violence Policy

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APPENDIX 2: POTENTIAL SIGNS OF ABUSE

Note: Given the barriers that can make it difficult for staff to disclose abuse, they may not necessarily approach their manager in the first instance. It is more likely that a manager will become aware of any problems through associated issues such as absence monitoring, poor work performance or uncharacteristic changes in an employee's behaviour.

Some of the signs that an employee has been 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.

1. 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

2. Psychological indicators

- Changes in behaviour: may become quiet and withdrawn, avoid interaction, not 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 with partner
- Secretive regarding home life
- Appears to be isolated from friends and family

3. 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
- Sleep/eating disorders
- Substance use/dependence
- Depression/suicide attempts

Title: Employee Gender Based Violence Policy

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- 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

4. 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.

APPENDIX 3: 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.
 - 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 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 meet the needs of staff experiencing abuse.

Should a manager 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 being able to keep concerns confidential if there is 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 Occupational Health will be able to provide support in future if required.
- Provide information on possible support within NHS Dumfries and Galloway – Occupational Health, as well as local and national external support agencies.

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
- Refer staff member to Occupational Health.
- Risk assessment: Occupational Health staff, if appropriate, should carry out a work place risk assessment, in conjunction with the Conflict Management Advisor, to minimise any potential risk to staff members and colleagues.

Safety Planning

Occupational Health will 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.

There is scope for a range of work related adjustments to be considered. For example:

- The use of an assumed name at work, provision of a temporary mobile phone, change of telephone number, divert phone calls/emails, mutual agreement of a safe, confidential method of communication, etc.

Title: Employee Gender Based Violence Policy

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- 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 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 policies.
- 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 in appropriate circumstances.
- Agree that an employer can use an assumed name at work.
- Alert reception and security staff where the alleged abuse 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.
- Involve police as required.

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?

Recording Information - Managers, HR staff and Occupational Health staff

It is good practice to keep detailed records if an employee discloses abuse. Any discussions and actions should be documented to provide as full a picture as possible. Disclosure should be recorded as an allegation, not fact. The employee should be encouraged to sign and date such records.

In accordance with local procedures and in line with the Data Protection Act (1998), records should be kept strictly confidential. It should be made clear that recording information on abuse will have no adverse impact on the employees 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 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.

Title: Employee Gender Based Violence Policy

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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.

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.

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 employer 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, HR and Occupational Health can tailor to the individual circumstances of the employee.

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.

Responding to staff who may be perpetrators

It is acknowledged that a number of employees within NHS Dumfries and Galloway will be perpetrators of abuse and that committing acts of gender-based violence is a serious matter which:

- Contravenes equalities and human rights legislation
- Could constitute a criminal offence
- May breach corporate and professional codes of conduct

As such, it is important for the organisation to make explicit the unacceptability of this behaviour and provide clear guidance for managers to enable them to respond effectively to allegations of such misconduct.

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)

Title: Employee Gender Based Violence Policy

Date: October 2013

Version: 1.0

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

Allegations may relate to abuse perpetrated within or outside the workplace:

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.

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.

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.

Perpetrating these forms of abuse could also breach organisational and professional codes of conduct and potentially bring NHS Dumfries and Galloway into disrepute, especially if an allegation of abuse was not acted upon and allowed to continue.

What Managers can do

When an incident of potential abuse is brought to the attention of a manager, or Occupational Health staff, this should be acted on. Managers and Occupational Health staff 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 '**Anti-Bullying & Harassment**' and '**Management of Employee Conduct**' policies and seeking advice from HR as necessary.

Title: Employee Gender Based Violence Policy

Date: October 2013

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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, NHS Dumfries and Galloway will not be 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.

NHS Dumfries and Galloway 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.

In other instances it may be necessary to instigate disciplinary proceedings. 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

Assessment process

The information that managers and Occupational Health staff 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
- 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**' policy.
- 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 organisations 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 NHS Scotland.

Allegations of abuse – criminal proceedings pending

Title: Employee Gender Based Violence Policy

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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'** 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.

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

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'** policy.

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'** policy.

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'** policy.

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.

