



Response to the Scottish Government consultation on NHSScotland Once for Scotland workforce policies March 2025

1.0 Introduction

Close the Gap is Scotland's policy advocacy organisation working to advance women's labour market equality. For more than two decades we have been working with policymakers, employers and unions to influence and enable action that will tackle the causes of women's inequality in the workplace. We have extensive experience of working with public bodies, including NHS boards, to support positive action that will address the barriers that different groups of women face at work. Addressing gender-based violence is a critical issue for women's equality and the gender pay gap. These policies have the potential to tackle the gendered barriers that women face, and advance women's equality in the workplace. Close the Gap therefore welcomes the opportunity to respond to this consultation. Our response focuses on the Equality, Diversity and Inclusion policy and the Gender-based Violence policy.

2.0 Responses to questions on policies

A: Equality, Diversity and Inclusion policy

1. Do you feel there are any gaps in the policy?

Intersectionality

A significant gap in the policy is that there is no mention of intersectionality. Different groups of staff will experience multiple, intersecting inequalities and discrimination that overlap and combine to create different levels of inequality. To meaningfully address inequality and discrimination experienced by women workers in NHSScotland, it is essential to recognise and outline that women are not a homogenous group. For example, Muslim women face a 'triple penalty'¹ at work whereby they experience discrimination and disadvantage because they are Muslim,

¹ UK Women and Equalities Committee (2016) *Employment opportunities for Muslims in the UK*

a woman and very often a racially minoritised person. Although the language of intersectionality is increasingly used in Scotland's public sector, the concept is not well understood. It is therefore important to provide a clear definition so that managers and employees have shared understanding of what this means in practice. This is particularly important for women workers who are the most marginalised, such as racially minoritised women, disabled women, and LGBTI women, whose experiences are routinely invisible in policy development and implementation.

Gender-based violence

There is no mention of the critical link between gender inequality, GBV and women's labour market inequality. Progressing women's inequality in the workplace requires also addressing GBV and without outlining the role of employers in this, minimal progress will be made. The Equally Safe strategy, Scotland's national strategy to address violence against women and girls, states that gender inequality is a cause and consequence of violence against women. Aligning the Equality, Diversity and Inclusion policy with the principles of the strategy is critical to ensure policy coherence, and to enable NHS employers to understand their role in preventing VAW. Further, there is no specific mention of sexual harassment. The current draft policy outlines that NHSScotland will not tolerate harassment, however, it is important to make explicit reference to sexual harassment, which is overwhelmingly experienced by women and perpetrated by men. In technical guidance from the Equality and Human Rights Commission (EHRC)² on addressing sexual harassment, they state that employers should not conflate different forms of harassment. The guidance continues to state that employers should have different policies to deal with sexual harassment and harassment related to protected characteristics and that any accompanying documents should take into account issues such as different causes of different forms of harassment.

Women are disproportionately impacted by sexual harassment. The factors that enable sexual harassment in the workplace include traditional gender roles, everyday sexism and negative workplace cultures. Research on sexism and sexual harassment³ in the healthcare workforce across the UK found that the culture of tolerance towards misogyny and sexism, and culture of protecting male doctors within the NHS was a significant factor for why sexual harassment was still persistent. Close the Gap has worked extensively with NHS boards to support them to develop gender-sensitive employment practice. Over the past three years an increasing number of boards have raised concerns about the lack of guidance or best practice information on preventing and addressing sexual harassment. Many have highlighted the need

² Equality and Human Rights Commission (2020) *Sexual harassment and harassment at work : Technical guidance*

³ Surviving in Scrubs (2022) *Surviving healthcare: Sexism and sexual violence in the healthcare workforce*

for a national approach to address sexual harassment with a standardised policy and guidance. This would ensure a consistent approach across NHSScotland, as staff tend to move between boards, and boards differ in their capacity and resource to develop something locally.

