FEEDBACK

HSE DRAFT POLICY ON DOMESTIC VIOLENCE

JANUARY 2009
Women’s Aid welcomes the opportunity to provide feedback to the Draft HSE Policy on Domestic Violence, Intimate Partner Violence and Sexual Violence.

Women’s Aid is a voluntary organisation offering information, support and access to services for women who are experiencing domestic violence. Women’s Aid has been responding to women experiencing domestic violence for over 30 years. We operate the National Domestic Violence Free Phone Line, provide direct services to women experiencing domestic violence, provide training to statutory and voluntary agencies on domestic violence and lobby and campaign to improve responses to women experiencing violence. We also co-ordinate the provision of creative workshops with the women and children living in Aoibhneas, Rathmines and Bray refuges.

In view of the vital role played by the HSE in responding to domestic violence in Ireland, Women’s Aid welcomes the introduction of a Domestic Violence Policy in the HSE to set out goals and actions on preventative measures and on providing better services for victims of domestic violence.

Our comments and questions in relation to the draft policy are outlined below:

**High Level Goal 1 Objective 2 and 3: Training**

The HSE plays a key role in responding to domestic violence not only by funding specialist services but also by directly providing services to women and children who are affected and who may access Health services at various points, such as A and E, maternity services, GPs, Public Nurses, contact with social workers or other health specialists. It is vital that all these front line staff is able to identify, respond to and refer appropriately in all cases of domestic violence.

Women’s Aid therefore warmly welcomes the commitment to train all front line staff as outlined in High Level Goal 1 Objective 2.

We are not clear as to the overarching principles, best practice and the “agreed existing material” the training will be based on and on how the training would be tailored to suit the different roles within the HSE and we would welcome clarifications on this.

The information included in the NUIG report (1) on the role of health personnel and suggestions on implementing a gender based violence project (pp.44-47) could be a useful starting point.

In particular, we would like clarity on how the training will increase the safety of the women accessing the HSE, for example in relation to HSE staff applying for domestic violence orders, providing evidence for court proceedings or putting in place risk assessment and management procedures.

We also note that the HSE intends to develop a national awareness training pack on domestic violence for all community groups and organisations funded by the HSE.

Women’s Aid has extensive experience in developing and providing training on domestic violence to a range of agencies, including Health agencies.

As Specialist Support Agency to the Community Development Programme and the Family and Community Services Resource Centre Programme we have supported the development of a Code of Practice on Domestic Violence for projects within these programs. We now provide Community Development Projects (CDPs) and Family Resource Centres (FRCs) with Foundation training on how to implement the Code of Practice as well as specialised training on Domestic Violence and Children. We have also developed a detailed model of work called Vision, Action, Change (2) detailing the principles and best practice responses we use in our work.

We would be delighted to share our expertise in developing training on this issue.

We strongly agree with the approach in the Draft policy that all relevant health care professional should receive training on domestic violence during their initial education/training (p.11) and we encourage the HSE policy to include actions that support the inclusion of domestic violence training in core curricula and continual professional development.
**High Level Goal 2 Objective 1: Screening**

International experience confirms that routine enquiry in health settings leads to increased awareness and disclosure of domestic violence.

Women’s Aid therefore warmly welcomes the commitment to introduce screening for Domestic Violence outlined in High Level Goal 2 Objective 1.

At the COSC conference in May 2008 in Waterford in Ann Taket\(^{(3)}\) made it very clear that screening needs to be supported by training for staff in responding to disclosure and referring women to specialist services. This training is in addition to general awareness raising training on domestic violence and focus specifically on administering screening. She suggested that at least one full day of training is necessary and it should include:

- the nature and extent of health problems
- how to ask questions
- how to respond appropriately to disclosure
- safety planning and safe documentation
- information on local services
- recognition of trainee’s needs in case of personal experience of abuse

Screening tools and training need to be tailored for each role/agency within the HSE.

In relation to risk assessment in the Irish context, the National Domestic Violence Intervention Agency (NDVIA) had already developed very relevant material that could be built on.

Women’s Aid is currently carrying out a research on Female Homicide in the context of domestic violence. This piece of research will be looking at and refining existing risk assessment tools used in other jurisdictions to adapt them to the Irish context and we would be happy to share this knowledge with you in due time.

Training and screening will result in higher identification and referrals of domestic violence cases to specialist services. It needs to be acknowledged that an increase in detecting and referring cases of domestic violence to specialist services needs to be backed by an explicit commitment to appropriate and continued funding for services.

**High Level Goal 3, Objective 1: Standardisation**

While Women’s Aid welcomes in principle the goal to provide best practice in all services to victims of domestic violence, not enough information on what are the standards going to be based on and what consultation process will be carried out has been provided in this draft to be able to comment.

Women’s Aid would like to suggest that the recent report authored by Professor Liz Kelly\(^{(4)}\) and published by the Council Of Europe on minimum standards for support services working on violence against women would be a useful starting point to develop standards in Ireland.

**High Level goal 3, Objective 2: assist victims to remain safely in the home**

While Women’s Aid supports in principle the idea to develop services and supports for women who choose to remain in their own home, when it is safe and practicable for them to do so, not enough information has been provided in this draft policy for us to be able to comment on how this would work out in practice.

In particular, more information is needed on:
- the risk assessment tools and the risk assessment management practices and procedures once risk has been assessed
- the proposed local coordination strategy in particular what links are envisaged with Garda and Courts to maximise safety
We would welcome clarity on how the safety of the victim is going to be assessed and measured in the performance indicators.