Title: Employee Gender Based Violence Policy

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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
- 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)

Providing information to enable change

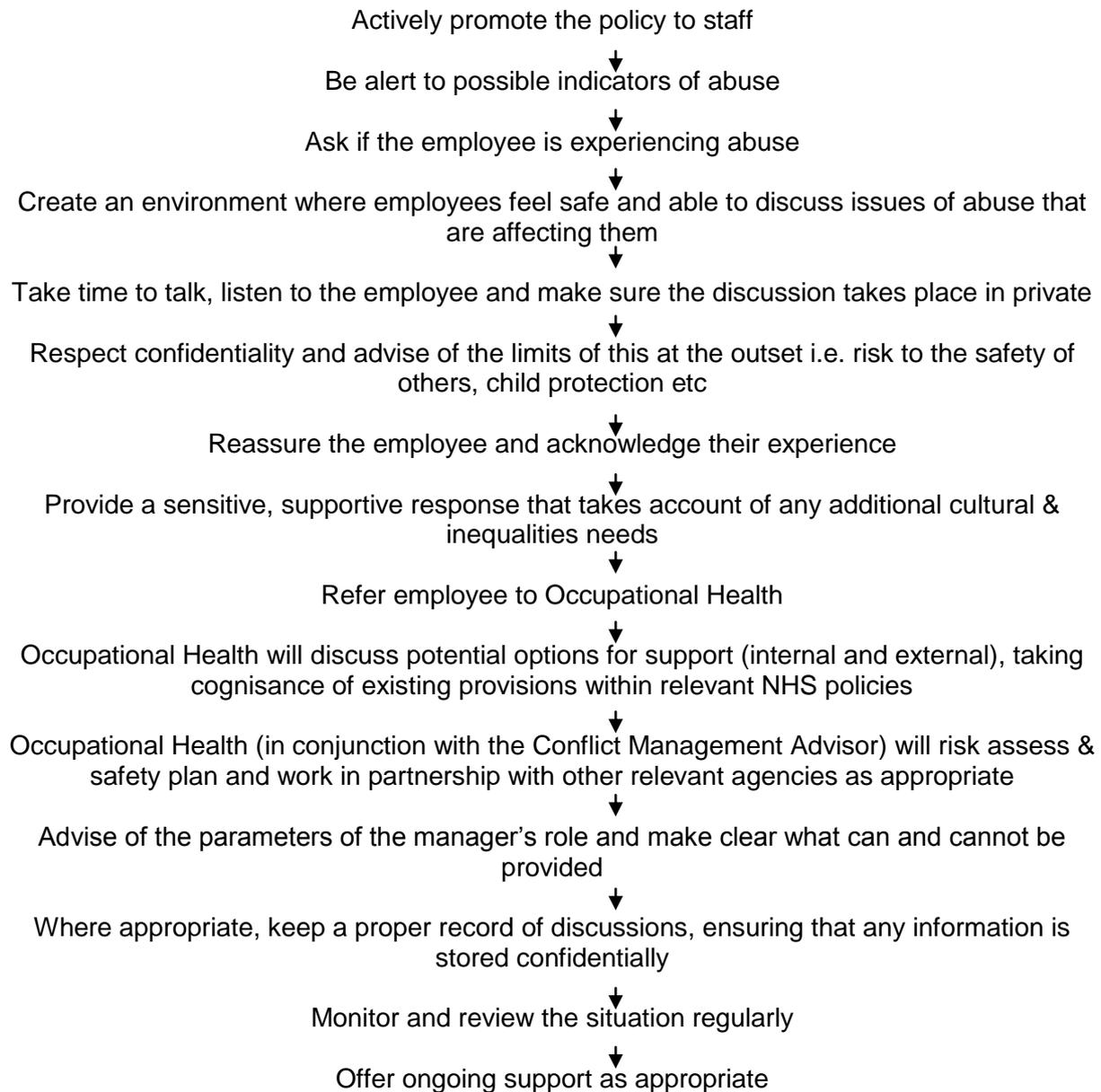
You could provide information to alleged perpetrators of domestic abuse on Respect, an organisation which supports and develops effective interventions with perpetrators of abuse across the UK.

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.

