Submission to the Senate Finance and Public Administration References Committee Inquiry into Domestic Violence

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INTRODUCTION

The Women's Centre for Health Matters is a community-based organisation that works in the ACT and surrounding region to improve women's health and wellbeing. WCHM believes that health is determined not only by biological factors, but by a broad range of social, environmental and economic factors known as the 'social determinants of health'. We acknowledge that the environment and life circumstances that each woman experiences have a direct impact on her health, and in many cases, women's poor health is rooted in social disadvantage. For these reasons, WCHM is committed to taking a whole-of-life and social approach to women's health that is also firmly situated within a human rights framework.

WCHM focuses on groups of women who experience disadvantage, social isolation and marginalisation and uses social research, community development, advocacy and health promotion to:

- Provide women with access to reliable and broad ranging health-related information which allows informed choices to be made about each woman's own health and wellbeing
- Advocate to influence change in health-related services to ensure responsiveness to women's needs

Like many other organisations that work towards the eradication of domestic violence and other forms of violence against women, WCHM welcomes the opportunity to contribute to this national conversation about domestic and family violence, but is poorly resourced to respond to the terms of this inquiry at the short notice given to us. The following submission draws largely on COAG's *National Plan to Reduce Violence Against Women and their Children*, which we note is a document that can address many of the terms of this inquiry. However, concerns about the efficacy of governance arrangements, resourcing, and evaluation of the *National Plan* mean that our opening recommendations relate to its delivery.

WCHM recommends that the Commonwealth Government, as a matter of urgency, adequately resources the *National Plan to Reduce Violence Against Women and their Children* in all of its aspects, including governance arrangements and independent evaluation mechanisms, in order that it may achieve its vision: 'Australian women and their children live free from violence in safe communities.'

a. **The prevalence and impact of domestic violence in Australia as it affects all Australians.**

As noted in COAG's *National Plan to Reduce Violence Against Women and their Children*, rates of domestic and family violence in Australia are "unacceptably high" and the effects of this violence "reach all levels of society."[1]

Prevalence

The Australian Bureau of Statistics' (ABS) 2012 Personal Safety Survey (PSS)[2] is the most recent and comprehensive national source of data on women's, men's and children's experiences of domestic and family violence. The PSS collected information from over 17,000 Australian men and women about their lifetime experiences of different forms of violence. The results show that men, women and children are all affected by domestic and family violence; however, there are significant gendered differences in Australians' experiences of violence. Across all categories of partnered violence, women were significantly more likely to be victims—particularly of sexual violence—and perpetrators were most likely to be male.

The PSS shows that in 2012:

- One in 6 adult Australian women had experienced **physical or sexual violence** by a current or former partner. This compares to 1 in 19 men.
- One in 4 Australian women and 14% of Australian men had experienced **emotional abuse** by a current or former partner. The ABS also found that less than half of male respondents had experienced fear or anxiety as a result of the emotional abuse by a former female partner; however, 76% of women who had experienced emotional abuse by a former male partner **did** experience fear and anxiety as a result.
- Australian women were most likely to experience violence in their own home, at the hands of a male current or former partner. Of all Australian women, 36% had experienced violence perpetrated by a person known to them; 15% had experienced violence perpetrated by an ex-partner; and for 62% of the women who had experienced physical assault, the most recent incident took place in their own home. Men were most likely to experience physical violence by another male in a place of entertainment or recreation.
- Of Australians who had experienced violence from a former partner, women were more likely to have had **children in their care** when the violence occurred (61%, compared to 49% of men in the same category). Nearly half of those women stated that the **children had heard or seen the violence**, while the figure was lower (34%) for men with children in their care.

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[1] p 1, Council of Australian Governments, 2012, *National Plan to Reduce Violence Against Women and their Children*: http://www.dss.gov.au/sites/default/files/documents/05_2012/national_plan.pdf.
[2] Australian Bureau of Statistics, 2013, *Personal Safety, Australia, 2012*, Cat. no. 4906.0, Commonwealth of Australia, Canberra: http://www.abs.gov.au/ausstats/abs@.nsf/Lookup/4906.0Chapter1002012.

- There has been **no significant change** in the proportion of Australians (both men and women) who have experienced partner violence since the last population survey in 2005.

While the experience of domestic and family violence does not discriminate by socioeconomic, religious, cultural, or gender status, research shows that certain groups of women are more vulnerable to domestic and family violence and its effects than others.

