

Submission No. 21
(Youth Violence)
A.O.C. Date: 23/10/2009



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23 October 2009

Committee Secretary
Standing Committee on Family, Community, Housing and Youth
PO Box 6021
House of Representatives
Parliament House
CANBERRA ACT 2600
Email: fchy.reps@aph.gov.au

Dear Secretary

I am pleased to provide you with a submission to the parliamentary inquiry committee into the impact of violence on young Australians.

The Royal Women's Hospital believes that violence against young women can be prevented through education and support programs, and makes seven recommendations to the committee to consider in regard to how these outcomes might best be achieved.

If you require further information please do not hesitate to contact myself on 8345 2012 or Rose Burrell, Director of Women's Health, on 03 8345 2035 or via email rose.burrell@thewomens.org.au.

Yours sincerely

Dale Fisher
Chief Executive
Royal Women's Hospital



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Submission to Parliamentary Inquiry into impact of violence on young Australians

To: Committee Chair, Standing Committee on Family, Community, Housing and Youth

From: Royal Women's Hospital

Date: 23 October 2009

Introduction

This submission argues that sexual assault and family violence are common experiences for young women, with serious consequences for their health and wellbeing, often affecting their capacity to care for their children.

Policy makers and service providers need to recognise the distinct pattern of violence against young women, and how it differs from violence against young men. Surveys show that a third of women have experienced violence by the time they are 16 years old, and that these women are one and a half times more likely to go on to experience violence as an adult.

Young women are particularly vulnerable to physical and sexual violence from men they know, including boys and men they are in a relationship with. As a result of this relationship, young women are less likely to report violence to police, to make a disclosure to a health professional, or to seek assistance from a specialised agency.

These women need easy access to health services that they trust, that respond sensitively and appropriately to disclosures of violence, that provide comprehensive evidence-based health care and referrals into specialist domestic violence and sexual assault services.

In addition, all young people need information, education and training that promote women's equality as a pre-requisite for respectful relationships.

With dedicated resources and expertise, schools can reduce the prevalence of sexual assault and family violence, and health services can support a woman's recovery after violence.

The Federal Government's *National Women's Health Policy* provides the mechanism for improving the quality of care and referrals provided to young women who have experienced violence. Through the *Respectful Relationships Program* and the Council of Australian Governments' *National Plan to Reduce Violence against Women*, governments can build communities that prevent violence against young women.

Our Recommendations

To educate and prevent violence against women and to support women and their families who are victims of violence, the Women's makes seven recommendations to the Parliamentary Committee to assist in achieving these outcomes as follows:

Recommendation 1

That the *National Women's Health Policy* prioritise the development of comprehensive, evidence-based models of care and referrals that respond to the effects of violence on young women's sexual and reproductive health and mental health and wellbeing.

Recommendation 2

That the National Pregnancy Helpline recognise the relationship between intimate partner violence and unplanned pregnancy by providing information and counselling about abortion and referrals to services providing abortions.

Recommendation 3

That the *National Women's Health Policy* direct government funds into measures that support mainstream mental health, maternity and sexual and reproductive health services to be more responsive to the needs of young women.

Recommendation 4

That the *National Women's Health Policy* develop training for health professionals in recognising violence as a health issue for young women, and responding to disclosures with sensitive and appropriate care and referrals.

Recommendation 5

That the *National Women's Health Policy* develop funding programs that intervene in the cycle of intergenerational violence and disadvantage by supporting comprehensive clinical care and social support for young mothers at risk of intimate partner violence.

Recommendation 6

That the Federal Government's *Respectful Relationships Program* increase young people's access to violence prevention programs that use evidence about violence against women to create sustainable change in the community and promote equality as the basis for respectful relationships.

Recommendation 7

That the Council of Australian Governments' *National Plan to Reduce Violence Against Women* recognise prevention of violence against young women as a priority and introduce respectful relationships education into the secondary school curriculum in all states and territories.

