On 26 June 2014, the following matter was referred to the Finance and Public Administration References Committee for inquiry and report by the ***27 October 2014****:*

Parliament of Australia

Finance and Public Administration References Committee

Domestic Violence in Australia

July 31st 2014

This submission was prepared by Women's Health and Wellbeing Barwon South West (WHW BSW), reflecting our work in the area of the prevention of violence against women across the Barwon South West region. WHW BSW have contributed to the development of a Great South Coast Prevention of Violence Against Women and Children Strategy (2013 – 2015) and are currently undertaking work to establish a G21 region strategy.

Of note the development of the Great South Coast Prevention of Violence Against Women and Children Strategy (2013 – 2015) involved more than 100 people representing 50 organisations. The planned G21 region strategy will build on much action to prevent violence already underway in this area. Representation and strategic planning, including such a diversity of organisations ensures that the Barwon South West region is well-placed to take further action in a variety of settings to prevent violence against women before it occurs.

NOTE: The Great South Coast is made up of the following local government areas: Glenelg, Southern Grampians and Corangamite Shire's and Warrnambool City Council. The G21 region is made up of the following local government areas: Colac Otway, Surf Coast and Golden Plains Shire's, City of Greater Geelong and the Borough of Queenscliff.

WHW BSW acknowledge Barwon CASA's contribution to this submission.

The background information below is taken from the WHW BSW submission to the National Plan, March 2014.

Background – Women's Health and Wellbeing Barwon South West

This submission has been developed by the WHW BSW to represent our work in the prevention of violence against women across the Barwon South West region. The submission draws on our own experience in working at a strategic level on this issue, as well as the experience of the women's health sector more broadly in Victoria.

WHW BSW is a women's health service, established in 2012, with a vision to ensure women will be safe, valued, healthy and resilient and have the opportunities and skills required to learn, work, engage in community life and influence decisions that affect them. The key priority areas for action by Women's Health and Wellbeing Barwon South West include:

- Mental health and wellbeing
- Strengthening women's voices
- The prevention of violence against women
- Sexual and reproductive health

Background – Women's Health Services

Women's health services work from a social model of health, acknowledging that health is shaped by a broad range of social, environmental and economic determinants.

Integrated health promotion underpins the activity of each women's health service with a strong commitment to collaboration, addressing inequity by utilising the best available evidence. A key focus of this work is to reform and reorientate existing health services to ensure they consider gender in planning, policy and service delivery.

With demonstrated expertise leading regional health promotion and informing state and national policy, the women's health services have been 'doing' prevention for many years. It is also important to acknowledge the contribution of the women's movement across many years. This movement defined the concept of violence against women, raised awareness and put the issue on the National and Global agenda. (Htun & Weld 2012, p.553). Building from this foundation, Women's Health Services have consolidated and in many areas led best practice primary prevention activity for more than two decades.

Summary of recommendations

Recommendation 1:

Include a definition of what is violence, noting that this includes economic, psychological, emotional, physical and sexual abuse.

Recommendation 2:

Recognise that this violence is gendered. "Women constitute a significant portion of reported victims of intimate partner violence, while men make up a significant portion of reported abusers" (Australian Domestic and Family Violence Clearinghouse, 2013 p. 1).

Recommendation 3:

Recognise that some groups, priority populations, are more at risk of violence. While violence "knows no boundaries of geography, culture or wealth" (UN 1999 p.1), priority groups particularly women with disabilities and Aboriginal and Torres Strait Islander women experience much greater rates of violence.

Recommendation 4:

Research to better understand the extent of the problem, and the impact of under-reporting.

Recommendation 5:

Believe women, in line with the Women with Disabilities Victoria recommendations and acknowledging the well understood barriers to women seeking support and reporting violence, encourage women to share their experiences, acknowledging that this is difficult and believe them when they do.

Recommendation 6:

Understand the impact of violence against women, including the personal, social, economic and broader community cost of this violence.

Recommendation 7:

Policy action and commitment focusing on the causes of violence - in short action to address gender inequity

Recommendation 8:

Violence against women is no longer a private issue. It is time to challenge myths and misconceptions and engage the broader community in meaningful action.