- Aboriginal and Torres Strait Islander women are nearly 10 times more likely to die as a result of assault than other Australian women, and are 35 times more likely to be admitted to hospital for family violence related injuries.[3]
- Women from culturally and linguistically diverse (CALD) communities who experience domestic and family violence can face significant difficulties, including a lack of support networks, language barriers, socioeconomic disadvantage and lack of knowledge of their rights and Australia's laws.[4]
- Women with disabilities are more likely to experience violence than other women, and the violence can be more severe and last longer. A recent survey of 367 women and girls with disability found that more than 1 in 5 had been affected by violence in the previous year.[5]
- More than a third of women identifying as lesbian, bisexual, transgender or intersex have been in a relationship where their partner abused them.[6]

The problem with data

Despite the existence of large-scale data collection mechanisms like the PSS and AIC, it's evident that there are still major gaps in our understanding about the prevalence and impacts of domestic and family violence. Until these mechanisms are complemented by more detailed, cross-tabulated data from sources that capture vulnerable, isolated population groups and people who unlikely to report violence to authorities—data that is able to be disaggregated by data items such as locality, disability status, gender identity, and so on—then our understanding of the prevalence and impact of domestic and family violence remains limited. By many accounts, **the figures we currently have more than likely underestimate** the true extent of domestic and family violence.[7]

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[3] Australian Institute of Health and Welfare, 2006, *Family Violence among Aboriginal and Torres Strait Islander Peoples*, Australian Institute of Health and Welfare: www.aihw.gov.au/publications/index.cfm/title/10372

[4] COAG, 2012, *National Plan to Reduce Violence Against Women and their Children*.

[5] Department of Social Services, *Second National Action Plan 2013-2016 – Moving Ahead – of the National Plan to Reduce Violence Against Women and their Children 2010-2022*: http://www.dss.gov.au/sites/default/files/documents/06_2014/sap_updated_26june.pdf.

[6] National Council to Reduce Violence Against Women and their Children, 2009, *Time for Action: The National Council's Plan for Australia to Reduce Violence Against Women and their Children, 2009-2021*, Commonwealth of Australia: http://www.dss.gov.au/sites/default/files/documents/05_2012/the_plan.pdf

[7] For example see: Anthony Morgan and Hannah Chadwick, 2009, 'Key issues in domestic violence: Research in Practice Brief no. 8', Australian Institute of Criminology, Canberra; Rochelle Braaf and Isobelle Barrett Meyering, 2013, 'The Gender Debate in Domestic Violence: The role of data', Australian Domestic and Family Violence Clearinghouse, Sydney; Australian Bureau of Statistics, 2013, *Bridging the data gaps for Family, Domestic and Sexual Violence, Australia*, Commonwealth of Australia, Canberra.

> The Commonwealth Government must ensure that the Australian Bureau of Statistics is adequately funded and resourced to provide the gender-disaggregated and cross-tabulated data that is necessary to permit meaningful reporting against human rights instruments on violence against women, the *National Plan*, and other mechanisms. This includes ensuring that data is able to establish rates of violence against vulnerable groups like women with disabilities, women from culturally and linguistically diverse backgrounds, Aboriginal and Torres Strait Islander women, and gay, lesbian, transgender and intersex people.

Impacts

Domestic and family violence is so widespread and impactful that just about every Australian community feels its social or economic effects.

The most extreme outcome of domestic or family violence is death. The overrepresentation of women victims in statistics on deaths related to domestic or family violence once again reflects the gendered nature of this issue.[8]

- National data on homicide from the Australian Institute of Criminology (AIC) tells us that between 2008 and 2010, 89 women were killed by their current or former partner. These deaths were equivalent to 73% of the total intimate partner homicide death toll, equating to nearly one woman every week. [9]
- Research by VicHealth has found that domestic violence is the leading contributor to death, disability and illness in Victorian women aged 15-44 years. This accounts for more of the disease burden than high-blood pressure, smoking, or obesity.[10]

Domestic and family violence also has serious measurable impacts on physical and mental health, the economy, and is a powerful contributing factor to social issues like homelessness.

Physical and mental health impacts

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[8] Death reviews into homicides related to domestic violence are currently underway in several states and territories. Initial findings seem to suggest that the number of deaths that occur as a result of domestic violence may be significantly higher than recorded figures would indicate. These death reviews will also shed light on gendered aspects of domestic violence homicide which may be obscured by reported statistics in their current form; analysis by the NSW Domestic Violence Review Team, for instance, has found that almost every man killed by a female current or former partner between 2000-2009 had previously been violent towards her.

[9] Andy Chan and Jason Payne, 2013, *Homicide in Australia: 2008-09 to 2009-10 National Homicide Monitoring Program Annual Report*, Australian Institute of Criminology: http://www.aic.gov.au/publications/current%20series/mr/21-40/mr21.html.

[10] Victorian Health Promotion Foundation, 2004, *The health costs of violence: Measuring the burden of disease caused by intimate partner violence*: http://www.vichealth.vic.gov.au/~/media/ResourceCentre/PublicationsandResources/PVAW/IPV%20BOD%20web%20version.ashx.