It is important to note that experiences of sexual harassment will also be shaped by race, disability and age. For example, sexual harassment is more likely to be experienced by young women, and Black women's experiences of sexual harassment often include a racialised element. Sexual harassment in the workplace is often perpetuated by men in more senior positions to the victim-survivor, who abuse their greater status and power. This sends a message to other staff that this behaviour is acceptable, resulting in it becoming normalised. To take meaningful action to prevent sexual harassment, the specific gendered power dynamics must be recognised in policies and accompanying guidance.

The policy would also benefit from clearly outlining unacceptable behaviour. This ensures that staff are aware of what is expected in the workplace. The everyday nature of sexism, which is normalised in workplaces, can make it difficult for victim-survivors to come forward and report. Evidence⁴ shows that most women who experience sexist comments or behaviour will not report it, because they feel that their line manager would not support them, it would damage their progression prospects, or it would lead to further victimisation. Including details on unacceptable behaviour, with clear examples and information on the reporting process is critical for addressing the barriers that women face in reporting. It also signals to all staff that NHSScotland is committed to addressing women's inequality.

Occupational segregation

The policy does not mention occupational segregation which is a defining feature of the NHS workforce, a primary cause of the gender pay gap, and an enduring inequality for women. Gender norms and stereotyping, inflexible working practices, undervaluation of roles and negative workplace culture are the causes of occupational segregation. In the NHS, women's employment is concentrated in a small number of stereotypically female occupations, this includes nurses, administrative staff, and medical and dental support workers. Women make up 79% of the NHS workforce, however, are underrepresented in senior roles. Therefore, to make progress on embedding equality into recruitment and progression practice, occupational segregation must be reduced.

The policy would especially benefit from further information on how to ensure recruitment practice is free from gender bias. There are many aspects of the

⁴ TUC (2016) *Still just a bit of banter? Sexual harassment in the workplace in 2016*

recruitment process which can present barriers to women. Evidence⁵ shows that women are less likely to apply for jobs for which they do not have all the essential and desirable criteria. If jobs are not formally advertised then women, who tend to have less access to informal workplace networks, are less likely to be aware of development and promotion opportunities. Women's job applications may not be considered objectively or consistently because of assumptions about their likelihood of having children, or about their capabilities. Where a woman who works part-time or flexibly applies for a role that is full-time, she may be automatically discounted because of a perception that she will want to work flexibly and that this is not suitable for particular roles. Evidence⁶ shows that racially minoritised women face discrimination throughout the recruitment process; disproportionately not progressing beyond interview or, once in the workplace, not progressing within roles. In some cases, hiring managers, and other staff, may make assumptions about an individual's English language skills based on their name or accent, despite the individual being fluent. Racially minoritised women are also affected by occupational segregation, and are predominantly found in stereotypically female sectors and jobs such as administration, customer service, and healthcare.

Close the Gap has been working with a number of NHS boards through our accreditation programme, Equally Safe at Work. In data collected from the Equally Safe at Work⁷ pilot in the NHS, women in lower-paid roles reported that they were unclear of the process for progressing in their role. Several participants had also shared that after they were unsuccessful in going for a promoted post and asked for feedback on how to improve, they were given either generic or unhelpful feedback.

Under point 1.5.12, there is reference to positive action. Although positive action provisions have been in place since the introduction of the Equality Act (2010), it is rarely used by employers. Research shows that one reason for this is a lack of understanding of how to implement positive action measures, and a concern about getting it wrong. The policy would be strengthened by including further details on the positive action measures employers can take, for example, in relation to recruitment. This would include setting out actions to take for reviewing job descriptions, person specifications and job adverts. In the Equally Safe at Work programme, employers are required to take a number of actions to ensure gender-sensitive recruitment practice. NHS boards have stated to Close the Gap that it would be helpful for any national policy or guidance to align with Equally Safe at Work criteria on recruitment, which include:

⁵ Close the Gap (2015) *Think Business, Think Equality: Women's job, men's jobs*

⁶ Close the Gap (2019) *Still Not Visible: Black and minority ethnic women's experiences of the labour market in Scotland*

⁷ www.equallysafeatwork.scot

- ensuring that recruitment panels are gender-balanced and racially diverse;
- including positive equality statements in job adverts;
- providing tailored feedback to shortlisted applicants;
- advertising in a range of places, for example, social media, specialist recruitment sites such as Flexible Working Scotland Facebook page, and Scottish Minority Ethnic Women’s Network;
- using a standardised application process; and
- ensuring that all panel members receive equalities training.

