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**MID-WESTERN**  
HEALTH BOARD

**To: Cathaoirleach & Each Member  
of the Mid-Western Health Board**

**Report No: 14/04  
Item No 7 on Agenda**

**For Meeting of the Board to be held on Friday 12<sup>th</sup> March 2004**

**Draft Mid-West Strategy Statement on Violence against Women**

Dear Member,

A Draft Strategy Statement on Violence against Women, ( copy enclosed) has been developed to guide service provision and policy development for all constituent agencies providing a service response to female victims of domestic abuse and sexual assault.

This is a collaborative strategy, developed by the Regional Planning Committee on Violence against Women and the Mid-Western Health Board. This Committee is representative of 14 different agencies across the Mid-West region that have been working together since 1998 to tackle crimes of violence against women and to promote the safety and well being of victims of these crimes.

In addition to outlining the 7 goals and 43 objectives of the agreed strategy, the strategy provides a comprehensive overview of relevant legislation, policy and research. The aim is to enable this document act as an educational and legislative guide for Health Board disciplines and non-Health Board agencies in implementing strategy objectives.

## **Key Points of the Regional Strategy on Violence against Women:**

### **1) Strategic Intent**

The strategic intent of this strategy requires that an *interdisciplinary* approach be taken to developing a comprehensive range of quality services and supports that respond to the totality of harm caused to the victim.

The strategy proposes that a range of preventative programmes be developed, aimed at challenging social beliefs and structures, together with public awareness campaigns that heighten an awareness of the extent and prevalence of violence against women. Key objectives include the implementation of routine training programmes for Health Board personnel and non-Health Board agencies. The implementation of training programmes will be linked with the formulation of written procedures and good practice guidelines for Health Board staff. The strategy addresses the urgent need for the provision of a Forensic Medical Examination service, supported by the development of appropriate training initiatives on the correct provision of the exam, collation of evidence, report writing and presentation of evidence in court. It places the burden of responsibility for violence against women on the perpetrator through promotion of perpetrator programmes and by calling for the provision of appropriate judicial sanctions. As part of the continuum of support required to pursue the elimination of violence as a long term measure, the objective at all points of this strategy is to challenge the culture of tolerance in which crimes against women are tolerated and trivialised within the region.

### **2) Strategy Formulation**

A number of strands of enquiry were employed in developing this strategy statement.

- A lengthy consultation and planning process took place with the Regional Planning Committee. Initial strategic planning sessions enabled the Committee to agree a vision for the region and key goals for service development. Subsequent planning sessions facilitated the prioritization of areas for action and the establishment of sub-committees to progress priority goals.
- Analysis of the legal remedies provided for by the Irish Criminal Justice System and national policy on domestic abuse, rape and sexual assault are provided in **Chapter 3, Legislation and Policy**. Under current Irish legislation domestic abuse, rape and sexual assault are crimes punishable by law. In particular, the ***Criminal Law (Rape) (Amended) Act, 1990*** and the ***Domestic Violence (Amended) Act, 1996*** define these crimes.

- An analysis of existing intervention policies and strategies is provided to guide policy development in Chapter 3. The strategy proposes that in planning a cohesive service response to the diversity of need created by violence against women, it is essential to develop clear policy and service responses so that women can be presented with a range of options and supports that will enable them eradicate violence from their lives.

Core policy documents outlined, which promote the active collaboration of interagency and multidisciplinary cooperation to secure the best provision of such services include: an *Garda Síochána Policy on Domestic Violence Intervention, 1994*; *Report of the Task Force on Violence against Women, 1997*; *MWHB Child Care and Family Support Services Directorate Strategy Statement, 1998*; *National Health Strategy, 2001*; and *Traveller Health Strategy, 2002-2005*.

- A recent emergence of research studies, which examine the prevalence and nature of domestic abuse, rape and sexual assault, provides valuable and previously unavailable information for service providers. To enable this strategy act as a new resource for all agencies in the Mid-West region, an overview of research and literature is provided in **Chapter 4, Overview- Research and Literature**. This is divided into two sections.

The first section provides up to date statistics and qualitative research findings on the Irish and international experience of domestic abuse, rape and sexual assault, which illustrate the real extent and forms of crimes against women in our society.

The second section of the literature review examines these statistics in greater detail and looks at what the literature has to tell us about the social context within which violence against women occurs and the implications of those additional contexts for developing professional service responses.

- Contemporary research studies and reports included are the *SAVI Report, 2002*, *Attrition in Sexual Assault Offence Cases in Ireland: A Qualitative Analysis, 2001*; *The Task Force Report on Violence against Women, 1997*; and *Making the Links, 1995*.