Conclusion

Many young women experience sexual assault and family violence but struggle to access the kinds of services and support that can help them recover their sense of health and wellbeing. The Federal Government's *National Women's Health Policy*, *Respectful Relationships Program* and *National Plan to Reduce Violence against Women* provide the mechanisms for directing public policy and funding to services and programs that can improve young women's safety and wellbeing.

Additional Background Information

The following information is provided to assist the Parliamentary Inquiry Committee to understand the relationship between violence and young women's wellbeing, and how government policy can deliver health services that support women's recovery after violence, and schools that reduce the prevalence of sexual assault and family violence. This information is organised into the following sections:

1. *The Women's services for young women,*
2. *The effects of violence on young women's wellbeing,*
3. *Woman-centred care for young women affected by violence,*
4. *Strengthening capacity in the health sector to meet the needs of young women, and*
5. *Effective programs for preventing violence against women.*

1. The Women's services for young women

The Royal Women's Hospital is an international centre of excellence in women's health that is committed to providing clinical leadership to the broader health sector. As part of this commitment, we have developed a range of services and programs to improve the health and wellbeing of young women, including those affected by violence.

Our expertise is derived from:

- providing clinical, counselling and social support services for women who have been sexually assaulted or have experienced intimate partner or family violence,
- developing a sexual assault prevention program for secondary schools,
- providing clinical, counselling and support services for women experiencing an unplanned pregnancy and for young mothers,
- providing comprehensive sexual and reproductive health care, and
- developing specialist sexual assault and family violence training and resources for health professionals.

Young, vulnerable, disadvantaged women use these services because they are free, accessible, confidential, professional and responsive to the social and cultural environment affecting women's values and choices.

2. The effects of violence on young women's wellbeing

Violence is an all too common experience for young women, with serious consequences for their health and wellbeing. Nearly a third of women experience violence before the age of 16¹, while the latest Personal Safety Survey found that 12% of women aged between 18 and 24 reported experiencing at least one incident of violence in the prior year². The latest survey of secondary students found that 38% of women reported having unwanted sex³.

Federal Government policy needs to recognise the relationship between violence and women's health outcomes and ensure that the health sector has the resources and capacity to provide effective services, support and referrals.

¹ Mouzos J and Makkai T 2004 'Women's experiences of male violence Findings from the Australian component of the international violence against women survey' *Research and Public Policy Series No 56* Australian Institute of Criminology p4

² Australian Bureau of Statistics 2005 4906.0 *Personal Safety Australia*
http://www.abs.gov.au/AUSSTATS/abs@.nsf/mf/4906.0_22/10/09

³ Smith et al 2009 *Secondary Students and Sexual Health 2008 Monograph Series No 70* Australian Research Centre in Sex, Health and Society, La Trobe University, Melbourne, p31

Exposure to violence has serious consequences for women's sexual and reproductive health. Partner violence is the strongest predictor of whether young women with unwanted pregnancies will have an abortion and is strongly associated with an increased likelihood of a preterm birth or a miscarriage.⁴

These findings are reflected in demand for sexual assault and unplanned pregnancy counselling at the Women's.

- CASA House is a 24-hour service that provides crisis care, counselling and support to women and men who have been sexually assaulted. Around 30% of CASA's work is with women under the age of 25 years.
- The Pregnancy Advisory Service provides information, counselling and referrals for women with an unplanned or unwanted pregnancy; 50% of these services are provided to women under the age of 25 years.

Intimate partner violence is responsible for more ill health and premature death in women aged between 15 and 44 than any other known risk factor.⁵ Mental health problems account for the greatest proportion of this disease burden⁶. Young women who have experienced intimate partner violence are at greater risk of reporting a sexually transmitted disease, and are between four and five times as likely to report depression, as women who have not experienced partner violence⁷.