Public sector equality duty

The policy mentions the requirements of the general duty of the public sector equality duty, and there are some references some of the requirements of the Scottish specific duties such as gender pay gap reporting, equal pay statement, and employee data publishing. However, it is not clear from the current draft how these are related, how these relate to the duty to do equality mainstreaming, and develop and report on equality outcomes – which are not mentioned at all – and how the policy itself will enable better performance of the duties by NHSScotland.

Links to policies related to women’s inequality

It would be beneficial to include further links to policies related to women’s workplace equality. This includes the Gender-based Violence Policy, Bullying and Harassment Policy, Personal Development Planning and Performance Review Policy and the policies that sit in the Supporting Work Life Balance category. This is important for acknowledging that women’s experiences at work are impacted by a variety of factors and to effectively support women in the workplace NHS boards will require an understanding of how they interact.

2. Do you feel there are any gaps in the proposed list of supporting documents?

It is difficult to comment on gaps relating to the supporting documents because there is a lack of detail on what will be included. We agree that it is necessary to have discrete guides for managers and employees. This is particularly important when reading the policy, as the policy is very short, with minimal information, and is procedurally focused.

It would be beneficial for the supporting documents to include further detail on women’s experiences of the workplace, including men’s violence, barriers to progression opportunities, and lack of access to flexible working. The supporting documents should also include a clear commitment to identifying and addressing the patterns of acute and chronic occupational segregation in NHSScotland.

The employee and manager guides should include clear examples on what is acceptable and unacceptable behaviour. This should include examples of how

everyday sexism manifests in the workplace and how it can be addressed. For example, when unwanted comments of a sexual nature become normalised in the workplace, they go completely unchallenged, and this creates a hostile environment that demeans and diminishes women and their contributions. When sexualised language is framed as 'banter' it can provide tacit consent to this and other forms of sexual harassment, including unwanted shoulder rubs, hugs or other physical contact, and repeated sexual advances. This harassment can often take place in front of other colleagues, exacerbating the shame and humiliation felt by the women who are targeted and making it more difficult to report because of a fear it will be dismissed as 'just a joke'.

Through Equally Safe at Work, data was collected from NHS staff through an employee survey and through focus groups with women working in lower-paid roles. The findings show that women were unlikely to report sexual harassment or other forms of violence against women to their employer. This was the result of a lack of trust in the reporting process and a view that nothing would change as a result of reporting. As well, many focus groups participants shared that they were unsure how to report or where to find any information on this. Providing details on how to report and what can be expected from the reporting process would be a welcomed addition to the supporting document for employees.

3. Do you have any other comments to make on the policy?

The responsibility of employers outlined in the policy could be strengthened to emphasise the importance of taking an organisational approach to progressing equality, diversity and inclusion. As currently drafted, there is no mention of the employer role in creating a supportive workplace culture or the role of senior leaders in creating a culture of equality. Leaders have an important role in ensuring that discrimination, harassment and sexual harassment is not tolerated. This is critical for addressing GBV as well. Further, the presence of more women, particularly in leadership positions, has been found to change workplace culture because sexism and sexual harassment are tolerated less. Increasing women's representation in management and senior roles therefore is an essential step to tackle GBV. Further research has found that including more racially minoritised women in senior leadership positions will reduce the likelihood of other racially minoritised women experiencing harassment⁸.