In addition the Mid-West region has provided valuable research, which examines the extent and implications of Violence against Women for our social and professional interactions with women that experience or have been threatened with violence: *Keeping Children Safe, 2001*; *Starting from Scratch, 2001*; and *Seeking a Refuge from Violence, 1992*.

- **Chapter 6, Discrete Issues** provides an overview of the frontline services for domestic abuse, rape and sexual assault across the Mid-West region. Internal data and information in relation to current service provision and a

review of current services are provided. A Directory of these services and associated funding allocations form a separate strand of this strategy.

### 3) **Underlying Organisation and Management of Strategy Implementation:**

The implementation of the strategy will require a managed action planning process, which includes all constituent agencies. Regional structures have been established within this region to enable partnership between these agencies.

The role of the Mid-West Regional Planning Committee on Violence against Women, which is made up of representatives of community, voluntary and statutory services is to determine strategies and advise the Health Board on the allocation of Violence against Women-specific funding. The role of the Health Board in the organisation and management of a service response to violence against women is primarily one of co-ordination, information, service enhancement and quality assurance. This is facilitated through the appointment of a senior Health Board officer or Designated Officer to the Regional Planning Committee, a Regional Co-ordinator and a Social Worker to the A & E Department of the Mid Western Regional Hospital..

The development of **Action Plans** will be managed by the Health Board through the work of the Regional Planning Committee and will involve active consultation with relevant stakeholders. The aim of this in-depth process will be to reconcile the implementation of the strategy with current and ongoing work commitments of relevant Health Board disciplines and that of non-Health Board stakeholders. Effective implementation of the strategy across all constituent agencies involved will require that Action Plans clearly outline the human, organisational and financial resources required to operationalise each objective and indicate the lead agencies involved in each case.

Priority areas of strategy implementation for the Health Board as advised by the Regional Planning Committee are: (1) identifying impediments to the provision of the Forensic Medical Examination service; (2) providing routine training for Health Board personnel; and (3) the development of preventative programmes. There is a general consensus that the issue of Forensic Medical Examination straddles a number of agencies and disciplines, in that the gathering of forensic evidence is primarily the responsibility of the Department of Justice, while the experience of rape and sexual assault have clear health care implications for women.

Work has already been carried out through the Committee and our own direct services to implement aspects of this strategy in collaboration with other constituent agencies. In particular routine training for Health Board personnel and partner agencies is being implemented during 2004 through the Child Care Directorate Training Unit. Public Awareness Campaigns, which challenge a culture of tolerance to these crimes have also been developed.

Non-Health Board agencies are advised by the Regional Planning Committee to prioritise objectives that address: (1) the provision of Transitional Housing; (2) improvements to family court facilities; and (3) the development of public awareness programmes, in implementing this strategy.

Over-all strategy implementation will largely hinge on the co-operation of constituent agencies, the ongoing work of individuals on the RPC and through its sub-committees. Co-operation, both between key Health Board personnel in developing the Board's capacity to meet the needs of women affected by violence and to support strategy implementation, is pivotal.

#### **4) Implications of Strategy Implementation for the Mid-Western Health Board**

The Regional Strategy on Violence against Women has clear and specific implications for the MWHB in working with other constituent agencies to bring about the operationalisation of its objectives. Key areas of work dictated by the document, which must be carried out by the Health Board during the life of the strategy are:

- The continued facilitation of the Regional Planning Committee (RPC) to carry out its business & meet six times annually;
- Facilitation and co-ordination of a multi-agency inter-disciplinary Action Planning Process;
- Development of ongoing Public Awareness initiatives;
- Delivery of best practice interagency training programmes on VAW for Health Board personnel and other allied agencies;
- Formulation of clear written policy and procedure, which outline the responsibilities of Health Board personnel in relation to VAW (in particular within Mental Health, A & E, Social Work, Public Health Nursing and Community Welfare disciplines);
- Work in collaboration with other constituent agencies, in particular an Garda Síochána, to provide a Forensic Medical Examination service within the region;
- Ongoing strategic planning within the Health Board to enable the identification of critical gaps in the provision of services to women victims of violence.

The MWHB operates as one of a number of constituent agencies responding to VAW through its direct services, while also playing a pivotal role in enabling both the RPC to carry out its business and regional agencies to develop frontline services through funding and support.

Yours sincerely,

**James/O Grady**  
**Regional Manager**  
**Children & Disability Services**