Recommendation 9:

Plan evidence informed primary prevention action, underpinned by best practice integrated health promotion

Recommendation 10:

Sustained investment and action is needed to achieve such large-scale social, cultural and attitudinal change

Recommendation 11:

Urgent action is needed - now

Recommendation 12:

Legislative reform can reduce the personal, social, economic and broader community burden of violence

Recommendation 13:

There are 'no bystanders' – engaging community action

Recommendation 14:

Reconsider budget measures impacting on low income earners, acknowledging that access to economic resources significantly impacts on women's ability to flee violence

Recommendation 15:

Invest in evidence based primary prevention of violence against women (in line with Recommendation 9)

Recommendation 16: *

Fund women's health services to support and inform best practice primary prevention

Recommendation 17: *

Fully fund the National Plan to Reduce Violence Against Women and Children, prioritising primary prevention

Recommendation 18: *

Implement National respectful relationship curriculum from kindergarten to secondary school

Recommendation 19: *

Fund the response sector, acknowledging that effective primary prevention highlights the problem of violence and can in the short to medium term increase the reports of violence. Acknowledge that the sexual assault support services have unique service needs.

Recommendation 20: *

Add the Prevention of violence against women as a Federal health planning priority

Recommendation 21: *

Develop a National Advisory Structure (as per Australian Women's Health Network's 2014 Health and the Primary Prevention of Violence Against Women Position Paper, submitted to the Senate Inquiry) to establish a collaborative, coordinated and integrated approach to addressing violence against women.

Recommendation 22: *

Embed gender equity in laws, policies and practices

Recommendation 23: *

Enshrine gender equity across Government and political party appointments and committees
* These recommendations have been drawn from the Australian Women's Health Network Position Paper 2014

This submission has been developed in line with the Senate inquiry into Domestic Violence in Australia's Terms of Reference:

The prevalence and impact of domestic violence in Australia as it affects all Australians and, in particular, as it affects:

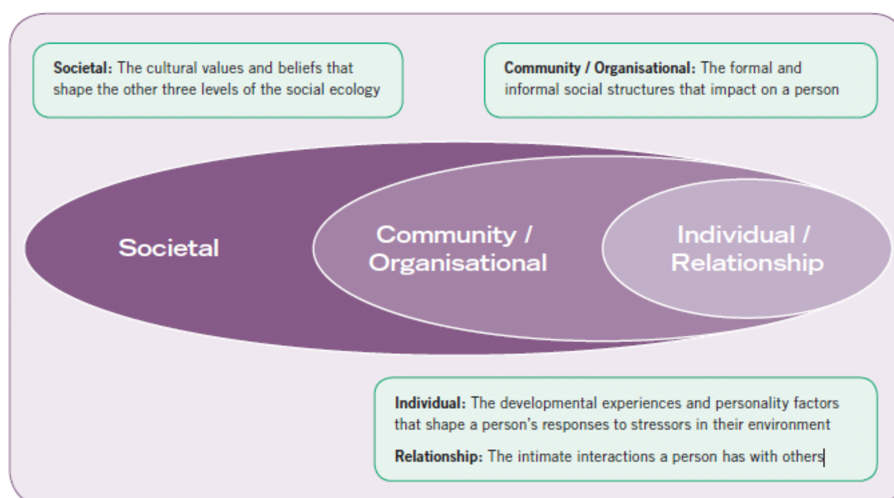
I. women living with a disability, and
II. women from Aboriginal and Torres Strait Islander backgrounds;

Recommendation 1: Include a definition of what is violence

Ensure that all investigation of the problem of domestic violence acknowledges that such violence occurs on a continuum, including economic, psychological and emotional abuse through to physical and sexual harm.

Recognise that the problem of violence is complex, an 'interplay of personal, situational and socio-cultural factors… combine to cause abuse' (CHANGE 1999, cited in VicHealth 2007). The ecological approach to understanding violence identifies three embedded layers of causality, placing factors increasing the risk of violence on interacting or *nested* levels. The three levels are identified as the individual and relationship, community and organisational, and societal factors that contribute to such violence, see Figure 1 below.

Figure 1: An ecological approach to understanding violence



Source: VicHealth (2007) *Preventing Violence Before It Occurs – A Framework Paper to Guide the Primary Prevention of Violence Against Women in Victoria*

The ecological approach recognises the complex nature of violence, the interactions between different levels and shifts the focus away from a simple single-factor explanation. This approach to understanding violence also highlights the need for many different forms of action across levels and settings.

Recommendation 2: Recognise that this violence is gendered

Domestic violence is a serious and often hidden problem in Australia, and globally. This violence occurs in all parts of society, Kofi Annan the former UN Secretary General in speaking more specifically about violence against women said "violence knows no boundaries of geography, culture or wealth" (1999).