As mentioned in our response to question A1 above, Close the Gap is working with NHS boards through the accreditation programme, Equally Safe at Work. Equally Safe

⁸ Offermann, L. R., & Malamut, A. B. (2002). When leaders harass: The impact of target perceptions of organizational leadership and climate on harassment reporting and outcomes. *Journal of Applied Psychology*, 87(5), 885

at Work enables employers to develop improved gender-sensitive practice to advance gender equality at work and prevent VAW. Four boards have recently received development tier accreditation, and a further eight boards have expressed interest in participating in the next roll out. Learning from the pilot highlighted that in some boards, while senior leaders were committed to completing the programme, they were unclear what their role was in progressing gender equality forward. There were also significant concerns about the lack of detail and alignment with Equally Safe at Work in the Once for Scotland policies. This risks undermining progress that had been made on gender equality at work, and recognising VAW as a workplace issue in Scotland. The Once for Scotland initiative is an important opportunity to enable a cohesive, strategic approach across the NHS to realising equality for women workers, and embedding a shared understanding of the action that is needed to prevent GBV, such as tackling women's labour market inequality, as articulated in the national strategy, Equally Safe.

4. Do you have any views on the potential impacts of this policy on equalities groups?

The policy as currently drafted does not provide enough detail for staff to effectively implement the policy to benefit all groups of staff. There is no mention of the specific inequalities women face in the workplace, including occupational segregation, sexism, and GBV. In addition, while there are commonalities experienced by all women at work, disabled women, racially minoritised women, Muslim women and other women of faith, lesbian, gay and bisexual women, trans women, refugee women, young women, and older women experience different, multiple barriers to participation in the labour market, and to progression within their occupation. For example, disabled, racially minoritised, lesbian, gay and bisexual women, and trans women are more likely to report higher levels of discrimination, bullying and harassment. As well, research has highlighted that racially minoritised women are more likely to be passed over for promotion and are often overlooked for workplace development opportunities, and that this may be more prevalent in the public sector⁹.

Under point 1.5.25 equality and diversity monitoring and reporting is highlighted. However, without understanding the way in which inequalities overlap and combine to shape experiences of discrimination and harassment, progress will not be made. Therefore, collecting intersectional gender-disaggregated data is necessary in truly understanding staff experiences.

⁹ Close the Gap (2019) *Still Not Visible: Black and minority ethnic women's experiences of employment in Scotland*

The policy and accompanying guidance would be strengthened by highlighting the importance of collecting and analysing intersectional data. This is essential for understanding and addressing the challenges within the workforce.

C. Gender-based violence policy

1. Do you feel there are any gaps in the policy?

The link between GBV and women's labour market inequality

In the draft policy there are several references to gender inequality, however there is no mention of women's inequality in the workplace. To address and prevent gender-based violence (GBV), it is necessary to address women's labour market inequality. This is clearly set out in Scotland's national strategy to prevent and eradicate VAWG, Equally Safe. Women's labour market and economic inequality reduces their financial independence, restricts their choices in employment, and creates a conducive context for GBV. Financial dependence and poverty can make it harder for women experiencing violence or abuse to move on and maintain employment. Also, debt is linked to GBV and is understood as a cause and consequence of domestic abuse¹⁰.

Impact on women, colleagues and the organisation

A significant gap in the policy is that there is no mention of the impact of GBV on women, colleagues or the organisation. GBV has a profound impact on women's capacity to work and victim-survivors are often targeted in and around the workplace. Women report experiencing trauma, stress, anxiety and depression as a result of GBV and can struggle to find appropriate support in the workplace. GBV can also affect victim-survivors' capacity to work with men, particularly in situations where there is an existing gender or power imbalance.

GBV can affect women's ability to do their job effectively. An increase in unexplained lateness or absences can also be a sign that something is wrong. Victim-survivors often require to take time off work to seek help from specialist support agencies, attend doctor's appointments, or access legal support. Some women also leave their job as a result of the impact of GBV and may move to a new role that doesn't effectively utilise their skills. This represents a significant loss of female talent to employers, with many organisations missing out on women's skills and experience.

GBV can have an adverse impact on staff morale, as well as on the organisation's reputation. It also affects people who are in the victim-survivor's life on a regular basis. This can include work colleagues, and the wider organisation. The impact on colleagues can include:

¹⁰ Women's Budget Group (2021) *Household debt, gender and Covid-19*

- Having to fill in for absent colleagues, or colleagues who are underperforming;
- Reduced productivity or being distracted from their own work;
- Increased stress or anxiety from being followed to or from work, or being subject to questioning by the perpetrator about the victim-survivor;
- Trying to protect the victim-survivor from attention, unwanted phone calls, or visits;
- Witnessing a form of GBV and feeling helpless and unsure about how to intervene to support a colleague;
- A negative impact on their own mental and emotional health, especially if they may also be experiencing abuse themselves; and
- Increased staff absence or turnover of key people.