- As well as leaving survivors with serious physical injuries and ongoing health conditions like chronic pain, domestic violence has been linked to acquired brain injury and traumatic brain injury.[11]
- Access Economics estimates that in Australia, nearly 18% of all depression experienced by women and 17% of all anxiety disorders experienced by women are related to domestic and family violence.[12] Other known mental health impacts of domestic and family violence include post-traumatic stress disorder (PTSD), problematic substance use, and other stress- and trauma-related disorders.[13]
- Women who have experienced domestic or family violence are at much greater risk of attempting suicide than women who have not.[14]
- Domestic and family violence can have impacts on a woman's sexual and reproductive health. Acts of sexual violence in a domestic or family context can cause pain and injury, infections, fertility problems, unwanted pregnancy and even miscarriage.[15]

Economic impacts

Domestic and family violence is a huge economic burden for the nation.

- The National Council to Reduce Violence Against Women and their Children projected that domestic violence will cost the Australian economy **$9.9 billion in 2021-22** if system responses do not change.[16] This figure includes costs associated with homelessness, loss of employment, and costs to the healthcare system—with domestic violence related healthcare alone projected to cost $445 million in 2021-22.[17]
- In 2002-03, domestic violence cost Australian businesses **$175.2 million**, with employee absenteeism, permanent loss of labour, and employee death all contributing factors.[18] Without any effective intervention, this figure has been expected to rise to **$456 million** in 2021-22.[19]

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[11] L. Olle, 2006, 'Violence-induced disability: the consequences of violence against women and children', Discussion Paper 5, Domestic Violence and Incest Resource Centre, Melbourne.

[12] p 24, Access Economics, 2004, *The cost of domestic violence to the Australian economy: Part 1, Violence*, Office for the Status of Women, Canberra.

[13] S Rees *et al*, 2011, 'Lifetime prevalence of gender-based violence in women and the relationship with mental disorders and psychosocial function', *JAMA*, 306(5): 513-521.

[14] Quinlivan J and Evans S 2001, 'A prospective cohort study of the impact of domestic violence on young teen pregnancy outcomes,' *Journal of Paediatric and Adolescent Gynaecology*.14(1): 17-23. Quoted in R Braaf and Isobelle Barrett Meyering, 2013, 'Domestic Violence and Mental Health', Australian Domestic and Family Violence Clearinghouse: http://www.adfvc.unsw.edu.au/documents/Fast_Facts_10.pdf.

[15] See *op cit*; J Bennice *et al*, 2003, 'The relative effects of intimate partner physical and sexual violence on PTSD symptomatology,' *Violence and Victims*, 18(1): 87-94; J Campbell and P Alfred, 1989, 'The dark consequences of marital rape', *American Journal of Nursing*, 89(7): 946-949.

[16] National Council to Reduce Violence Against Women and their Children, 2009, *The cost of violence against women and their children*, Department of Families, Housing, Community Services and Indigenous Affairs, Canberra. http://www.dss.gov.au/sites/default/files/documents/05_2012/vawc_economic_report.pdf.

[17] *Ibid.*

[18] Access Economics, 2004, *The cost of domestic violence to the Australian economy.*

[19] National Council to Reduce Violence Against Women and their Children, 2009, *The cost of violence against women and their children.*

- However, the largest proportion of the economic burden of domestic violence is borne by survivors—equal to **$4 billion** in 2002-03.[20]

Homelessness

- **One in 3** people accessing homelessness services cite domestic violence as the reason for needing assistance—it's the most common reason given. The majority of these people are women (63%) and children (19%).[21]
- **42%** of women approaching homelessness services report that domestic or family violence is the reason they're seeking help.[22]
- Nearly 90% of people using homelessness services report that they grew up with conflict in the home. This suggests that childhood exposure to domestic violence is a major risk factor for experiencing homelessness later in life.[23]

b. The factors contributing to the present levels of domestic violence

Gender inequality is widely acknowledged to be the key determinant of domestic violence.[24] The connection between the unequal distribution of social and political power and resources and violence against women was established by the United Nations General Assembly in its 1993 'Declaration on the Elimination of Violence Against Women':

> *Recognizing that violence against women is a manifestation of historically unequal power relations between men and women, which have led to domination over and discrimination against women by men and to the prevention of the full advancement of women, and that violence against women is one of the crucial social mechanisms by which women are forced into a subordinate position compared with men.[25]*

In addition, the General Assembly was:

> *Concerned that some groups of women, such as women belonging to minority groups, indigenous women, refugee women, migrant women, women living in rural and remote communities, destitute women, women in institutions or in detention, female children, women with disabilities, elderly*

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[20] Access Economics, 2004, *The cost of domestic violence to the Australian economy.*

[21] pp 78-79, Australian Institute of Health and Welfare, 2013, *Specialist homelessness services: 2012–2013*. Cat. no. HOU 27. Canberra.