This domestic violence, sometimes called family violence, can take many forms, and is generally characterised as a pattern of behaviour, an abuse of power within a relationship, or after separation.

In exploring the rates of this violence the *Australian Bureau of Statistics Personal Safety Survey* found that one in three women will experience physical violence from the age of fifteen and one in five will experience sexual violence (2012). Almost every week in Australia one woman is killed by a current or former male partner (Australian Institute of Criminology 2013). One in five women has experienced being stalked and this same number is exposed to harassment in their workplaces. This violence also impacts on children, almost one-quarter of young people aged 12 to 20 witnessed violence against their mother or step-mother (VicHealth, 2013).

When we better understand the gendered nature of this violence, as the current research and statistics demonstrate, our understanding of domestic violence shifts, and we come to consider this as gendered violence, or violence against women. The majority of this violence is perpetrated by men against women. Recognising the gendered nature of what is commonly referred to as domestic violence the remainder of this submission will use the term 'violence against women'. For the purposes of this submission the term 'violence against women' means:

> "any act of gender-based violence that results in, or is likely to result in, physical, sexual or psychological harm or suffering to women, including threats of such acts, coercion or arbitrary deprivation of liberty, whether occurring in public or in private life"
>
> UN General Assembly Declaration on the Elimination of Violence against Women 1993 Article 1 p. 2

It is important to note that men do experience violence, while the majority of this violence is perpetrated by men, commonly strangers and is very different in its nature, in contrast intimate partner violence against women is characterised as frequent, prolonged and extreme.

Recommendation 3: Recognise that some groups, priority populations, are more at risk of violence

"The cost of violence against women to individuals, communities and the whole of society is staggering and unacceptable" (Australian Women's Health Network 2014 p.6) while it is important to understand that there are groups within the community that carry an even greater burden of this violence. WHW BSW commends the recognition that women with disabilities and women from Aboriginal and Torres Strait Islander backgrounds experience violence at rates far greater than the broader community.

"Women with disabilities are more likely to experience violence and the violence can be more severe and last longer than for other women" (National Plan: Second Action Plan: Moving Ahead 2013 – 2106, p.3). Women with disabilities are twice as likely to experience violence, when compared to the broader population of women, one-third experience some form of intimate partner violence (Women with Disabilities Australia 2013) and, a final alarming example relates to Australian women with an intellectual disability, ninety per cent of whom have been subjected to sexual violence (VicHealth 2013).

Women with Disabilities Victoria recently released a Body of research titled *Voices Against Violence*, this includes seven papers that investigate the problem of violence against women with disabilities. The findings are shocking and the recommendations are many, including: listening to the voices of women with disabilities; adopting a primary prevention approach to this violence; working together to develop a workforce that considers gender and disability (particularly in the context of a National Disability Insurance Scheme); improvements to the availability and accessibility of information, reporting and justice; and underpinning all of this, more comprehensive data collection alongside further research (Women with Disabilities Victoria 2014 p. 20 - 27) . This body of research can be found at: http://wdv.org.au/voicesagainstviolence.html

In understanding the problem of violence for Aboriginal and Torres Strait Islander communities it is important to acknowledge that these communities work from an understanding of family violence that recognises the continuing impact of white settlement and colonisation and the focus in addressing this violence is placed upon whole of community healing.

Aboriginal and Torres Strait Islander women experience higher rates of physical and sexual violence and are more likely to sustain injuries from this violence in comparison to non-Indigenous women (National Council to Reduce Violence Against Women and Children 2009). An International Violence Against Women survey found that twenty percent of Aboriginal and Torres Strait Islander women experienced physical violence compared to seven percent of non-Indigenous women, and twelve percent experienced sexual violence compared to four percent of non-Indigenous women. This survey captured experiences of violence over a twelve month period, from 2002 to 2003. (Mouzos & Makkai 2004 cited in VicHealth 2013)

Recommendation 4: Research to better understand the extent of the problem, and the impact of under-reporting

An important consideration in understanding the experience of violence for women generally and for women from the different priority populations is that of under-reporting. Women with Disabilities Victoria's *Voices Against Violence* found that women with disabilities had "mixed experiences of police responding to their reports of violence" (Women with Disabilities Victoria 2014 p.5). This has been long-understood as a significant problem. Using the police reports of family violence as a measure of the extent of the problem of violence, is problematic as only a small percentage of women report their experience of violence. This is supported by Chung (2013) who suggests that:

