

**RCGP Cymru Wales Written Evidence**  
**The Public Health Approach to Preventing Gender-based violence.**  
**April 2023**

The World Health Organisation acknowledges that health services have a role to play in the prevention of gender-based violence, while the Scottish government has published papers<sup>1</sup> explaining the deep-rooted impact of gender-based violence on public health.

Aside from direct injury, gendered based violence affects quality of life and mental health. While the number of women treated for acute physical injury resulting from violence is significantly lower than that of men in Wales<sup>2</sup>, Charities report that between 1 in 3 and 1 in 5 women over the age of 16 will have experienced some form of gender-based violence<sup>3</sup>.

The mental health consequences of these range from low self esteem to substance abuse to risk of suicide. In addition, many women presenting with injuries from domestic abuse will make an excuse or attribute the injury to an accident.

As gender-based violence often takes place in the home, it can take the form of many incidents over several years, leading to a cumulative affect such as PTSD or even traumatic brain injury<sup>4</sup>. Given the widespread nature of the problem and the significant impact on mental and physical health, there is no question that, the public health consequences are stark and a public health approach towards gender-based violence is patently necessary.

### **The role of GPs**

The World Health Organisation calls for a multi-sector approach to reducing gender-based violence and its associated harms.<sup>5</sup> Due to the often-insidious nature of gender-based violence, confiding that one has been subject to either a single incident or a pattern of violence, or that one feels like they are at risk, can be a great undertaking and one that takes a lot of courage. For a person to disclose this, they need to feel they will listen to, believed and that the confidant is trustworthy.

GPs have a long and proud history of being a trusted confidant to patients who find themselves in difficult situations. Some RCGP Cymru Wales members note that disclosures of this nature are common part their practice.

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<sup>1</sup> Health Scotland: <https://www.healthscotland.scot/health-topics/gender-based-violence/gender-based-violence-overview/overview-of-gender-based-violence>

<sup>2</sup> Cardiff University:

[https://www.cardiff.ac.uk/\\_\\_data/assets/pdf\\_file/0003/2524845/ViolenceInEnglandandWalesin2020\\_NVSNCardiffUniversityReport.pdf](https://www.cardiff.ac.uk/__data/assets/pdf_file/0003/2524845/ViolenceInEnglandandWalesin2020_NVSNCardiffUniversityReport.pdf)

<sup>3</sup> Action aid: <https://www.actionaid.org.uk/blog/2022/11/01/violence-against-women-statistics-around-world#:~:text=Violence%20against%20women%20and%20girls%20in%20the%20UK&text=It%20has%20been%20estimated%20that,the%20year%20to%20November%202021.>

<sup>4</sup> New York: <https://www.nytimes.com/2022/03/01/magazine/brain-trauma-domestic-violence.html>

<sup>5</sup> World Health Organisation: WHO <https://www.who.int/news/item/25-11-2021-gender-based-violence-is-a-public-health-issue-using-a-health-systems-approach>

However, given workload pressures and changes to the way GP practices operate, the relationship-based care, which makes disclosures of this nature possible is often no longer prioritised by decision makers.

College members also note that that a 10-minute consultation is not often long enough to inspire the courage to disclose such information. Gender-based violence often takes place in abusive relationships against a backdrop of mixed feelings towards the abuser, shame and the pressure not to let down other family members or disrupt the lives of children.

RCGP Cymru Wales often describe the 'by the way' phenomenon, where a patient will often mention a much more pressing or serious concern as a secondary issue. This suggests that patients often need time to 'warm up' into a consultation before they feel comfortable disclosing very sensitive information. This can be even more commonplace when the GP comes from another cultural background and the patient may feel they would not understand the dynamic of their abusive relationship.

While not a direct disclosure of sexual violence, Former RCGP Cymru Wales joint Chair, Dr Mair Hopkin observed: "One case that sticks in my mind was a woman in her late 50s. She had consulted several other doctors in the surgery, and it was only on her second or third visit to me that she felt comfortable enough to disclose her situation. She and her husband were going to have their home repossessed and be rehoused by the council. As a couple with no other dependents living with them, they were offered a one bedroomed flat.

She disclosed to me that she had been sexually abused as a child and as a result she insisted on sleeping alone, wearing a dressing gown to bed and sleeping with the light on. Disclosing this and requesting that I provide medical evidence to the council for a 2 bedroomed dwelling had been the hidden agenda in all those previous consultations for 'minor' problems. Building trust and rapport enabled me to address the underlying issue."<sup>6</sup>

In her 2021 training for Health Education and Improvement Wales, RCGP Cymru Wales Chair Dr Rowena Christmas reminds GP colleagues that clinicians working in Primary Care are ideally placed to pick up on safeguarding problems if we are clinically curious, ask open questions sensitively and are mindful of changes in patients. For this approach to be effective a strong doctor-patient relationship needs to be established.

In our 2022 report, Fit for the Future, Relationship-based Care RCGP recommended making relationship-based care a national priority including longer consultations and support for practices to embed this way of working.

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<sup>6</sup>RCGP Relationship Based Care: <https://www.rcgp.org.uk/getmedia/ca3e21e7-f742-47d7-9538-77e59bbb1ec7/power-of-relationships-rcgp-2021.pdf>