The next *National Women's Health Policy* needs to improve the health sector's capacity to provide comprehensive mental, sexual and reproductive health care for young women. Government funded services like the National Pregnancy Helpline provide the opportunity to create a nationally consistent approach to pregnancy and abortion information, support and referrals.

Recommendation 1

That the *National Women's Health Policy* prioritise the development of comprehensive, evidence-based models of care and referrals that respond to the effects of violence on young women's sexual and reproductive health and mental wellbeing.

Recommendation 2

That the National Pregnancy Helpline recognise the relationship between intimate partner violence and unplanned pregnancy by providing information and counselling about abortion and referrals to services providing abortions.

3. *Woman-centred care for young women affected by violence*

Young women affected by violence deserve high quality care and support. This includes information about their rights, counselling about their options and support to address the psychological, emotional and physical harm they have suffered.

⁴ Taft A and Watson L 2007 'Termination of pregnancy: associations with partner violence and other factors in a national cohort of young Australian women' *Australian and New Zealand Journal Of Public Health*, Vol 31 No2

⁵ VicHealth 2004 *The health costs of violence Measuring the burden of disease caused by intimate partner violence A summary of findings*, Victorian Health Promotion Foundation, Carlton South

⁶ Department of Human Services 2005 *Victorian Burden of Disease Morbidity and Mortality in 2001* Public Health Group, Department of Human Services, pp90-91

⁷ Taft et al 2004 *Health and Experiences of Violence among Young Australian Women* Australian Longitudinal Study on Women's Health, University of Newcastle & University of Queensland, Report No 85

Improving young women's access to health care is the first step in their recovery from violence. The majority of perpetrators of violence against women are men they know, a dynamic that creates significant barriers to disclosure⁸. Most women do not report incidents of violence to police, except if there is a physical injury, nor do they seek care from a doctor, counsellor or specialist service.⁹

In contrast to these findings, women accessing care at the Women's frequently disclose violence.

Specialist women's services provide a safe place to discuss sensitive and complex issues such as violence. The Women's offers a model of multidisciplinary care that includes a high number of female practitioners, the use of interpreters rather than family members, the inclusion of social support in assessments of women's needs and a clinical practice framework that is sensitive to issues around trust and maximises women's choices.

Building on these strengths, we have developed a training program to support clinicians to respond to disclosures of violence sensitively and appropriately and to provide referrals to specialist sexual assault and domestic violence services.

Health professionals working in mental health, sexual and reproductive health and maternity services are ideally positioned to facilitate young women's recovery from the effects of violence. The *National Women's Health Policy* provides a mechanism for delivering comprehensive training and support programs that can improve the health and wellbeing of young women affected by violence.

Recommendation 3

That the *National Women's Health Policy* direct government funds into measures that support mainstream mental health, maternity and sexual and reproductive health services to be more responsive to the needs of young women.

Recommendation 4

That the *National Women's Health Policy* develop training for health professionals in recognising violence as a health issue for young women, and responding to disclosures with sensitive and appropriate care and referrals.

4. Strengthening capacity in the health sector to stop the cycle of violence

Violence is a major cause of mental illness in women, and can compromise a mother's capacity to provide a secure and nurturing environment for her child's development.

Women who have experienced abuse in childhood are one and a half times more likely to experience violence as adults.¹⁰ Our Young Mothers Service cares for about 160 women each year. Previous research with this cohort found that childhood exposure to family violence was associated with teenage motherhood.¹¹

Specialist healthcare can intervene in this cycle of intergenerational violence and disadvantage.

The Women's Centre for Women's Mental Health recognises that treating a mother's mental illness while also supporting her to bond with her baby maximises the benefits for both. The Centre is developing an innovative model of mother-infant care that is tailored to support at-

⁸ Mouzos and Makkai opcit p40

⁹ Mouzos and Makkai ibid p98

¹⁰ Mouzos and Makkai ibid p4

¹¹ Quinlivan J et al 2004 'Impact of demographic factors, early family relationships and depressive symptomatology in teenage pregnancy' *Australian and New Zealand Journal of Psychiatry* Vol 38 No 4

risk women, such as teenage mothers, during the transition into parenthood. This new service will strengthen the mother-baby relationship in families where parents are likely to experience difficulties in attachment, bonding and relationships.