"..all statistics about (male) violence against women…will be conservative or under-estimate the extent of the problem. This is because there will always be women who are understandably distressed or embarrassed about having been subjected to such violence, as such, do not disclose or report it." (p. 4)

The NSW Bureau of Crime Statistics and Research "found that less than half of all people who have been a victim of domestic violence report the incident to police" (2012)

This under-reporting is compounded for women with disabilities who may experience additional barriers to communicating their experience of violence and appear to have additional difficulties being believed. (Women with Disabilities Victoria 2014)

"Violence against women is prevalent, serious and preventable; it is also a crime" (Australian Women's Health Network 2014 p. 6). As the above discussion suggests, particularly for a great many women from different priority populations, this crime is not well understood. As Women with Disabilities Victoria and the Australian Women's Health Network have proposed in their submissions to this Senate Inquiry further investment is needed in the area of research to better investigate and understand the extent of the problem, for the general community and priority populations more specifically and from there to identify where best to invest prevention resources.

Importantly, as highlighted, Victoria is in many ways leading the world in research to guide primary prevention with targeted populations.

Recommendation 5: Believe women

Believe women, in line with the Women with Disabilities Victoria recommendations and the well-understood barriers to women seeking support and reporting violence, the message is clear - encourage women to share their experiences, acknowledging that this is difficult and believe them when they do. Believing women is an important first step in supporting them, and needs to be embedded in and central to the broader community awareness raising outlined in Recommendation 8 and 13.

Recommendation 6: Understand the impact of violence against women

Violence against women is the leading contributor to death, disability and illness for Victorian women aged fifteen to forty-four years (VicHealth, 2004 p.25) Violence, as above, can be lethal and has a significant and often life-long impact on the women and children's health and wellbeing. (WHO, 2002)

Women experiencing violence are at risk of stress, anxiety, phobias, eating disorders, insomnia, panic disorders, suicidal behaviours, poor self esteem, traumatic and post-traumatic stress disorders and self-harming behaviours. Exposure to violence is also strongly associated with problematic substance misuse, alcohol abuse, physical inactivity and cigarette smoking. (VicHealth 2013) In short, "the health consequence of violence can persist long after the violent episodes have occurred" (WHO 2012 p. 1), and the cost to individuals, communities and society more broadly, to reiterate are "staggering and unacceptable" (AWHN 2014 p. 6).

The personal, or *direct* health consequences of violence against women, as outlined, are great. The economic and social impacts of violence against women are also great. Without action to reduce current rates of violence against women the estimated cost of this violence to the Australian economy in 2021 – 2022 will be $15.6 billion (National Council to Reduce Violence against Women and their Children, 2009). This figure is calculated by measuring the economic cost of pain, suffering and premature mortality, the health costs, production-related costs (e.g. lost production and absenteeism), consumption-related costs (e.g. property replacement) and second generation costs (e.g. changing schools, childcare).

The factors contributing to the present levels of domestic violence

There are many factors contributing to the current levels of violence against women, notably the need for coordinated and sustained action to prevent this violence (drawing from the best available evidence, as outlined further below), *lingering* attitudes and behaviours that allow violence, and a history of labelling such violence as a *private issue*, an issue we can ignore.

Recommendation 7: Policy action and commitment on the causes of violence against women

In an emerging field of practice, the Vichealth framework (2007a) for the prevention of violence against women, underpinned by best practice integrated health promotion, provides the best available evidence to understand the problem of violence against women and to plan action. This framework clarifies what are the causes of violence as clearly distinct from the contributing factors.

Through VicHealth's review of international evidence regarding the factors that cause violence against women they identified consistent themes emerging in the literature, linking the perpetration of violence against women and:

- The way gender roles, identities and relationships are constructed and defined within societies, communities and organisations and by individual women and men; and
- The distribution of power and material resources between women and men (VicHealth 2007 p. 34)

This framework aligns with World Health Organisation (WHO) and United Nations (UN) Women's research in this field and identifies the causes of violence as:

- Unequal power relations between women and men
- Rigid gender roles
- Broader cultures of violence

Primary prevention action must be planned across a diversity of settings with many *mutually reinforcing* strategies that address these causes. Action must address unequal power relations between women and men. These occur at personal, organisational and societal levels and shape what we value, for example how the roles and responsibilities *assigned* to women and men are valued, who manages the finances, who is the higher income earner and who has access to decision making opportunities in public/private domains (Stewart 2012).