It is important to include information on the impact of GBV on women and the wider workplace to emphasise to staff that GBV is a workplace issue and that resources and support are available. Victim-survivors often do not report to their employer or access support out of fear that it is not something to discuss at work. By outlining the wider impact this can have on women and the organisation, it will build greater awareness and understanding among staff of the critical role employers and line managers play in supporting women and preventing GBV.

Reporting process

The policy is missing critical information for staff on the reporting process. GBV is significantly underreported¹¹ and therefore it is integral that steps are taken to address the barriers that women face in coming forward. Further information should also be provided on how to effectively respond to a disclosure or report. As part of Equally Safe at Work, focus groups were conducted with women working in lower-paid roles in each NHS board participating in the pilot. The majority of participants shared that they were unaware of how to report GBV at work, or where to find information on this. Participants also shared experiences of reporting GBV to their line manager and were unsatisfied with how their report was handled. In one case, the report was handled so poorly that the victim-survivor left the organisation.

Providing clear information on what staff can expect from the reporting process including who to report to, what is involved, how long it will take and what can be expected during that time is essential for building confidence and trust in the reporting process. In some cases, the perpetrator is the victim-survivor's line manager, therefore, it is important to outline that there are other routes for reporting or disclosing.

¹¹ Close the Gap (2023) *Equally Safe at Work: Findings from the evaluation in local government, NHS and third sector 2022-2023*

Supportive conversations

Under point 2.5.7, there are a number of key points missing for how managers should engage in a supportive conversation. This include responding to the disclosure in a non-judgemental way; reassuring the employee that their disclosure and any notes taken will be kept confidential; and providing information on the reporting process if they wish to report. The way in which line managers respond to a report or disclosure can affect whether a victim-survivor will access support, formally report their experience or come forward again in the future. Victim-survivors report that their line manager seemed at times uncomfortable or unsure of what to say after they disclosed or reported. Some women have also reported that after disclosing or reporting their line manager either avoided the topic, assumed the issue was resolved, or made inappropriate jokes or comments.

Close the Gap has worked extensively with employers across the public and third sectors, and we have strong experience of working collaboratively with GBV organisations across Scotland. Through this work, critical learning and evidence has been gathered from employers and directly from victim-survivors. As part of Equally Safe at Work, Close the Gap has developed guidance¹² and e-learning modules for line managers to provide best practices examples on how to start a conversation with victim-survivors, and importantly, what not to say. These were developed to address a gap in information that was highlighted by employers. The evaluation of the resources found that employers found both the guidance and e-learning modules extremely helpful for increasing understanding and awareness in staff. The resources have been disseminated widely in the public and third sectors.

Managing perpetrators

There is a gap employer good practice in managing a situation where an alleged perpetrator is arrested. The current information in the draft policy provides details on the Workforce Policies Investigation Process, however, if the disclosure made is a police arrest, the approach would likely differ. It is critical that this gap is addressed. Through engagement with Equally Safe at Work, victim-survivors have shared with Close the Gap that when they experienced domestic abuse and their partner was also employed by the same organisation, when they reported the arrest, the organisation assumed it was a one-off incident. Further information should be included in the gender-based violence policy on how the employer will respond to a police report of GBV, and whether this information is included in terms of employment.

¹² Close the Gap (2024) *Equally Safe at Work: Line managers guidance on violence against women and work* <https://www.equallysafeatwork.scot/resources/ESAW-guidance-for-line-managers-on-VAW-and-work-2024.pdf>

Capacity building in key groups of staff

A significant gap in the policy is information on the role of employers in building capacity in line managers, HR practitioners and occupational health practitioners on best practice in supporting victim-survivors. Ensuring that capacity is built in key groups of staff is integral for progressing GBV-sensitive employment practice, and is critical for supporting consistent policy implementation. For example, providing line managers with training on how to recognise the signs an employee may be experiencing GBV or building capacity in occupational health practitioners on how GBV impacts the workplace. Outlining capacity building as an employer responsibility is necessary to demonstrate board commitment to GBV, but also for ensuring that staff are meaningfully engaging in capacity building activities, and increasing their knowledge and skills as a result.