[22] *Ibid.*

[23] Australian Institute of Health and Welfare, 2012, *Specialist Homelessness Services Data Collection*, cat. no. HOU 265, Canberra: http://www.aihw.gov.au/WorkArea/DownloadAsset.aspx?id=10737422983

[24] Liz Wall, *Gender equality and violence against women: What's the connection?* Australian Centre for the Study Against Sexual Assault (online), 2014, http://www.aifs.gov.au/acssa/pubs/researchsummary/ressum7/index.html

[25] United Nations General Assembly, *Declaration on the Elimination of Violence against Women*, United Nations (online), 1993, http://www.un.org/documents/ga/res/48/a48r104.htm

women and women in situations of armed conflict, are especially vulnerable to violence.[26]

Seventeen years later, gender inequality was again recognised as a key determinant of violence against women within and an integral strategy of the *National Plan to Reduce Violence against Women and their Children*:

> *The unequal distribution of power and resources between women and men and adherence to rigid or narrow gender roles and stereotypes reflects gendered patterns in the prevalence and perpetration of violence...Building greater equality and respect between men and women can reduce the development of attitudes that support or justify violence.*[27]

Earlier this year, Liz Wall from the Australian Centre for the Study of Sexual Assault (ACSSA) undertook a review of the literature to establish the link between violence against women and gender inequality. She found that key research into theories of causation and risk for domestic violence revealed two primary factors: the unequal position of women within particular relationships and the normative use of violence to resolve conflict.[28]

The Victorian Health Promotion Foundation (VicHealth) echoes that "unequal distribution of power and resources between men and women and the adherence to rigidly defined gender roles [are] significant factors in the perpetration" of violence against women.[29] Violence against women results from a complex interplay of individual, relationship, social, cultural and environmental factors, which will best be understood by developing an ecological perspective, able to accommodate factors operating at different levels.[30] VicHealth have usefully demonstrated how gender inequality might manifest at these various ecological levels.

Individual and relationship levels	Community and organisational levels	Societal level
• Belief in rigid gender roles and identities and/or weal	• Culturally-specific norms regarding gender and	• Institutional and cultural support for, or weak

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[26] United Nations General Assembly, *Declaration on the Elimination of Violence against Women*, United Nations (online), 1993, http://www.un.org/documents/ga/res/48/a48r104.htm

[27] Council of Australian Governments, *National Plan to Reduce Violence Against Women and their Children*, Australian Government (online), 2010, p. 13, http://www.dss.gov.au/sites/default/files/documents/05_2012/national_plan.pdf

[28] Liz Wall, *Gender equality and violence against women: What's the connection?* Australian Centre for the Study Against Sexual Assault (online), 2014, http://www.aifs.gov.au/acssa/pubs/researchsummary/ressum7/index.html

[29] Victorian Health Promotion Foundation, *Preventing violence before it occurs: A framework and background paper to guide the primary prevention of violence against women in Victoria*, Victorian Government (online), 2007, p. 27, http://www.vichealth.vic.gov.au/~/media/ProgramsandProjects/DiscriminationandViolence/PreventingViolence/framework%20web.ashx

[30] Liz Wall, *Gender equality and violence against women: What's the connection?* Australian Centre for the Study Against Sexual Assault (online), 2014, http://www.aifs.gov.au/acssa/pubs/researchsummary/ressum7/index.html

support for gender equality • Masculine orientation or sense of entitlement • Male dominance and control of wealth in relationships	sexuality • Masculine peer and organisational cultures	sanctions against, gender inequality • Rigid gender roles

But pinpointing gender inequality as a key determinant of violence against women has significant implications. It means that the eradication of this violence requires deep commitment to social change, most notably in the attitudes of men and boys regarding gender equality and the adaptation of institutions and structures of power.[31] Furthermore, and more immediately, despite the obvious logic in the connection, we need a nationally consistent model to show what the end product of gender equality would look like and a well sustained research agenda able to reveal which aspects of gender inequality are predictors of violence against women. In addition, we need to be able to incorporate into this research agenda measurements of other sources of disadvantage that compound inequality.

WCHM is pleased to see that promoting gender equality is a key focus of the *Second Action Plan*, and welcomes the initiatives set out. In particular, WCHM would like to reinforce the importance of ANROWS driving 'The National Research Agenda to Reduce Violence against Women and their Children' as a means of working toward gender equality.[32]

WCHM recommends in particular that ANROWS:
- undertake research to create a national definition of gender equality, a vision of what success would look like, and strategies for achieving it; and
- undertake research that enhances our understanding of which aspects of gender inequality have the greatest impact on the prevalence of domestic violence.

c. The adequacy of policy and community responses to domestic violence

It is not clear how to most usefully respond to this term of reference. Given this, we have contained our response to some of the policy and community responses that we believe are most critical in preventing and responding to domestic violence in Australia.