This action must also address rigid gender roles, the popularly held beliefs and norms that shape or direct how women and men behave, what interests they have and what we expect of them. These norms are not determined by *sex*, that is by being born *female* or *male* but are learnt through social interaction and reinforcement. Rigidly defined gender stereotypes are those 'traditional' values, expectations and roles of masculinity – what it is to be a man and femininity – what it is to be a woman.

Such rigidly held expectations of women and men are limiting, and can lead to men being disconnected from families and friends, and where women are seen as property. Such rigid expectations can take away women's voice, diminish their respect as equal leaders in the community, business and government, and contribute to the sexualisation of women (Stewart 2012).

Gender not only influences us at a personal level, it also shapes and organises us as a society – our systems, structures and who has access to power and resources and who has a voice in the public sphere. Importantly we have all learnt these gendered expectations, therefore importantly we can *un-learn* them, this is the focus of primary prevention action.

Finally, broader cultures of violence; "men who hold attitudes that are supportive of violence against women are likely to perpetrate violence than those who do not" (Flood & Pease 2006). Similarly women's attitudes toward violence shape their experience of this violence, and more broadly how the community respond to, excuse or justify violence determines whether communities stand with women against violence. These attitudes and behaviours, the slurs, comments and remarks, fuel and allow this gendered violence to continue.

To reiterate investment must focus on the causes of violence, in short promoting equity and respect. VicHealth's research identified the following interrelated themes to guide action to prevent violence against women before it occurs:

- Promote equal and respectful relationships between women and men
- Promote non-violent norms and reduce the effects of prior exposure to violence
- Improve access to resources and systems of support (VicHealth 2007a, p.1)

<u>In short all action must focus on promoting gender equity and respectful relationships.</u>

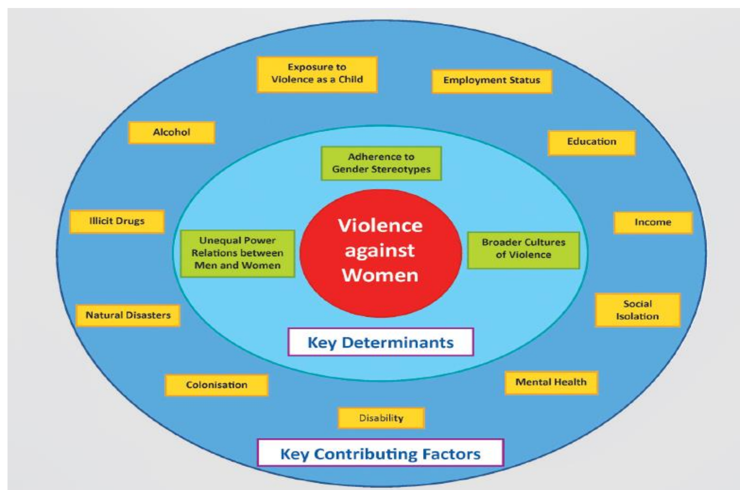
Recommendation 8: Violence is no longer a private issue. It is time to challenge myths and misconceptions

Notably the VicHealth framework outlines what the contributing factors are, importantly these factors DO NOT cause violence, but may contribute to the instances of violence against women. Key contributing factors that are commonly confused with causes of violence, include alcohol and illicit drug use, income, divorce/separation and poor parenting.

VicHealth's review of current international evidence, did identify that the contributing factors have a relationship to violence, for example "there was some evidence to suggest that men's socio-economic status may have an impact on the perpetration of violence" while a broader investigation of this area found conflicting evidence, noting that these were neither necessary nor sufficient conditions to lead in themselves to increased perpetration of violence. (VicHealth 2007, p.39)

The figure below attempts to capture the relationship between the contributing factors and the causes of violence, highlighting that we must address 'the core of the problem', notably unequal power between women and men, gender stereotyping and broader cultures of violence, while recognising that the factors listed in the 'outer circle' make an important contribution to violence.

Figure 2: Applying the ecological approach: the key determinants and contributing factors to violence against women



Source: Women's Health in the North (2013) *Building a Respectful Community, Preventing Violence against Women: A Strategy for the Northern Metropolitan Region of Melbourne 2011 – 2016.*

Confusion about what causes and contributes to violence against women influences the many myths and misconceptions about women's experience of violence. The current evidence confirms the need for broader community awareness-raising, including the clarification of what are the causes of violence, and rigorous challenging of commonly held myths and misconceptions. Many of these myths, get in the way of women being believed (see Recommendation 5), receiving the support they need and condone violence against women by perpetuating the silence on this issue.