Links to local gender-based violence organisations

A further gap in the policy is signposting to local GBV organisations. The policy would be strengthened by including links to local specialist organisations, including the local Women's Aid or Rape Crisis centre. Local specialist organisations provide trauma-informed support and expertise, which can be critically important to victim-survivors. Further, local GBV organisations also provide services that may be relevant to the victim-survivor including refuges, advocacy or court support, and services for children and young people. In some cases victim-survivors may feel more comfortable speaking to specialist organisations to identify their support needs rather than their line manager or other colleagues.

2. Do you feel there are any gaps in the proposed list of supporting documents?

It is difficult to comment on gaps in the proposed list of supporting documents, as there is little detail on the content will be included. Close the Gap has developed guidance for line managers on violence against women and work and on sexual harassment¹³. The guidance has been tested with employers, disseminated throughout local government, NHS and third sector organisations and been used to inform internal guidance and policies. The guidance on violence against women and work includes detailed information on the different forms of GBV and provides examples of how this impacts women at work. For example, rape and sexual assault are often not seen as a workplace issue which means that victim-survivors rarely receive support in the workplace. Outlining how rape and sexual assault can impact women in the workplace will build greater understanding and awareness across boards of the employer role in supporting all victim-survivors.

¹³ Close the Gap (2012) *Equally Safe at Work: Guidance for line managers on sexual harassment*
<https://www.equallysafeatwork.scot/resources/Line-managers-guidance-on-sexual-harassment.pdf>

As part of Equally Safe at Work, to measure staff awareness and understanding of GBV, Close the Gap disseminated an employee survey to NHS boards participating in the programme and received responses from 1,378 staff. The survey data indicated that the majority of line managers were only somewhat confident when recognising the signs of GBV. The majority of line managers further stated that they were only somewhat confident in responding to disclosure of GBV. This demonstrates a need for capacity building for managers.

In addition, the guidance for managers should include information and advice on supporting victim-survivors, for example:

- how to start a conversation with staff on GBV.
- how to work with the victim-survivor to identify risks in the workplace and changes that can be made to support them.
- providing updates on the progress of any report made.
- providing an update on any changes made in the workplace as part of the risk assessment or safety plan.
- if the victim-survivor is on leave, providing updates on anything happening in the workplace as a result of their disclosure or report. Often line managers or employers do not follow up with employees after disclosures.

We welcome the inclusion of the guidance on sexual harassment that links to the Gender-based Violence policy, Equality, Diversity and Inclusion policy, and Bullying and Harassment policy. As outlined in guidance published by the EHRC¹⁴, a good policy on sexual harassment will:

- state that sexual harassment will not be tolerated.
- state that sexual harassment is unlawful.
- state that sexual harassment may lead to disciplinary action up to and including dismissal.
- state that aggravating factors such as abuse of power over a junior colleague will be taken into account when deciding what disciplinary action will be taken.
- define harassment related to protected characteristics, sexual harassment, less favourable treatment for rejecting or submitting to sexual harassment and victimisation separately.
- provide clear examples to illustrate sexual harassment, which are relevant to the employer's working environment and which reflect the diverse range of people whom sexual harassment may affect.

¹⁴ Equality and Human Rights Commission (2020) *Sexual harassment and harassment at work: Technical guidance*

- include an effective procedure for receiving and responding to complaints of sexual harassment.
- address third party harassment.

As there will not be a separate policy on sexual harassment developed through the Once for Scotland initiative, the guidance document should include all of the points outlined by the EHRC guidance. This will ensure that best practice guidance is available for all staff.

