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# BMA

Northern Ireland

**Department of Justice**  
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[CallforViews@justice-ni.gov.uk](mailto:CallforViews@justice-ni.gov.uk)

21 February 2022

## **New Strategies: women and girls**

**Dear Sir/Madam**

The British Medical Association (BMA) is an apolitical independent trade union and professional association representing doctors and medical students from all branches of medicine across the UK. Our mission is we look after doctors so they can look after you.

We welcome the opportunity to inform the development of a new Domestic and Sexual Abuse Strategy and the new Equally Safe Strategy – a Strategy to tackle Violence Against Women and Girls.

We have provided a number of papers below that will help with the development of these strategies. Although wider than the issues being looked at in the above strategies, we believe the information contained within these papers are relevant and point to all aspects of women and girls lives.

One of these papers is specific to [tackling violence against women](#) and will be of direct relevance to this consultation and the department's strategy development. The report outlines six actions for policy makers which we believe the department must give serious consideration to in these strategies:

**National director (Northern Ireland):** Claire Armstrong

**Chief executive officer:** Tom Grinyer

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British Medical Association  
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- Focus should continue to be expanded to all forms of violence against women and not
- solely on domestic violence and abuse.
- Funding arrangements should recognise the resources required for responding to chronic health care needs.
- There is a particular challenge around responding to the scale of non-recent sexual abuse.
- Increased confidence is needed around multi-agency working and information sharing including referrals into the MARAC process.
- Awareness of violence against older women needs to be increased and ageist assumptions should be challenged through training. General training on violence against women should include older women as case examples.
- More focused attention on perpetrators of violence and abuse is needed.

Additionally, it must be addressed that the UK health and care system has been designed around the needs of just half the population. Men have historically been treated as the default patient in medical research and clinical practice, while women's healthcare needs have been marginalised and stigmatised. Strong action is needed to ensure that women's needs are placed at the centre of their health and care.

BMA responded to the [Department of Health and Social Care Women's Health Strategy: Call for Evidence](#). In this we outlined our vision for women's health and provided evidence for areas in which women's health and care can be improved. We recommend that the UK Women's Health Strategy must ensure that:

1. All women, particularly those who have historically been marginalised, can access healthcare without fear of stigmatisation. The design and provision of health and care services should take the needs of all women into consideration.
2. The quality and accessibility of information on women's health is improved through broader teaching on women's health in medical training and curricula and evidence-based sex and relationships education.
3. Women have access to high quality sexual and reproductive healthcare, maternity services, and other women's health services.
4. Women's health is maximised in the workplace through occupational health and wellbeing support, and improved support for pregnancy and parental leave, menstrual health, and menopause.
5. Women are included in clinical research.
6. Steps are taken to understand and respond to the impacts of COVID-19 on women's health. We acknowledge that not only individuals who identify as women require access to services traditionally designated as women's health services. These services must be appropriate, inclusive, and sensitive to the needs of individuals whose gender identity does not align with the sex they were assigned at birth.

In addition, BMA has produced a series of reports on preventing and improving the physical and mental health of women in the UK and the links are below.

- [Health inequalities and women – addressing unmet needs](#)
- [Addressing unmet needs in women's mental health](#)

It is also essential that any new strategy is adequately funded to meet the actions contained within it. We would hope to see details on funding and timelines for actions/implementation included in the drafts that are circulated for public consultation later in this process.

Once again, we would like to thank you for the opportunity to respond to this consultation. Should you have any further queries in relation to our consultation response please contact Jenna Maghie, senior policy executive, in the first instance via [jmaghie@bma.org.uk](mailto:jmaghie@bma.org.uk)

Yours sincerely



Dr Tom Black  
Chair  
BMA NI Council