Approaches to preventing and responding to domestic violence need to be coordinated across jurisdictions, creating uniformity in vision but flexibility to enable various initiatives to

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[31] Heli Askola, 'Gender-based violence: beyond the first 20 years', *Castan Human Rights Report 2014*, The Castan Centre for Human Rights Law (online), 2014, p. 11, http://www.law.monash.edu.au/castancentre/policywork/hr-reports/2014/human-rights-report-2014.pdf
[32] Council of Australian Governments, *Second Action Plan 2013-16 of the National Plan to Reduce Violence against Women and their Children 2010-2022*, Australian Government (online), 2014, p. 19, http://www.dss.gov.au/sites/default/files/documents/06_2014/sap_updated_26june.pdf

be informed and driven by local populations. Policy and community responses need to be long term, with the aim of building respectful relationships and gender equality. This was the original vision of the *National Plan to Reduce Violence against Women and their Children*[33] and was echoed in the consultations on the outcomes of the *First Action Plan*.[34] In addition to these primary prevention measures, WCHM would like to see health systems play a role in secondary and tertiary prevention measures.

Building respectful relationships and gender equality

Building respectful relationships and gender equality will take time and require "attitudinal and behavioural change at societal, institutional and individual levels".[35] One of the most comprehensive ways that this can be achieved is through respectful relationships education in schools.

A best practice program of respectful relationships education would:

- have a whole-school approach;
- have a program framework and logic;
- have effective curriculum delivery;
- be relevant, inclusive and culturally sensitive; and
- include an impact evaluation.[36]

Currently most respectful relationships programs are targeted toward teens; however, age-appropriate programs targeting younger age groups are also needed to affect change in gender norms and attitudes as they form.

In reviewing the literature for the report *Respectful Relationship Education*, the authors identified five compelling reasons to support respectful relationships education with children and young people:

1. adolescence is a critical period in terms of young people's formation of respectful and non-violence relationships later in life—male's and female's adult relationships are formed in important ways by the norms and practices they take on in adolescence;
2. many children and young people experience violence in their homes, and this experience can have significant social, health and economic costs as well as impacts on later relationships;

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[33] Council of Australian Governments, *National Plan to Reduce Violence Against Women and their Children*, Australian Government (online), 2010,
http://www.dss.gov.au/sites/default/files/documents/05_2012/national_plan.pdf

[34] Council of Australian Governments, *Second Action Plan 2013-16 of the National Plan to Reduce Violence against Women and their Children 2010-2022*, Australian Government (online), 2014, p. 11,
http://www.dss.gov.au/sites/default/files/documents/06_2014/sap_updated_26june.pdf

[35] Council of Australian Governments, *Second Action Plan 2013-16 of the National Plan to Reduce Violence against Women and their Children 2010-2022*, Australian Government (online), 2014, p. 8,
http://www.dss.gov.au/sites/default/files/documents/06_2014/sap_updated_26june.pdf

[36] Flood, Michael; Fergus, Lara & Heenan, Melanie, R*espectful Relationships Education: Violence prevention and respectful relationships education in Victorian secondary schools*, Department of Education and Early Childhood Development, 2009, p.27-58,
http://www.education.vic.gov.au/Documents/school/teachers/health/respectfulrel.pdf

3. young people may already be subjected to or perpetrating violence themselves and this can have major implications for their health and wellbeing;
4. among children and young people there is already some degree of tolerance for violence against girls and women—children and young people are exposed to high levels of violence-supportive messages in the media and wider community; and
5. violence prevention education among children and young people works, that is, it prevents actual instances of violence from happening at all. [37]

"Schools are one of the main environments in which children and young people learn, negotiate and potentially contest the norms and attitudes that encourage and maintain interpersonal violence"[38] and this makes them ideal locations to situate long-term initiatives aimed at whole of society change.

WCHM is pleased to see that delivering and evaluating respectful relationships education is a focus of the *Second Action Plan*, and would like to reiterate the importance of staying to the vision of the original recommendations set out in *Time for Action: The National Council's Plan for Australia to Reduce Violence against Women and their Children, 2009-2021*:

Ensure all children participate in respectful relationships education:
- develop, trial, implement and evaluate educational programs in a range of settings, based on best practice principles, for pre-schoolers, children, adolescents and adults that encourage respectful relationships and protective behaviours;
- incorporate respectful relationship education into the national curriculum so that all children have access to, and participate in, a comprehensive respectful relationship education program before leaving school; and
- develop and implement a national accreditation and evaluation system for respectful relationships programs to ensure that program development and delivery meets best practice.[39]

WCHM also recommends that respectful relationships education be rolled out in schools for children with disabilities.