The adequacy of policy and community responses to domestic violence

In considering the policy context and the problem of violence against women, this response will focus on recommendations for the inclusion and investment in the primary prevention of violence against women, specifically, acknowledging that this investment cannot come from a reduction in funds to support early intervention and response for women and children affected by family violence. In fact such investment in prevention needs to be supported by a commensurate increase in crisis and case management to women and children escaping family violence, noting that primary prevention efforts commonly lead to a spike in reported family violence and service demand, at least in the short to medium term.

Policy – Primary prevention of violence against women

Australia and Victoria more specifically are to be commended for their commitment to policy and planning in the area of violence against women. Importantly both plans, the National Plan to Prevent Violence Against Women and their Children, 2010 – 2020, and the Action Plan to address violence against women and children: everyone has a responsibility to act 2013 - 2018, articulate action to prevent violence against women before it occurs.

In considering the broader policy context there are several additional important factors that will ensure this investment in primary prevention leads to healthy, equitable and inclusive communities that say no to violence.

Amnesty International's 2008 research suggests that disparate initiatives, short-term funding and one-off projects will not end violence against women, so in proposing ways forward, there are a number of important factors that need to be considered across policy settings to support effective primary prevention activity, including:

Recommendation 9: Evidence informed action, underpinned by integrated health promotion

As outlined primary prevention action must be informed by the best available evidence, the VicHealth framework and underpinned by best practice integrated health promotion. Violence against women is a complex problem requiring long-term, sustained action across a range of settings and sectors. Enormous social, cultural and attitudinal change is required to effectively prevent violence against women such action across the whole community requires a capacity building approach that focuses on the development of skills, resources and commitment within and across settings and sectors. (NSW Health 2001, p.i) Other features of primary prevention work include strong partnerships, clear and determined leadership (that mobilises, engages and inspires local action) alongside rigorous monitoring and evaluation to ensure that all primary prevention activity contributes to the emerging evidence of what works.

Recommendation 10: Sustained investment and action to achieve change

The current investment in the primary prevention of violence against women is not adequate (for example Victoria's Action Plan to Address Violence Against Women and Children *Everyone has a responsibility to act* outlines an investment in primary prevention of 4 million dollars, while investing 75 million dollars in intervention and response) and does not support the level of multi-layered community engagement and action that would lead to a significant shift away from violence against women and the cultures/social norms and inequities that support such violence.

Coordinated, long-term and sustained investment and action is needed to create the changes in attitudes, skills and behaviours required to create equitable respectful and inclusive communities that say no to violence against women.

In acknowledging the task of promoting positive, gender-equitable and respectful attitudes, behaviours and practices, long-term bi-partisan policy and investment in action to prevent violence against women before it occurs is required.

Recommendation 11: Urgent action is needed - now

The current and escalating rates of violence against women presents an urgent call for action. Investing in prevention not only reduces the risk of death, disability and injury to Victorian women and children, it also makes good economic sense. Strengthening and building on the achievements to date and committing to long term investment and action to prevent violence against women before it occurs is urgently needed.

"Preventing intimate partner and sexual violence before it occurs will be crucial not only in reducing the burden of suffering but also in reducing the long-term human, economic and public health costs of such violence"

WHO/London School of Hygiene and Tropical Medicine 2010 p. 3

Recommendation 12: Legislative change can reduce the burden of violence

Legislative reform has the ability to radically transform the burden of population health issues. Smoking provides a clear example of this. Smoking is the largest contributor to preventable death in Australia. In 2009 amendments passed in the Victorian Parliament including banning point of sale displays, smoking in cars with children and on Government school grounds, these changes built on the earlier work to reduce cigarette availability and smoking in public places. All of these legislative changes have contributed positively to reducing the harms caused by smoking, of note between 2009 to 2010, the prevalence of smoking among Victorian adults reduced from 21.6% to 15.3%. (Department of Health 2014)

Smoking provides a great example of how legislative reform can significantly reduce the population burden of ill-health and death. Such legislation in the area of violence against women can similarly lead to an authorising environment for action on violent crimes as well as broader community understanding of the nature and severity of these crimes and the consequences.