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APPENDIX 5: GBV POLICY SUMMARY OF “THE MANAGERS ROLE IN SUPPORTING STAFF”



Manager's can further support staff by:

- Being aware of the possibility that staff members could be affected by past or current abuse
- Recognising potential signs of abuse
- Initiating discussion if you have concerns about abuse
- Responding sensitively to disclosure
- Considering what workplace supports you could provide within the scope of current NHS policy provisions

Title: Employee Gender Based Violence Policy

Date: October 2013

Version: 1.0

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- Providing information about other sources of help
- Keeping good records, documenting discussion and actions taken, ensuring that information is stored confidentially.

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APPENDIX 6: POINTS TO CONSIDER DURING AN INVESTIGATION PROCESS

- Manager receives allegation of abuse
- Manager assesses the information available and determines whether the employee's organisational code of conduct may have been breached
- Manager proceeds to carry out an investigation, taking advice from HR
- Manager appoints an Investigating Officer

Criminal Proceedings



Depending on the nature and seriousness of the investigation, the Investigating Officer will need to ascertain whether there are charges or court involvement pending. It may be appropriate to contact the police to check if this is the case, clarify any bail conditions that may be pertinent to the work place e.g. not approaching the alleged victim, who may also be an NHS employee.



Once the situation is clarified, an investigation can proceed, in line with the **Managing Employee Conduct Policy.** **



In some instances, there may not be sufficient evidence to investigate whilst a court case is pending but new information may become available after the outcome of the case. If this is assessed to breach the employee's code of conduct, then an investigation should be carried out in line with the **Managing Employee Conduct Policy.**

No Criminal proceedings



If there is no court involvement, an investigation should be carried out in line with **the Managing Employee Conduct Policy.** **



Care should be taken with regard to the level of information that can be shared with the alleged perpetrator. The safety of those potentially at risk from further abuse is critical and therefore, consideration should be given to identifying the safety needs of the alleged victim.