3. Do you have any other comments to make on the policy?

Section 2.4.5 states that managers will help employees assess their level of risk. It is important to clarify for all staff that risk assessments should be conducted with the victim-survivor. By providing clear language such as, *work with employees to assess their level of risk*, is important for ensuring that the risk assessment is not completed without employee participation. Victim-survivors have shared experiences with Close the Gap of risk assessments being completed without their input and as a result significant information was missing and their safety at work did not improve. Victim-survivors will be best suited to identify risks to themselves and the workplace.

In the section on staff responsibility, the policy would benefit from adding further detailed actions for occupational health and HR. This could include being aware of the link to gender inequality and therefore understanding how gendered power dynamics may impact victim-survivors' experiences. Further, for the role of HR, staff may be formally reporting GBV to HR and therefore information on reporting to HR would be helpful to include.

Section 2.5.3 outlines ways in which disclosures by employees may be made. There may be cases where victim-survivors do not want to disclose their experience, and colleagues, line managers or trade union representatives should respect this. It would be beneficial to include details on respecting the wishes of victim-survivors in responding to disclosures.

Under 2.5.10, it would be helpful to add further support mechanisms for staff, including any mental health support that exists within boards, for example, an employee assistance programme or referrals to support from staff psychologists.

In section 2.5.17 there is mention of the possible routes by which a disclosure about a perpetrator may be made. In one point it notes that a disclosure may be made by partners or ex-partners who are not NHS employees. While this point is important in validating reports from non-employees, it is missing essential information on how this may be used as a perpetrator tactic. For example, abusers may report their partner to her employer as a way to sabotage a woman at work. Information on perpetrator tactics should be provided in any additional guidance documents so that

staff are aware of what to look out for and to ensure that victim-survivors do not face any additional barriers to support

4. Do you have any views on the potential impacts of this policy on equalities groups?

Women's experience of GBV vary depending on the intersecting inequalities they experience. Different groups of women may experience increased risk of violence and abuse due to the prejudice and structural barriers in society that cause inequality. It is important that any policies or practices designed to address GBV outline that women are not a homogenous group and do not experience inequality in the same way. Women from marginalised communities experience multiple discriminations which intersect and combine to create different and increased levels of inequality, which impact their experiences of GBV.

Examples of women's divergent experiences of GBV:

- Disabled women are twice as likely to experience domestic abuse and sexual violence than non-disabled women¹⁵.
- Women with learning disabilities may be 10 to 12 times more likely to experience sexual assault than non-disabled women¹⁶.
- Racism and discrimination create significant barriers for racially minoritised women to report their experience or access support. These can include language barriers, immigration status, institutional racism, and cultural insensitivity.
- Racially-minoritised women worry that reporting VAW to their employer could damage their relationships with colleagues, with 1 in 6 women thinking it could make the situation worse¹⁷.
- Online harassment and abuse is more likely to have younger victim-survivors and younger perpetrators.
- Disabled women aged 18-34 are even more likely to experience sexual harassment with 8 in 10 reporting being harassed at work¹⁸.
- Older women are less likely to report their experiences of domestic abuse¹⁹.
- The abuse older women face is often mistakenly labelled as 'elderly abuse' rather than domestic abuse. This means they are less likely to access the specialised support they need.

¹⁵ SafeLives (2017) *Disabled survivors too: Disabled people and domestic abuse*

¹⁶ Scottish Commission for People with Learning Disabilities (2023) *Unequal, unheard, unjust: But not hidden anymore*

¹⁷ TUC (2020) *BME women and work*

¹⁸ TUC (2021) *Sexual harassment of disabled women in the workplace*

¹⁹ Equality and Human Rights Commission (2011) *Domestic abuse and equality: Older women*

- Lesbian, gay, and bisexual women can be vulnerable to abusers who threaten to out them to colleagues or employers, and family members.
- Trans women are vulnerable to abuse that is inflected by transphobia. They may also be reluctant to access support services or contact the police for fear they may be met with further victimisation, prejudice, or that they may not be understood.

To ensure that all groups of women are effectively supported in the workplace, it is essential that the policy includes reference to the different experiences women have and that the guidance for line managers includes information on intersectionality.