Victoria's Family Violence Protection Act 2008 provides a legislative framework to address violence against women that draws from the best available evidence and aligns with the recommendations of this submission. Definitions such as, family violence is:

" (a) behaviour by a person towards a family member of that person if that behaviour—

(i) is physically or sexually abusive; or

(ii) is emotionally or psychologically abusive; or

(iii) is economically abusive; or

(iv) is threatening; or

(v) is coercive; or

(vi) in any other way controls or dominates the family member and causes that family member to feel fear for the safety or wellbeing of that family member or another person; or

(b) behaviour by a person that causes a child to hear or witness, or otherwise be exposed to the effects of, behaviour referred to in paragraph (a)" (Family Violence Protection Act 2008)

This legislation provides a robust legal framework for action to address violence across the continuum. It also contributes positively to action in response to violence, as well as providing an accurate definition of violence that contributes to a broader culture that understands this violence, the action we need to take and what can be done to prevent violence before it occurs.

An important consideration in both the policy context and broader community is understanding the unique challenges and different service responses needed for those who have experienced sexual assault. Sexual assault needs to be identified specifically in policy (and is often absent), while acknowledging that the service response is quite different to the more general domestic violence service response, as is the nature of the crime(s).

Community response:

Recommendation 13: There are no bystanders – engaging community action

In challenging the lack of community action to prevent violence, and a shared reluctance to intervene when people exhibit violence supportive attitudes or behaviours Ken Lay made an urgent call for action, "I want you to use the full measure of your profession and your passion to try to correct this". (Lay, Ken 2013)

Ken's message challenges a long held idea that domestic violence is a private matter, thrusting this gendered violence forward as an urgent priority, as has the United Nations Population Fund's (UNFPA) who have recognised that this is "The most pervasive, yet least recognised human rights abuse in the world" (1993). Local and international leaders are adding their voices to this urgent call for action, all of this is challenging what may have been once seen as a *communal apathy,* a shared reluctance to see and understand violence and to see and challenge our role in that violence.

Returning to the best available evidence, VicHealth's research identified themes for planning action to prevent violence against women before it occurs, these include:

- Promote equal and respectful relationships between women and men
- Promote non-violent norms and reduce the effects of prior exposure to violence
- Improve access to resources and systems of support (VicHealth 2007a, p.1)

Alongside an ecological approach to understanding violence these themes provides a 'road map' for the action we can take in the places we live, love, work and play, the VicHealth identified settings (for example: local government, sporting clubs, workplaces, schools). We all have a role in promoting equity and respect, in challenging violent behaviours and attitudes and in supporting those who have experienced such violence as well as creating and modelling something different.

There has never been such public attention placed on this issue, there has never been such an opportune time to speak about violence and to understand both the supports that exist and the role that each and every person can play in creating a world built on respect, equity and fairness.

Ken's message is pointing to VicHealth's research, that we all have a role in allowing violence and we can all have a role in preventing this violence before it occurs. The long term benefits of communities engaged in primary prevention action include reduced social isolation, improved community connectedness and communities valuing gender equity and respectful relationships between women and men.

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

Recommendation 14: Reconsider budget measures impacting on low income earners

As articulated, women experience greater rates of intimate partner violence. Women also earn less than men and carry a far greater burden of caring responsibilities, often providing the majority of care for children, family members with support needs and ageing parents. An important additional note here is that nearly sixty percent of income support recipients are women. All of these factors shape women's ability to flee violence. Of note access to economic resources can determine whether women can escape and safely resettle themselves and their children free of violence.

Several key policy decisions of the recent 2014 – 2015 Federal Budget will have significant, far-reaching and possibly detrimental impacts on women's health and wellbeing, particularly the ability of women experiencing violence to escape.

Housing and women's economic independence

Key policy decisions that impact across housing and women's economic independence include the changes to income support broadly and in particular the six month waiting period for Newstart and Youth Allowance, Family Tax Benefit B and Disability Support Pension changes. Additional costs, for example the proposed Medicare co-payment for GP's and increasing cost of child care will significantly shape women's economic independence and more immediately their ability to flee violence.

Safe and long term housing for women fleeing violence is very difficult to secure and is seldom available 'in time'. More broadly housing affordability, across rental and home purchase is on the decline. This lack of appropriate and affordable housing impacts on women's capacity to leave a violent situation.

"Domestic violence continues to be the most cited reason for women presenting to homelessness services"
(National Foundation for Australian Women 2014, p. 13)

Recent research found that young women are experiencing homelessness more than men, so to 'women-headed' households (the 'new face' of homelessness) and an emerging cohort are older single women, with little superannuation and dependent on age pensions. (Foundation for Australian Women 2014, p.13)

Funding for the National Partnership Agreement on Homeless (NPAH) across 2014 – 2015 is commended, while the reduction in this funding and confirmation of just one's further year of funding makes it difficult to build on recent progress to reduce the numbers of rough sleepers. Further adequate and sustained funding for the National Rental Affordability Scheme is critical at a time of National housing shortages, particularly as demonstrated those shortages impact on women more, and shape whether they can flee violence.