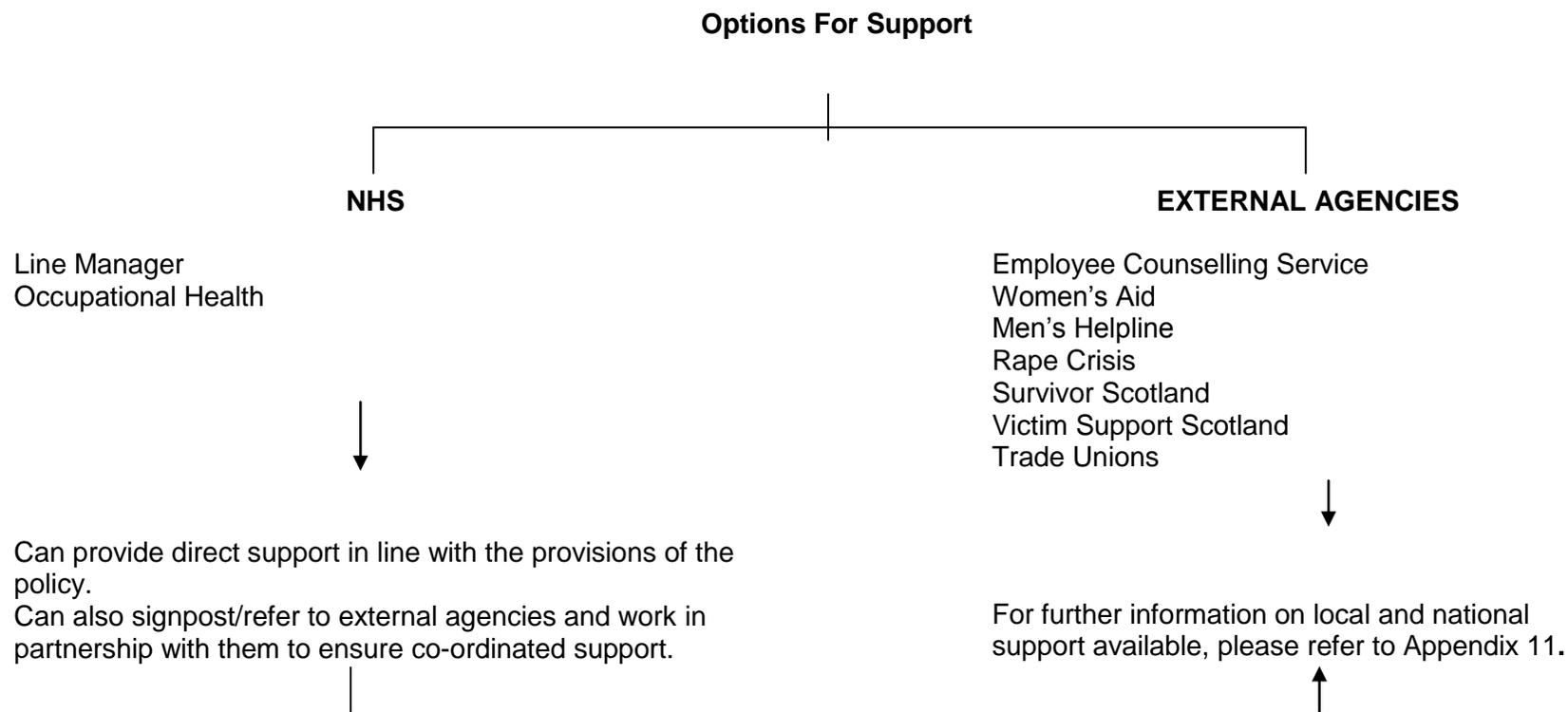


Subject to any restrictions on the information that can be shared, the investigating officer will, as soon as possible, inform the accused employee about the nature of the allegation and the process to be followed.

Title: Employee Gender Based Violence Policy
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APPENDIX 7: NHS EMPLOYEE – WITH PREVIOUS OR CURRENT EXPERIENCE OF ABUSE



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APPENDIX 8: TRAINING FOR KEY STAFF

Although managers and Occupational Health staff may recognise GBV as a serious social issue, they may not necessarily feel equipped to respond appropriately to disclosures of abuse from staff. Consequently it is important that they have access to guidance and support.

To ensure this is available, it will be necessary for key staff with such a role to receive training on understanding the provisions of this policy and its implementation i.e. Line Managers, HR, Occupational Health, Learning and Development and staff. It is recommended that training is undertaken in partnership with colleagues from trade unions and professional organisations.

Content of the training covers:

- The nature of gender-based violence
- Awareness of the legal context
- Why gender-based violence is a management responsibility
- How to address the needs of staff with experience of abuse, taking account of inequalities issues and any additional support needs
- How to risk assess and safety plan
- How to respond effectively to allegations of abuse
- Who to go to for support and advice
- The importance of working in partnership with trade unions, professional organisations and external support agencies
- Sign post attendees to additional local and national support groups and organisations
- Inform staff about policies and procedures which may impact upon implementation of Gender Based Violence policy

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APPENDIX 9: LEGAL FRAMEWORK/RELEVANT LEGISLATION

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

- **Health & 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 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 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
- **Human Rights Act (1998), Article 3:** Affords an 'absolute' right not to be tortured, or inhumanely or degradingly treated or punished
- **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
- **Sexual Offences (Scotland) Act (2009):** Criminalises a range of sexual offences including rape and sexual assault against adults and children

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Date: October 2013

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APPENDIX 10: FURTHER CONTACTS

Police

Domestic Abuse Unit
101

Crime Stoppers

Crime Stoppers Scotland
0800 555 111
www.crimestoppersscotland-uk.org/

Women's Aid

Dumfriesshire and Stewartry
01387 263052 or 07710 152 772 (24 hour)
Wigtownshire
01776 703 104 (24 hour)

South West Rape Crisis and Sexual Abuse Centre

01387 253 113 (9am to 9pm)
01776 889 331 (9am to 9pm)

Social Work Services

Please ask for the Duty Social Worker
030 33 33 3000

National Domestic Abuse Helpline

0800 027 1234 (24 hour)

Rape Crisis Scotland National Helpline

0808 801 0302 6pm – midnight

LGBT Scotland Domestic Abuse Project

www.lgbtdomesticabuse.org.uk

Broken Rainbow

A UK wide helpline for LGBT people experiencing domestic abuse
0300 999 5428
www.broken-rainbow.org.uk

Men's Advice Line

A confidential helpline for men in abusive relationships
0808 801 0327
www.mensadviceline.org.uk

Respect

Promotes, supports and develops effective interventions with perpetrators of abuse across the UK.
0808 802 4040
www.respect.uk.net

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The only current version of this policy is on the Intranet
29