

Tackling Health Inequalities through Social Work

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“If the idea of having a home encompasses living in a place that affords physical and psychological safety and security, then a woman experiencing violence in her own home is in a very real sense, homeless.”

(Astbury & Cabral, 2000, pp. 65-66)



“Each culture has its sayings and songs about the importance of home, and the comfort and security to be found there. Yet for many women, home is a place of pain and humiliation.”

(World Health Organisation, 2005,vii)



A Gender Approach

“...a gender approach...considers the critical roles that social and cultural factors and unequal power relations between men and women play in promoting or impeding mental health.”

(Astbury & Cabral, 2000, p.5)



Defining Domestic Violence

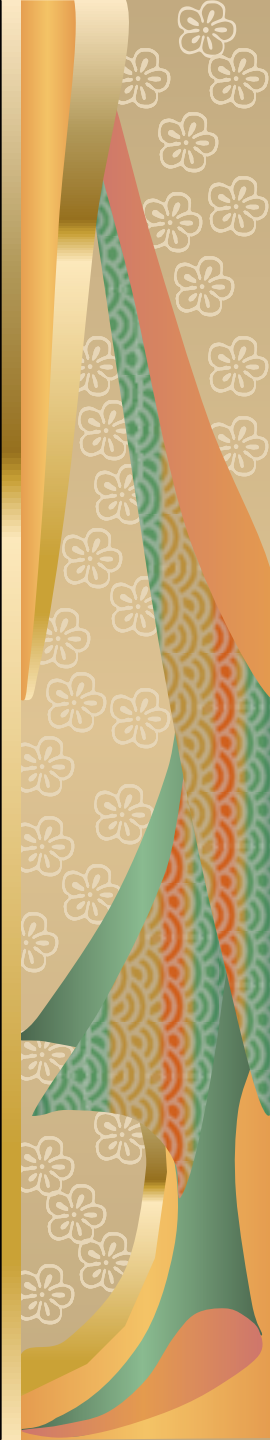
“A chronic syndrome characterised, not by episodes of violence, but by the emotional and psychological abuse used by men to control their female partners.”

(Hegarty, 1995 in Astbury & Cabral, 2000, p. 67)



WHO Multi-country Study on Women's Health and Domestic Violence

- Physical or sexual violence: 15 - 71%
- Emotional abuse: 20 - 75%
- Controlling behaviour: 21 - 90%



Health Impacts of Domestic Violence (1)

- Physical health: 50-70% increase in gynaecological, central nervous system & chronic stress-related problems (Campbell et al., 2002)
- Mental health: increased depression, anxiety, PTSD, attempted suicide, misuse of AOD (Golding, 1999)



Health Impacts of Domestic Violence (2)

“(Domestic Violence is)...responsible for more ill-health and premature death in Victorian women under the age of 45 than any other of the well-known risk factors, including high blood pressure, obesity and smoking.”

(VicHealth, 2004, p.8).



Domestic Violence & the Health System

- Silence about violence (not asking)
- Mis-naming – diagnosing violence as illness
- Accepting the perpetrator's (mis) naming of violence



Social Work Contribution

Promoting appropriate Health responses through:

- policies that facilitate naming (e.g. routine screening)
- education and training to prevent secondary victimisation
- networking
- research

Social workers as “bi-cultural” workers, bridging health and community systems



References

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