Changes to legal services

The recent changes to legal service funding, particularly legal aid commissions and community legal centres, will imped women's ability to flee violence, as this affordable legal and possibly human rights support and guidance, is commonly sought by women hoping to safely navigate the criminal and legal systems that can provide them and their children protection, and potentially freedom.

In summary, the recent changes across housing, legal services and more broadly women's economic independence undermine state and National action to prevent violence against women, particularly measures outlined in the National Plan to Reduce Violence Against Women and their Children 2010 – 2022. Additionally, they make it more difficult for women to afford to flee violence, more difficult for women to secure housing and more difficult for women to access legal advice, which is particularly critical at this time, current research has identified that women are more at risk, of commonly more extreme violence when they flee their violent partners.

How the Federal Government can best support, contribute to and drive the social, cultural and behavioral shifts required to eliminate violence against women and their children

As articulated earlier WHW BSW commends the Federal Government's commitment to action to prevent violence against women, as outlined in The National Plan to Reduce Violence against Women and their Children 2010 – 2022. To achieve the large scale and sustained changes in attitudes and behaviors that support and contribute to violence much action is needed. Further this action must prioritise a primary prevention approach to stop this violence against women before it occurs.

The following recommendations have been drawn from Australian Women's Health Network's *Health and the Primary Prevention of Violence Against Women* Position Paper, 2014. WHW BSW are a member of the Australian Women's Health Network.

Recommendation 15: Invest in evidence based primary prevention of violence against women

In line with Recommendation 9, invest in the primary prevention of violence against women. The evidence from VicHealth and the WHO indicate that in order to achieve the enormous social, cultural and attitudinal change required to effectively prevent violence against women, primary prevention must be long-term and sustained. This investment must be also evidence informed, across a diversity of settings and address the causes of violence, in short gender inequity.

All primary prevention of violence against women investment must include a commitment to and resourcing for comprehensive evaluation that will ensure we can contribute to the evidence for what works in this emerging field of practice. Further this investment must ensure that all Commonwealth, state and territory prevention of violence against women plans and funded initiatives publish regular updates so that others can learn from this important work.

Also ensure that broader community awareness raising (in line with Recommendations 8 and 13), is incorporated into this primary prevention investment, acknowledging that women's health services have a key role in working collaboratively with the National Foundation to Prevent Violence Against Women and Children and the National Centre for Excellence to inform and progress this attitudinal change.

Recommendation 16: Fund women's health services to support best practice primary prevention

Fund women's health services to support implementation and evaluation of primary prevention activity (e.g. training) to key sectors business, police, government, public health, housing, education, sports, media and the arts

Recommendation 17: Fully fund the National Plan to Reduce Violence Against Women and Children

Fully fund the implementation of the National Plan to Reduce Violence Against Women and Children 2010 – 2020, and particularly the Second Action Plan 2013 – 2016 Moving Ahead, including all primary prevention initiatives

Recommendation 18: National respectful relationship curriculum in schools

Implement best practice respectful relationships education programs into all schools' curricula from kindergarten through year 12.

Recommendation 19: Fund the response sector

Fund the tertiary response sector, ensuring that women who are subjected to intimate partner violence and sexual assault are provided with support and appropriate services

Additionally, this funding needs to recognise that sexual assault response services by necessity adopt a unique and specialist approach to providing services for women and children how have experienced sexual violence and this different to the broader family violence response.

Recommendation 20: Prevention of violence against women as a Federal health planning

Commit to the prevention of violence against women as a priority in Federal health planning

Recommendation 21: Develop a National Advisory Structure

Fund a national advisory structure, as per the AWHN Position Paper 2014. This would include governments, the Foundation, ANROWS, AWAVA, women's health and other community organisations, and establish a collaborative, coordinated integrated approach to addressing violence against women.

Recommendation 22: Embed gender equity in laws, policies and practices

Ensure that gender equity is enshrined in all Commonwealth and State laws, policies and practices

Recommendation 23: Enshrine gender equity across appointments and committees

Ensure Governments and political parties at all levels should comply with and model gender equality in all appointments and committees

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