In the absence of government funding, we are dependent on short term philanthropic support to deliver this much needed service.

Women who have left a violent relationship report better mental health than women experiencing recent violence.¹² Young mothers face many social and financial difficulties that affect their ability to leave violent partners.

The Women's Social Support Service provides a holistic response to women in violent relationships, which takes account of their social, economic and cultural needs. This includes arranging for North Melbourne Legal Service and Centrelink to provide outpost services at the Women's. Our Young Mothers Service includes access to a peer support worker and a teacher, whose role is to support young women to stay at school. We are not aware of health or education funding for either of these positions.

Government funding and policy decisions need to support health services to provide flexible models of service delivery that are responsive to issues impacting on women's wellbeing.

Recommendation 5

That the *National Women's Health Policy* develop funding programs that intervene in the cycle of intergenerational violence and disadvantage by supporting comprehensive clinical care and social support for young mothers at risk of intimate partner violence.

5. Effective programs for preventing violence against women

The Women's welcomes the Prime Minister's attitude of zero tolerance for violence against women and the prioritising of respectful relationships programs that expect men to take responsibility for their violence and change their behaviour¹³.

Preventing violence against women is difficult and challenging work; real changes in attitudes and behaviour in young people follow from long term partnerships between schools and services with specialist expertise in violence against women.

The Council of Australian Governments needs to recognise violence against young women as preventable and as a priority. The *National Plan to Reduce Violence against Women* provides a mechanism for introducing respectful relationships education into secondary school curriculum in all states and territories.

The Women's has 10 years of experience in delivering effective and sustainable programs for preventing sexual assault by educating young people about respectful relations. Through a process of trial and evaluation, CASA House's Sexual Assault Prevention Program in Secondary Schools (SAPPSS) has developed a program for creating school communities that are committed to preventing violence against women.

In these communities, violence against women is recognised as a serious issue, staff are trained to deliver respectful relationships education and respond to disclosures, students have the skills and knowledge to negotiate relationships based on an understanding of their rights and their responsibilities and know where to go for information and support. To date, SAPPSS has been established in 11 schools in Victoria.

¹² Taft et al *ibid* p3

¹³ Prime Minister of Australia Kevin Rudd *Keynote Address at the White Tie Dinner for the White Ribbon Foundation*, 10 September 2009, www.pm.gov.au/node/6206, 22/10/09

Under the first round of the Federal Government's *Respectful Relationships Program*, announced in April 2009, the Women's was funded to work with Canberra Rape Crisis Centre to introduce SAPPSS into four schools in Canberra.

As a next step, the Women's is seeking funding to work with the Aboriginal community to develop a community led and culturally appropriate versions of SAPPSS. We estimate this would take at least three years of consulting Aboriginal leaders, engaging schools and community controlled services and developing and piloting a program. Unfortunately the recent, second round, of *Respectful Relationships* funding included a requirement that projects be developed and delivered in about 12 months.

Federal government funding for the *Respectful Relationships Program* needs to draw on evidence and best practice. We believe that the following three elements are crucial:

1. an analysis of the underlying causes of violence against women,
2. a commitment to women's equality in relationships, and
3. long term partnerships that create sustainable community change.

Recommendation 6

That the Federal Government's *Respectful Relationships Program* increase young people's access to sexual assault prevention programs that use evidence about violence against women to create sustainable change in the community and promote equality as the basis for respectful relationships.

Recommendation 7

That the Council of Australian Governments' *National Plan To Reduce Violence Against Women* recognise prevention of violence against young women as a priority and introduce respectful relationships education into the secondary school curriculum in all states and territories.