[37] Flood, Michael; Fergus, Lara & Heenan, Melanie, R*espectful Relationships Education: Violence prevention and respectful relationships education in Victorian secondary schools*, Department of Education and Early Childhood Development, 2009, p.8-10,
http://www.education.vic.gov.au/Documents/school/teachers/health/respectfulrel.pdf
[38] Flood, Michael; Fergus, Lara & Heenan, Melanie, R*espectful Relationships Education: Violence prevention and respectful relationships education in Victorian secondary schools*, Department of Education and Early Childhood Development, 2009, p.12,
http://www.education.vic.gov.au/Documents/school/teachers/health/respectfulrel.pdf
[39] National Council to Reduce Violence Against Women and Their Children,
Time for Action: The National Council's Plan for Australia to Reduce Violence Against Women and Their Children, 2009–2021, 2009, p. 67, online,
http://www.dss.gov.au/sites/default/files/documents/05_2012/the_plan.pdf

Integrating the health system in responses to domestic violence

In 1996 the World Health Assembly recognised violence against women as a major public health issue, that causes health problems for victims that strain health system resources, limit women's growth and productivity, impede the wellbeing of families and communities, and hinder governments from achieving their national goals related to health and women's advancement. As established in Section A, the impact of violence against women on women's health is well documented: it is a major cause of disability and death among women worldwide.[40]

Closer to home, a report on the *Health and Economic Benefits of Reducing Disease Risk Factors* considers domestic violence as a major precursor to chronic disease affecting millions of Australians.[41] As mentioned in Section A, VicHealth found that domestic violence is the leading contributor to death, disability and illness in Victorian women aged 15-44 years, responsible for more of the disease burden than many well-known risk factors such as high blood pressure, smoking and obesity.[42]

Some of the possible health outcomes contributing to the disease burden of violence on women include: depression, post traumatic stress disorder (PTSD), substance abuse, eating disorders, gastrointestinal disorders, psychosomatic symptoms, sleeping disorders, early menopause, arthritis, chronic pain, cancer and other chronic physical and mental illnesses.[43]

Women who have experienced domestic violence report higher than average GP and other health professional attendance rates. Therefore, there is a great opportunity for health professionals to become key players in identifying vulnerable patients and providing referral pathways for information, guidance, appropriate health assessments and clinically and psychosocially appropriate treatment and support.

Historically, however, the role of health services in the intervention and prevention of domestic and family violence has been underdeveloped and *ad hoc*. Health services, informed by the medical model, have focussed on individual treatment rather than active engagement in government policy and responses to violence.[44]

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[40] Population Reference Bureau, 'The Crucial Role of Health Services in Responding to Gender-Based Violence', USAID: Washington

[41] DA Cadilhac, A Magnus , T Cumming, L Sheppard, D Pearce, R Carter, *The health and economic benefits of reducing disease risk factors*,(online), 2009, p. VicHealth, Melbourne

[42] Victorian Health Promotion Foundation, *The health costs of violence: Measuring the burden of disease caused by intimate partner violence*, (online), 2004, p. 10, http://www.vichealth.vic.gov.au/~/media/ResourceCentre/PublicationsandResources/PVAW/IPV%20BOD%20web%20version.ashx

[43] Victorian Health Promotion Foundation, *The health costs of violence: Measuring the burden of disease caused by intimate partner violence*, (online), 2004, p. 21, http://www.vichealth.vic.gov.au/~/media/ResourceCentre/PublicationsandResources/PVAW/IPV%20BOD%20web%20version.ashx

[44] Fisher C, Hunt L, Adamsam, R & Thurston WE 2007, *'Health's a difficult beast': The interrelationships between domestic violence, women's health and the health sector: An Australian case study,* Social Science & Medicine, vol 65, October, pp1742-1750.

