

HOUSE OF REPRESENTATIVES STANDING COMMITTEE ON SOCIAL POLICY AND LEGAL AFFAIRS

Inquiry into family, domestic and sexual violence – Submission template

This form is to assist individuals to prepare a submission to the inquiry.

You may also indicate your interest in appearing at a public hearing.

Please complete the relevant sections below. Submissions can be sent by email to family.violence.reps@aph.gov.au or by clicking on the 'Upload Submission' button on the inquiry website, at www.aph.gov.au/familyviolence.

*To ensure accuracy, please PRINT all information. Your contact details will **not** be published.*

CONTACT DETAILS

Title

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SUBMISSION

Would you like your submission to be confidential?

Confidential submissions are only read by members of the Committee and the secretariat and are not published.

☐ Yes

☒ No

Would you like your submission to be classified as being “name withheld”?

Name withheld submissions are published on the Committee's website with all personal information redacted.

☐ Yes

☒ No

PUBLIC HEARING

Please indicate whether you would like to appear as a witness at a public hearing

Please note that it is a Committee decision to determine who will be invited to appear as witnesses at a public hearing. Due to the expected size and scope of the number of people who are likely to want to give evidence, not all requests will be able to be met.

☒ Yes

☐ No

Please indicate whether you have any safety concerns about appearing at a public hearing

The secretariat can make special arrangements for you to appear as a witness if you have safety concerns.

☐ Yes

☒ No

Issues

Please indicate which issues from the terms of reference are relevant to your submission.

Please note, it is **not** necessary to address all terms of reference in your submission.

a. Immediate and long-term measures to prevent violence against women and their children, and improve gender equality.	<input checked="" type="checkbox"/>
b. Best practice and lessons learnt from international experience, ranging from prevention to early intervention and response, that could be considered in an Australian context.	<input type="checkbox"/>
c. The level and impact of coordination, accountability for, and access to services and policy responses across the Commonwealth, state and territory governments, local governments, non government and community organisations, and business.	<input checked="" type="checkbox"/>
d. The way that health, housing, access to services including legal services, and women's economic independence impact on the ability of women to escape domestic violence.	<input checked="" type="checkbox"/>
e. All forms of violence against women, including, but not limited to, coercive control and technology-facilitated abuse.	<input type="checkbox"/>
f. The adequacy of the qualitative and quantitative evidence base around the prevalence of domestic and family violence and how to overcome limitations in the collection of nationally consistent and timely qualitative and quantitative data including, but not limited to, court, police, hospitalisation and housing.	<input type="checkbox"/>
g. The efficacy of perpetrator intervention programs and support services for men to help them change their behaviour.	<input type="checkbox"/>
h. The experiences of all women, including Aboriginal and Torres Strait Islander women, rural women, culturally and linguistically diverse women, LGBTQI women, women with a disability, and women on temporary visas.	<input type="checkbox"/>
i. The impact of natural disasters and other significant events such as COVID-19, including health requirements such as staying at home, on the prevalence of domestic violence and provision of support services.	<input type="checkbox"/>
j. The views and experiences of frontline services, advocacy groups and others throughout this unprecedented time.	<input type="checkbox"/>
k. An audit of previous parliamentary reviews focussed on domestic and family violence.	<input type="checkbox"/>
l. Any other related matters.	<input type="checkbox"/>

Women's Health NSW is the peak body for 21 non-government community women's health centres in NSW. We are proactive on priority issues relevant to women's health, advocating for improved health outcomes and a social model of healthcare to ensure care is delivered in a gender appropriate, affordable and accessible way designed to meet the health needs of women.

Women's Health Centres in NSW provide multidisciplinary, primary health care focusing on wellness, prevention, early intervention immediate and ongoing care including physical health/activity, chronic illness, emotional & mental health, reproductive and sexual health and the effects of violence against women.

The work of the NGO women's health centres in violence prevention and service provision have been an essential part of the NSW primary integrated healthcare system since 1974 and formally recognised in the first National Women's Health Policy 1989.

The focus of the gender sensitive women's health centres work in violence prevention and service provision, is to offer a diverse combination of services in partnership that include but are not limited to: crisis intervention and safety planning, medical services, specialist trauma counselling and therapeutic resilience work, legal and financial information, case management, court support, grief and loss counselling, and parenting skill workshops, nutrition and movement for stress management coupled with health promotion and working to improve the health care system, commonwealth, state and territory legislation policy and practice to improve equity for women. The specialised women's health centres are a vital partner to enhance health, safety and well-being outcomes for women and children who have experienced violence.

International and Australian policy, research and health reports consistently make reference to the extent and horror of violence against women. The cost, burden of disease and essential devastating and life changing experience of sexual, intimate partner and family violence are well documented including that different groups of women are affected more severely if their lives are impacted by multiple barriers to the worlds resources due to systemic racism, colonisation, power and control. This is supported by research showing higher levels of violence against First Nations women and women with disabilities. In Australia migrant and refugee women also experience higher levels of violence coupled with restricted access to resources including healthcare.

