



‘At the Margins’: Domestic Violence and Health Policy Integration

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Context & Background

- Component of 5 nation study (Australia, Canada, Thailand, Afghanistan & Bangladesh) funded by CIHR
- Methodology
- Data analysis highlighted 3 'core' leaders in Family & Domestic violence in Western Australia
 - Women's Council for Family & Domestic Violence Services
 - Department for Community Development
 - Western Australian Police
- Why not health?



Why not health?

- Historical Factors
- Linkages – F&DV community & health sector
- Linkages within health sector
- Disagreement – fit of F&DV and WA Health Department Mandate
- F&DV & Medical Model



Historical Factors

- I think it's the way say women's issues have been approached, like historically, has actually been in quite a divided way. Like, the issues have all been separated. So you have the domestic violence area, our area [homelessness] and then...women's health centres...and I don't actually feel there's a lot of talking between all the different groups around the different issues that are coming up or even between the different population groups (Ruah Home Support Services).

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Linkages – D&DV community & Health Sector

- 2 levels
 - Grass roots level
 - most interaction
- Policy level
 - minimal interaction
 - Need Vs Reality



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- We [Women's Council and Health Department] probably don't interact as well as we should. I remember [a couple of years ago] speaking to someone who had been involved in writing it [a report on family and domestic violence] and they didn't want the Health Department to get so closely involved with the issue...So...I don't think they want to make those links and we probably haven't been as successful as we'd like to be with making those links between women's health and domestic violence. (Women's Council).



Linkages – D&DV community & Health Sector

- 2 levels
 - Grass roots level
 - most interaction
- Policy level
 - minimal interaction
 - Need Vs Reality
 - Insularity



Well if you're talking health policy then you're talking pretty internally. I know that, in a fashion, all policy, the thing is to say you'll talk to every single living soul, you've been with the pulse of the universe, but realistically, I'll talk to other health people first. This is a health system, it's trying to do its job. So they're the first ones that I'd want in the room...[If you've] scanned the whole health system [and] found out what the providers...would like to be able to do within the orbit of their professional practice...that's what we're [health system] working on. (WA Health Department).



Linkages within Health Sector


- Minimal

I've not been able to be a part of the policy making...The policy now on family and domestic violence that's being formulated, I haven't seen nor have I been involved with it, even though I'm in frequent contact with the person who's running the policies...I have not been invited to be part of it [and] I would be the only person whose position in the Department of Health in Western Australia is solely concerned with Family and Domestic Violence. (WA Health Department Project Officer).



Disagreement – fit of F&DV and WA Health Department Mandate

- Ambivalence: ‘perfect fit’ & ‘doesn’t fit particularly well’
 - It’s [family & domestic violence] only paid lip service to. It’s not addressed. It’s not part of mandatory reporting. It’s not part of key performance indicators
- Echoed in perceptions in F&DV community

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- What they [WA Health Department] really do is say “No, that’s not our issue, it’s a DCD issue, it’s a family issue and it should be resolved within the family and it’s just about dysfunctional families. Or “it’s a women’s issue” ... Or .. “it’s a police issue to remove the perpetrator from the home, or arrest him on the spot”. But health, if you bring it up as a health issue, no they [WA Health Department] don’t really want to know that...” “Have you seen anyone in the Health Department that is actually open to the idea? [developing a women’s domestic violence health policy]? Would there be anyone within the Health Department?” Not really. (Women’s Council).



Family & Domestic Violence & the medical model

- Emergency Department – public hospitals – medical model
- Family & domestic violence – choice – client empowerment



Conclusion

“Health is a difficult beast”

And so family and domestic violence remains at the margins of health policy.