The health system needs to be more systematically incorporated into the primary, secondary and tertiary prevention of violence against women. Indeed, the need to support health services to identify and respond to the needs of survivors of domestic violence is already recognised in the *National Plan* along with the strategy to "develop a national risk assessment framework for the health sector to assist medical professionals identify and better support victims of violence".[45]

WCHM welcomes previous initiatives that have sought to improve the health system's responses to survivors of domestic violence, such as DV-alert. However, WCHM would like to see a greater commitment to comprehensively incorporating the health system into primary, secondary and tertiary prevention of violence efforts from the Commonwealth, State/Territory governments and State/Territory health agencies. In particular they should:

- develop a standard operating procedure (SOP) for employees that addresses domestic violence prevention, identification, and appropriate referral pathways;
- fund and provide mandatory training to health professionals around domestic violence and culturally appropriate trauma informed care;
- support linkages between law enforcement, health services, specialist domestic violence services and other sectors;
- locate the prevention of domestic violence on the strategic and business plans of State/Territory health agencies;
- develop the role of health promotion units in raising the awareness of violence and its prevention as a key health promotion initiative;
- develop men's health and wellbeing services, including working with men who perpetrate domestic violence; and
- invest in research to build the evidence base about how best to integrate gender-based violence in health services.

d. **The effects of policy decisions regarding housing, legal services, and women's economic independence on the ability of women to escape domestic violence**

As summarised in Section A, there is ample evidence that domestic and family violence is a major social issue in Australia, particularly as it impacts on the lives of women and children. This evidence also indicates that violence is intimately connected with a range of other social issues. As the *National Plan* outlines: "Violence against women does not occur in isolation from other issues faced by individuals and communities. … It is important to recognise and

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[45] Council of Australian Governments, *National Plan to Reduce Violence Against Women and their Children*, Australian Government (online), 2010, p. 25, http://www.dss.gov.au/sites/default/files/documents/05_2012/national_plan.pdf

maintain the strong links that exist between this *National Plan* and other significant [whole of government] reforms."[46]

For this reason, **domestic and family violence absolutely cannot be addressed in isolation from its social context**. Policy decisions in a range of areas like housing and homelessness, funding of community legal services, health, welfare and unemployment will all have an impact on Australians' experiences of domestic and family violence, and have the potential to support victims, save lives, and foster a culture where violence is unacceptable—or to further disempower and isolate vulnerable women and families. The development of a comprehensive, well resourced, cross-sectoral approach that ties together community, civil society, and leadership from all levels of government is the only way to ensure that Australian communities are safe and free from domestic or family violence.

Unfortunately, recent policy decisions made at the Federal level will seriously undermine many of the strategies outlined under the *National Plan* unless immediate action is taken.

Housing and homelessness

It is well established that unstable housing and homelessness are issues that are implicated in a 'vicious cycle' with domestic and family violence, as demonstrated in the research outlined in Section A. The *National Plan* itself notes that domestic and family violence is "a major cause of homelessness."[47] A focus on this area is particularly pertinent given that Australia is in the midst of what experts are calling a 'crisis' of housing affordability, which is increasingly and disproportionately affecting women and children.[48]

The *National Plan* calls for the implementation of homelessness services under the *National Partnership Agreement on Homelessness* to "improve housing options for women victims of violence,"[49] and cites intergovernmental strategies on funding of homelessness services, affordable housing, emergency relief and financial counselling services, and the funding of specialist homelessness projects as effective ongoing interventions in this area. In light of this, the 12-month extension of the *National Partnership Agreement on Homelessness* (NPAH) announced in this year's Federal Budget is a welcome move, albeit with the $44 million funding cut to the capital works component. However, it remains greatly concerning that the future of this agreement is unknown beyond the short-term extension, and we are yet to see any other significant investment in funding of generalist and specialist homelessness services/projects, affordable housing, or emergency relief/financial counselling services. Indeed, specialist women's homelessness services (including Aboriginal and Torres Strait Islander women's services) are currently closing around the country as their funding is subsumed in skewed State Government tendering processes by large, generalist, predominantly religious services.

The *National Plan* also cites the *National Rental Affordability Scheme* (NRAS) as a key ally in addressing housing and homelessness for women experiencing or at risk of domestic or family violence. The dismantling of NRAS is a very unsettling development and will certainly

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[46] p 7, COAG, 2012, *National Plan to Reduce Violence Against Women and their Children*.
[47] p 25, COAG, 2012, *National Plan to Reduce Violence Against Women and their Children*.
[48] For example, see Homelessness Australia:
http://www.homelessnessaustralia.org.au/UserFiles/File/Fact%20sheets/Fact%20Sheets%202011-12/Homelessness%20&%20Affordable%20Housing%202011-12(3).pdf.
[49] COAG, 2012, *National Plan to Reduce Violence Against Women and their Children*.

have impacts on the security and safety of Australian individuals and families who are seeking to escape violence.

> Domestic and family violence is a gendered issue intimately connected with the housing and homelessness crisis—gendered services are essential for addressing it. We need a significant policy commitment that will ensure the long-term, meaningful funding of sustainable, gendered, specialist housing and homelessness initiatives, including frontline services.

Cuts to funding of community legal centres

Federal Government funding of community legal services has an impact on the ability of individual women to escape domestic violence, to keep their families safe, and to get the access to justice they deserve. The *National Plan* recognises this by devoting National Outcome 5 to the effectiveness of legal responses, including acknowledging the need to increase funding for legal assistance programs, especially those which assist victims of domestic and family violence.

