

Questionnaire on the Final Review of the National Strategy on Domestic, Sexual and Gender-based Violence

HSE SUBMISSION

Introduction

The responsibilities of the HSE in relation to the National Strategy on Domestic, Sexual and Gender based violence have transferred to the TUSLA – the newly established agency with a remit for a range of areas dealing with children and families, including services responding to domestic, sexual and gender based violence.

With staff working in these areas transferring from the HSE to TUSLA, it is primarily a matter for TUSLA to provide comprehensive views on the review of the national strategy. While the HSE may reflect some views around aspects of this strategy, it appears the case that it's involvement may now be of a more indirect nature.

The transfer of responsibilities has only recently been effected and new structures, roles and processes in relation to linking with TUSLA are presently being implemented. New developments in this regard include new HSE representation on the relevant Department of Justice/ COSC hosted committees in relation to Violence against Women. Comprehensive, authoritative preparation of the required response to the questionnaire may be viewed as rather challenging at this time.

It should therefore be noted that observations from a HSE perspective are necessarily more limited in nature. Much of the feedback offered below derives from work with marginalised groups who fall within the remit of HSE Social Inclusion. Notwithstanding this context, the opportunity to provide input in relation to the previous National Strategy, as well as to development of a new strategy, is welcomed.

It has seemed most practical to provide a narrative type feedback that highlights key aspects/ issues rather than completing the questionnaire. It is hoped that this format is acceptable and useful. It is hoped too, that the comments provided are helpful in progressing efforts around this essential initiative.

Existing National Strategy

- Positive elements of the strategy should be measured against a landscape of increasing demands and diminishing resources. Such a context demands increased attention to building of capacity to ensure the most effective means of responding to demands, and allocation of resources in ways where these will be utilised – and maximised - most appropriately and effectively. This appears to be a work in progress, with due consideration to ongoing support for partnership working, intersectoral collaboration and continuing monitoring and reporting around trends, outcomes and emerging issues.

- A number of positive developments were noted in this regard, for example strong interagency cooperation was noted in HSE Mid West where *“Speak out Cafe Events based on the ‘World Cafe Model’ were facilitated to promote DSGV Service Users and the Families to meet with Service Providers to identify Service Issues”*
- Other positive developments remarked upon included achieving representation of the Traveller NGO’s at National Level. Development of the HSE Training Pack & the Train the Trainer was welcomed as a means of achieving consistency of approach nationally. Additionally, the USI Student Survey was noted as being useful in adding to the body of Knowledge on DSGV in the younger population.
- In terms of what did not work well, some disappointment was expressed at the perceived failure of the One Stop Shop pilots.
- Risk of homelessness and associated access to refuges is a significant issue for victims of domestic violence. The Habitual Residence Condition is a significant factor in this regard, with victims of violence who are not recognised as “habitually resident” at particular risk of ability to escape violent situations Failure to address provision of appropriate accommodation means that victims and their children spend longer in the DSGV Services. However it is accepted that continuing efforts are underway in relation to this issue.
- An item in the questionnaire referenced any relevant developments taking place outside the strategy. Legislation around FGM is a notable development in this regard. A number of positive developments took place within the HSE in this area too, with considerable achievements noted in relation to care and support of women and girls who have been subjected to Gender Based Violence. The HSE supports Akidwa to carry out a range of community based actions in this area on its behalf, while a weekly sessional clinic – funded by the HSE - has recently been opened by IFPA to provide appropriate care and treatment. Inclusion of FGM in the Maternity Health Record is another example of progress in this area.

Other notable developments outside the strategy include the establishment of a Maternal Death Enquiry office in Ireland (formerly CMACE Ireland) in 2009 located in CUMH – this has potential to highlight the issues of death and pregnancy as a result of partner violence.

Dublin joining the UN Women Safer Cities initiative in 2013 is also viewed as a positive step...

Various research has also proved very useful in advancing knowledge and insight into the area of Domestic, Sexual and Gender Based violence. Relevant examples here include reports by the Fundamental Rights Agency, EIGE (European Institute for Gender Equality) and the MAMMI study www.mammi.ie that contains reference to Domestic violence in ante-natal and post-natal cohorts.

Professional institutions have also published relevant updates, guidelines in relation to Domestic violence. Examples here include updated ICGP Domestic Violence guidelines and the Clinical Practice Guideline Antenatal Routine Enquiry regarding violence in the home by the Institute of Obstetricians and Gynaecologists, Royal College of Physicians of Ireland and Directorate of Quality and Strategy and Health Service Executive in 2012.

Anticipated New Strategy

- Gender based violence is referenced in the existing strategy, but actions in relation to this are particularly limited. It is suggested that increased attention is paid to this aspect of violence in any new strategy. Given the diversity of the population residing in Ireland today, together with increasing migration of people from a range of diverse ethnic and cultural backgrounds into the country, it is increasingly necessary to include reference to such aspects as forced marriage, female genital mutilation and human trafficking.
- The focus on Domestic and Sexual Violence among young people is welcomed; it has been suggested that an increased focus be directed towards socially excluded young people in the overall cohort of young people.
- The needs of socially excluded groups should continue to be explicitly addressed in any new strategy. These groups include Travellers, Roma, migrants, asylum seekers, refugees, people who are homeless, those who have substance misuse issues and older people. The relevance of “Hidden Harm” and its impact on family members, coworkers and the wider community should also be a factor for consideration here.
- Aspects of homelessness have been referenced above. Recommendations of the Expert Oversight Group on Homelessness around provision of accommodation/ refuge for those who exit violent situations will need to be factored into the new strategy. From a health service perspective, ensuring continued provision of health and care related supports in designated residential settings now managed via TUSLA is currently under discussion.
- Data and associated measurement of outcomes is a critical component of any strategy and is an essential mechanism for underpinning agreed actions and reporting/ evaluating these. Collection and disaggregation of data – including recording of ethnicity as part of ethnic equality monitoring – should be a strengthened focus of the new strategy.
- Enhanced cooperation across departments, together with learning from other jurisdictions is integral to effective development, implementation and support for a new strategy. Similarly, continuing forging of collaborative linkages with all NGOs working in the sector is critical in optimising a focused, integrated approach to development and implementation of a new

strategy. This is especially pertinent in the current climate of constrained resources and increasing pressures. Linking with other strategies and strategic documents is critical to ensuring effective collaborative working and sustainable outcomes. Examples of such documents include the National Drugs Strategy 2009-2016, National Substance Misuse Strategy report, relevant documents in relation to housing and drafts in relation to a proposed Integration Strategy. HSE interaction with TUSLA is intrinsic to such collaboration and it is anticipated that discussion will take place around understandings of roles, formalisation of processes and agreements in relation to such aspects as training of staff in respect of responding to domestic, sexual and gender based violence.