The World Health Organisation (WHO) in partnership with the London School of Hygiene & Tropical Medicine and the South African Medical Research Council stated that physical or sexual violence is a public health problem that affects more than one third of all women globally. This level of violence is consistent with statistics across Australia which show 31% – 35% of women in Australia are affected by violence.

The WHO report details the impact of violence on the physical and mental health of women and girls. This can range from broken bones to pregnancy-related complications, mental problems and impaired social functioning.

"To truly end violence against women and girls we need to dismantle the foundations of gender inequality and discrimination. That means attaining real and lasting equality between girls, boys, women and men in all areas of their lives. It also means sustaining the women's rights movement that has long been at the forefront of action on gender equality. We also need to transform discriminatory attitudes, beliefs and social norms, and promote the human rights of all women and girls, with respect for diversity, gender equality and non-violence." – Phumzile, Mlambo-Ngcuka Executive Director, UN Women.

RESPECT Women: Preventing violence against women. Geneva. World Health Organization; 2019 (WHO/RHR/18.19)

In Australia, separate to the work of Australian Universities, which is in itself commendable, we all have access to a most extraordinary volume of knowledge, written and or published, regarding violence and the effects of violence in Australia. A short list of organisations that publish knowledge of violence and strategies to prevent and or intervene or heal from violence to enhance quality of life include :

Our Watch: Our Watch is a national leader in the primary prevention of violence against women and their children in Australia. They work to embed gender equality and prevent violence where Australians live, learn, work and socialise. In addition, we all have access to Our Watch Quick Facts, listing key statistics on violence against women in Australia.

ANROWS: Australia's National Research Organisation for Women's Safety Limited is an independent, not-for-profit research organisation established to produce evidence to support the reduction of violence against women and their children.

AWHN: The Australian Women's Health Network (AWHN) is a health promotion advocacy organisation that provides a national voice on women's health.

ALSWH: Australian Longitudinal Study on Women's Health. Multiple research on experiences and effects of violence and women including the long term health effects of violence on women's health and wellbeing.

MCWH: Multicultural Centre for Women's Health (MCWH) is a community-based, not-for-profit organisation led by and for women from migrant and refugee backgrounds. They exist to empower migrant women living in Australia with information to support and promote their health and well-being. They advocate for health equity for all.

WWDA: Women With Disabilities Australia (WWDA) is the peak organisation for women with all types of disabilities in Australia. WWDA is run by women with disabilities, for women with disabilities. *Violence Against Women With Disabilities – An Overview of the Literature.* A paper written by Keran Howe. Copyright 2000, is one of the many papers published on their website.

NACCHO: The National Aboriginal Community Controlled Health Organisation (NACCHO) is a living embodiment of the aspirations of Aboriginal communities and their struggle for self-determination.

ABS: Australian Bureau of Statistics who publish results from *Personal Safety Survey, Australia 2019* and *Experiences of violence and personal safety of people with disability, 2016*;

AIHW: Australian Institute of Health and Welfare. *Family, Domestic and Sexual Violence in Australia Report, 2018*.

Women's Health NSW has put forward the following recommendations in relation to the terms of reference that are particularly in our area of expertise.

a. Immediate and long-term measures to prevent violence against women and their children, and improve gender equality.

Immediate and long term measures to change cultural, individual and systemically embedded violence will require vision, courage, determination and leadership. Government will need to lead by example.

Recommendations

- i. Ensure gender equity is enshrined in all Commonwealth and State Laws, policies and practices with annual reporting of achievement and strategy
- ii. Endorse the *Uluru Statement From the Heart* to call for the establishment of a *First Nations Voice* in the Australian Constitution and a *Makarrata Commission* to supervise a process of *agreement-making* and *truth telling* between governments and Aboriginal and Torres Strait Islander peoples
- iii. Expand and commit to ensuring longer term funding of Our Watch to continue coordination of a long term approach to resourcing development, implementation and evaluation of programs to decrease violence in Australia through high quality primary prevention programs.

c. The level and impact of coordination, accountability for, and access to services and policy responses across the Commonwealth, state and territory governments, local governments, non-government and community organisations, and business.

The high levels of violence across Australia consistently resulting in death, injury, major health impacts and a diminished quality of life have also cost the country productivity and a sense of wellbeing. The financial burden of disease in relation to domestic, family and sexual violence is costed at upwards of \$22 billion dollars. In addition, the effects of violence have a huge impact in Australia; the victims of violence and the multiple service industries working every day with the injury, trauma, grief, devastation and loss. Seeing individuals' hopes and bodies crushed by violence, working to ensure safety, access to food and shelter, policing, judicial and criminal justice systems, case management, counselling, reproductive health care, emergency and ongoing medical care, transport and childcare for example, involves workers in many capacities of the Australian workforce. There is no greater health or economic ongoing problem in Australia. Government need to lead by example.