**Perpetrators Programs**

Women’s Aid is concerned that the HSE is proposing to provide perpetrator programs (High level goal 3, objective 2), which we think are best situated within the criminal justice system.

While we are aware that some researchers, notably Gondolf and Dobash, have found some positive outcomes from perpetrator programs, existing meta-analysis of evaluations find that programs have a very small or no effect on perpetrators’ abusive behaviour.

In the Gondolf study:
- 40% of men re-offended within the first 15 months
- 37% of men who re-assaulted did so within 3 months of program intake. They represented a very dangerous group with high rates of repeat assault and injury
- 2 batterers out of the initial 840 men killed their partners
- 12% of women at the 15 months follow up were worse off following the intervention.

Moreover, both the Gondolf and the Dobash evaluations were situated in a context were a cohesive system response to domestic violence was in place. In both cases the perpetrators were court mandated in the totality (Dobash) or the majority (Gondolf) of cases.

Gondolf found that voluntary participants were much more likely both to drop out from the programs and to re-offend.

We would like therefore the following to be clarified in relation to perpetrators programs:

- What best practice is the draft policy referring to?
- What support services and risk management procedures are going to be put in place for the partners of the perpetrators attending programs?
- What are going to be the links with the criminal justice system?
- What sanctions will there be for non attendance or non compliance with the programs?
- We would like assurances that funding for these programs is not being diverted from domestic violence women’s support services.

In relation to Performance indicators regarding perpetrator programs, we are concerned that the only PI is “the number of women/men attending perpetrator programs in each LHO”.

Attendance of perpetrators programs does not in itself mean that perpetrators of domestic violence change their behaviour. It may however persuade women to stay in a violent relationship in the hope that the perpetrator will change, therefore exposing them and their children to continuous or increased risk.

Dobash points out that men who volunteer for participation in programs can and do leave if the task becomes too challenging. This gives rise to a tension for the programs, they can either continue to work with a very small number of dedicated participants, or aim to retain the less dedicated participants by pursuing a less challenging curriculum, thereby aiming to decrease drop-out rates, but not providing best practice.

Moreover, best practice, as for example as suggested by RESPECT, the UK organisation accrediting perpetrator programs, suggests that outcome evidence should be collected using the reports of the women partners and ex-partners of the perpetrators attending the program. Clearly the number of perpetrators attending a program is an insufficient performance indicator, which tells us nothing in regards to the safety and well-being of the victims.

**High level Goal 8, Objective 1: ensure safeguarding of children**
Women’s Aid agrees that the welfare of children in situations of Domestic Violence is paramount and welcomes the links being made in the draft policy between child protection and domestic violence.

However we need clarifications on the following:

- What supports are going to be available to mothers whose children are assessed at risk of domestic violence, to ensure they are assisted in protecting their children?
- What is the HSE going to do when they identify children at risk of DV? What is the risk management (as opposed to risk assessment) procedure? What are the resources for this?
- How will HSE staff assist women trying to protect their children through the Courts? (for example providing evidence/reports in Custody or Access cases in a context of Domestic violence)

**Other Suggestions/General comments**

Women’s Aid would welcome the inclusion in the HSE domestic violence policy of sections on:

- Identifying and responding to the needs of marginalised women experiencing domestic violence, such as travellers, disabled women, migrant and refugee women, for example provision of information in community languages and provision of translation and interpreting services
- Identifying and responding to the complex needs of women with additional issues, such as mental health issues or drugs and alcohol issues, experiencing domestic violence
- Support to HSE staff experiencing domestic violence. Given the prevalence of domestic violence in the Irish population and the great number of HSE female employees, a percentage of employees of the HSE will be experiencing domestic violence.
- Procedures for the proper recording and documenting of injuries and other symptoms of the abuse and related consent issues
- Procedures on health agencies role as expert witnesses in legal proceedings

**Evaluation of services**

In relation to monitoring and evaluation, the National Network of Women’s Refuges and Support Services is carrying out an Outcome Evaluation project for domestic violence refuges and support services, which could provide a useful model.

**Early intervention:**

While Women’s Aid welcomes in principle early intervention to prevent domestic violence, not enough information on this has been provided in the Draft for us to be able to comment

**Working cross-sector**

More clarity is needed on the envisaged mechanisms and shared goals for interagency work Department of Justice, Department of Environment and Department of Education.

In particular, the NUIG report acknowledged that there is a lack of an integrated framework that would enable Local authorities and the Health sector to provide a continuum of support for domestic violence victims (p. 49). We would welcome clarity on how this issue will be addressed in the policy.

**Service provision**

The policy states that "a primary requirement of safety is ensuring immediate access to temporary accommodation on a 24/7 basis" (page 13). We certainly agree with this goal, but we noted there are no objectives/actions to support it. We would also like to point out that temporary accommodation for victims of domestic violence should be in specialist services (women’s refuges) only and that the use of Bed and Breakfast is unsafe and inappropriate and should be discontinued. Women’s Aid recommends that this issue is specifically addressed in the policy, including the minimal level of refuge provision needed.

Finally we are unclear as to what is the evidence that points to the negative impact on families of
transitional housing in a specific domestic violence context and would like clarifications on this point. The NUIG report had found on the contrary that transitional housing was very beneficial.

END NOTES

1. Kearns, N., Coen L., and Canavan J., 2008, Domestic violence in Ireland: an overview of national strategic policy and relevant international literature on prevention and intervention initiatives in service provision, National University of Ireland, Galway
8. RESPECT, The RESPECT Accreditation Standard, June 2008
9. The above mentioned Council of Europe report suggests 1 family place in a refuge for 10,000 population, where family place is defined as the number of rooms providing bed spaces for a woman and her children