However, in December 2013, the Federal Government announced it would cut $19.6 million in funding to Community Legal Centres across Australia over the next four years. The impacts of this decision are already becoming apparent,[50] and are particularly severe for the large group of citizens who do not meet the requirements for a grant of legal aid but cannot afford a private lawyer.

As a case in point: here in the ACT, three Community Legal Centres (including the Women's Legal Centre, which specialises in advising women clients on family and domestic violence matters) and Legal Aid ACT will collectively lose more than $500,000 of funding over the next year as a result of federal funding cuts. These cuts will significantly impact frontline services—the Women's Legal Centre alone estimates it will lose around 25% of its frontline capacity. This has already resulted in a rise in self-representation, which has numerous costs to the legal system and often leads to poor outcomes for clients. However, of greater concern to the Women's Centre for Health Matters is that, in the opinion of the Federation of Community Legal Centres, these cuts will ultimately result in greater numbers of women (and their children) remaining in violent, abusive relationships.[51]

> There is ample research that points to the extent of unmet legal need in the community, and that outlines the great social and economic risks of inadequately resourcing legal assistance services. If the Federal Government wants to take the safety of victims of domestic violence seriously—and, indeed, to realise the outcomes of its own action plan—it is essential that money be devoted to addressing the shortfall in funding to Community Legal Centres around Australia.

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[50] National Association of Community Legal Centres, Budget Media Release 2014: http://www.naclc.org.au/cb_pages/news/Budgetmissesopportunitytoaddresscrisisinlegalhelp.php

[51] Michael Safi, June 2014, 'Funding cuts mean 'more women will remain in violent, abusive relationships'', *The Guardian*: http://www.theguardian.com/world/2014/jun/12/funding-cuts-mean-more-women-will-remain-in-violent-abusive-relationships

As we've already established, women continue to be disadvantaged in many aspects of participation in social and economic life in Australia. The gender pay gap in Australia has persistently ranged from 15-18% over the past two decades, with women continuing to be underrepresented in senior and executive level roles and overrepresented in low-paying, 'feminised industries'.[52] Women continue to be overrepresented in statistics related to unemployment and underemployment, and the burden of unpaid care work consistently falls to women. As a result of time spent out of the workforce and lower rates of pay, women are retiring with diminished superannuation funds and are overwhelmingly reliant on the Age Pension to support them into retirement.

Unfortunately, numerous sources[53] have argued that the suite of reforms to social and economic policy that accompanied this year's Federal Budget will disproportionately impact on women, who are overrepresented as low income earners. This includes changes to income support payments (as women make up nearly 60% of income support recipients),[54] especially those which freeze payment rates, impose restrictive deadlines and waiting periods on payments, and impose prohibitive reporting and participation requirements. It also includes those measures that impact on the cost of child care, the repeal of the low income superannuation contribution, changes to Family Tax Benefit B, and the deferral of increases in the superannuation guarantee rate.

As argued earlier, women's socioeconomic marginalisation is both a cause and a contributing factor in the gendering of domestic and family violence in Australia. Any policy response to the problem of domestic and family violence needs to find ways to address this disparity and to support and grow women's economic capacity. This is acknowledged in the *National Plan* by its focus on 'social inclusion' as a targeted action area, particularly under Strategy 1.3 which includes initiatives aimed at improving women's "economic participation and independence."[55]

> The Federal Government must repeal budget measures which have been proven to adversely impact on women's capacity to be economically independent, and develop policy solutions that address the economic gender disparity and support women's economic capacity.

CONCLUSION

Domestic and family violence is a huge, costly problem for Australia. The Commonwealth Government must develop and take charge of a coordinated, whole-of-government, cross-sectoral approach in order to end the epidemic of violence. Many of the solutions already exist in the *National Plan to Reduce Violence Against Women and their Children* and its

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[52] https://www.wgea.gov.au/sites/default/files/2014-03-04-Gender_Pay_Gap_factsheet_website.pdf

[53] http://www.nfaw.org/wp-content/uploads/2014/05/Budget-2014-NFAW-gender-lens-final.pdf; https://crawford.anu.edu.au/sites/default/files/news/files/2014-05/sharing_the_budget_pain_background_note.pdf

[54] http://www.dss.gov.au/sites/default/files/documents/07_2012/stps10.pdf

[55] p 16, COAG, *National Plan*.

supporting documents—from WCHM's perspective, appropriate resourcing of the *National Plan*, including ensuring adequate governance arrangements, and reporting and monitoring mechanisms, is the first step to addressing domestic and family violence in Australia.