Recommendations

- iv. Establish a National Government Strategic Response to Violence Unit to coordinate a unified strategic approach across Australia informed by and including:
 - a. Reporting on gender equity enshrined in all Commonwealth and State Laws
 - b. UN Sustainable Development Goals
 - c. Alignment in policy and strategy including but not limited to the National Plan to Reduce Violence Against Women and Children, the National Women's Health Strategy (2020-2030), National Men's Health Strategy (2020-2030)
 - d. Royal Commissions: Black Deaths in Custody, Family Violence (Victoria and Queensland), Aged Care and Disability
 - e. Qualified research and evidenced based practice
 - f. Domestic Violence Death Review Team Reports
 - g. Our Watch, ANROWS, ABS, AIHW, ALSWH, NACCO, WWDA, MCWH, AWHN
- v. Establish and resource a government funded independent Women's Health Peak.

d. The way that health, housing, access to services including legal services, and women's economic independence impact on the ability of women to escape domestic violence.

While the health effects of violence on women have been well documented over years, there are limited strategies that address the long term health effects of violence or the full range of violence that includes, but not limited to, physical, sexual, emotional, financial, spiritual and reproductive coercion beyond the work of the women's health centres and other women's services. Leaving violence does not diminish the accumulated effects of physical injury, disability, brain injury, poverty, anxiety, depression, fear and distress, grief, loss, suicidality, self-harming, complex trauma and post-traumatic stress disorder (PTSD).

As outlined in publication, *Physical health and posttraumatic stress disorder symptoms in women experiencing intimate partner violence*, Woods SJ, Hall RJ, Campbell JC, Angott DM. (2008) " This issue is important because PTSD may be both an acute and long-term effect of Intimate Partner Violence (IPV) lasting even after the woman has left the abusive relationship. Golding conducted a meta-analysis of 11 studies and reported that 31% to 84.4% of women who experienced IPV met PTSD criteria (weighted mean prevalence = 63.8%). The relationship between IPV and PTSD appears to hold across physical, emotional, and sexual abuse, threats of violence, and risk of homicide, with more severe abuse associated with more severe symptoms.

Female trauma survivors experiencing moderate to severe PTSD symptoms also have more physical health problems and are at increased risk of morbidity and mortality. A higher lifetime prevalence of chronic pain and cardiovascular, respiratory, gastrointestinal, musculoskeletal, and infectious diseases has been associated with chronic PTSD across different types of trauma survivor groups. Alterations in immune function have been reported in research with women experiencing intimate abuse and PTSD symptoms. Moreover, research has shown that the more severe the PTSD symptoms, the greater the physical health problems experienced by trauma survivors in general, and for those surviving sexual assault in particular."

"All types of IPV experienced by women (physical, emotional and sexual abuse, threats of violence, and risk of homicide) are significantly associated with increased reports of physical health and posttraumatic stress symptoms. A substantial proportion of the battered women in this sample reported physical health symptoms falling into four major areas: neuromuscular, stress, sleep, and gynaecologic symptoms. This finding is consistent with previous research indicating the broad range of physical health symptoms experienced by battered women. Importantly, the physical symptoms reported most frequently by this study sample tend to be vague or nonspecific, and include low back pain, fatigue, muscle weakness, pounding or racing heart, light-headedness, stomach cramps, and sleep difficulties. Moreover, many of the women report a relatively large number of symptoms that cross diagnostic boundaries."

Recommendations

- vi. Develop comprehensive care pathways for the full range of identified effects of violence combining the goals of the National Women's Health Strategy 2020-2030, Priority Area 5 Health Impacts of Violence Against Women and Girls and the National Safety and Quality Health Service Standards, Standard 5, Comprehensive Care informed by the National Plan to Reduce Violence Against Women and Children
- vii. Provide long term quarantined funding for the gender sensitive Women's Health Centres (existing and new) to provide trauma specialised healthcare pathway programs for women and children affected by violence that combine casework, counselling and therapeutic resilience services to ensure that they have timely access to group-based or individual counselling for as long as they need
- viii. Create a new Medicare item number for psychotherapeutic trauma specialist counselling services specifically for victims of violence allocating up to 100 hours of psychotherapeutic care over a three to five year period.
- ix. Develop practice guidelines to ensure women and children be routinely referred to Brain Injury Units for assessment and support following reported incidence of violence that includes violence to the head (head banging against walls or flooring or bashing with fist or object) and or strangulation/choking
- x. Develop and resource a National Sexual and Reproductive Health Strategy
- xi. Embed sexual and reproductive health access and equity into the National Plan to Reduce Violence Against Women and Children as a violence prevention mechanism.

Thank you for providing the opportunity for us to participate in this inquiry.