

NSW Treasury

Pre Budget-Submission: NSW Government 2022 – 2023 Budget

Organisation: *Women's Health NSW (WHNSW)*

Program: *Sexual, Domestic & Family Violence (SDFV) Healthcare Pathways for Women*

Cost: *\$6.3 million per annum*

Agency: *21 Non-Government Organisations (NGO) Women's Health Centres NSW*

Women experiencing sexual, domestic and family violence are on waiting lists, some living in cars and homeless while waiting for care and help.

It is estimated that one third of all women will experience domestic violence worldwide. Australia has not been immune to these levels of violence but has the knowledge and expertise to enhance all responses to address the health effects and prevention of violence.

NGO Women's Health Centres across NSW are the trauma informed counselling, case management and healthcare services that the crisis management, policing and housing services refer to.

Now is the time to enhance service provision to women and children escaping violence.

We're calling on you to commit to funding a *SDFV Healthcare Pathway Program* at \$300,000 per Women's Health Centre. This level of funding would allow each service to employ counsellors and caseworkers, run therapeutic resilience programs and provide client safety brokerage with minimum overheads. Committing \$6,300,000 per year across 21 WHCs in NSW to fund a *SDFV Healthcare Pathway Program* would be cost effective while making a considered difference to the safety and quality of life for thousands of women and children in NSW.

Women's Health NSW is the peak body for 21 non-government community Women's Health Centres in NSW. We proactively focus on priority issues relevant to women's health, advocating for improved health outcomes and a social model of healthcare designed to meet the health needs of women in a trauma informed, gender appropriate, affordable and accessible way.

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

Member centres include 18 Women's Health Centres and three special purpose services: Waminda, with a focus on culturally tailored programs for First Nations women; Sydney Women's Counselling Centre, with trauma specialised counselling; and Full Stop Australia (NSW Sexual Violence Helpline).

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, formally recognised in the first National Women's Health Policy 1989. All the centres are funded by the NSW Ministry of Health (MOH) and have become specialist trauma counselling services for women escaping domestic and family violence (DFV) and or with a history of sexual assault (SA) either as children or adults. Women's Health Centres have continued to work to improve the health care system advocating and contributing to Commonwealth, State and Territory legislation and policy to improve equity for women.

The focus of Women's Health Centres work in violence prevention and service provision is to offer a diverse combination of services in partnership that include 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, parenting skill workshops, nutrition and movement for stress management; employment programs that focus on economic empowerment; as well as health promotion activities that build health literacy.

Women's Health Centres (WHCs) in NSW prioritise the needs, health and well-being of women and, like the NSW Police Force and other front-line organisations, acknowledge their day-to-day work has continued to focus on working with women and children who are in sexual, domestic, family violence in ever escalating numbers. 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.

Trauma Informed Practice

Trauma-informed approach to sexual, domestic and family violence means attending to survivors' emotional as well as physical safety. A case worker and counsellor help support survivors to increase their access to economic resources, physical safety, and legal protections. It assists survivors in strengthening their own psychological capacities to deal with the multiple complex issues that they face in accessing safety, recovering from the traumatic effects of violence and other lifetime abuse, and rebuilding their lives. It also means ensuring that all survivors of violence have access to services in an environment that is inclusive, welcoming, destigmatising, and non-retraumatising.

The following are five principles of trauma-informed care:

1. Awareness and acknowledgment of the effects of trauma
2. Safety for survivors on a physical and emotional level
3. Trustworthiness in processes and relationships
4. Empowerment, strength based and skill-building in decision-making
5. Inclusiveness for all, (cultural and gender safety) including individuals from historically marginalised groups and people with disabilities.

Statistical Information on Prevalence, Impact and Costs of Violence Against Women

In NSW there are approximately 2,500 reports of domestic violence to the police every month – but this likely represents only 40% of actual incidents due to underreporting (NCOSS, 2020).

In NSW domestic violence related assaults increased 1.1% over a 24 month period to March 2021, from 31,607 to 31,947 (BOCSAR, 2021).

In NSW sexual assault increased 14.4% over a 24 month period to March 2021, from 6,444 to 7,373 (BOCSAR, 2021).

International and Australian policy, research and health reports consistently refer 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 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.

Our Watch Statistical Information (27 January 2022):

- On average, one woman a week is murdered by her current or former partner.
- 1 in 3 women (30.5%) has experienced physical violence since the age of 15.
- 1 in 5 women (18%) has experienced sexual violence since the age of 15.
- 1 in 3 women (31.1%) has experienced physical and/or sexual violence perpetrated by a man they know.
- 1 in 4 women (23%) has experienced physical or sexual violence by a current or former intimate partner since age 15.
- 1 in 4 Australian women (23%) has experienced emotional abuse by a current or former partner since the age of 15.
- 1 in 2 women (53%) has experienced sexual harassment in their lifetime.
- Women are nearly three times more likely than men to experience violence from an intimate partner.
- Almost 10 women a day are hospitalised for assault injuries perpetrated by a spouse or domestic partner.
- Almost one in 10 women (9.4%) have experienced violence by a stranger since the age of 15.
- Young women (18–34 years) experience significantly higher rates of physical and sexual violence than women in older age groups.

- There is evidence that women with disability are more likely to experience violence. For example, women with disabilities in Australia are around two times more likely than women without disabilities to have experienced sexual violence and intimate partner violence.
- 1 in 5 Aboriginal and Torres Strait Islander women aged 15 and over has experienced physical violence in a 12-month period. Over one-third of Aboriginal and Torres Strait Islander women who have experienced physical violence in the year preceding 2014-15 identified an intimate partner as the perpetrator of their most recent experience of physical violence.
- The intersections of homo-, bi- and transphobia with the gendered drivers of violence against women means that lesbian, bisexual and trans women can experience additional, unique forms of violence as a result of their gender identity and/or sexual orientation, including threats of 'outing' or shaming (connected to sexual orientation, gender identity or HIV status), or, for those who are HIV-positive or taking hormones to affirm their gender, withholding of hormones or medication.
- In 2017-2018, the number of women making calls to elder abuse helplines across Australia exceeded the number of men, with emotional and financial abuse most commonly reported.
- Migrant and refugee women can be subjected to forms of violence that relate to their uncertain citizenship, where perpetrators threaten them with deportation or withhold access to passports and can also be subject to violence from an extended range of perpetrators, including in-laws and siblings.

The Impact and Cost of Violence Against Women

- Violence against women takes a profound and long-term toll on women's health and wellbeing, on families and communities, and on society as a whole.
- While the rates of hospitalisation for assault for Aboriginal and Torres Strait Islander people fluctuate, in 2018-2019, Aboriginal and Torres Strait Islander women had 29 times the rate of hospitalisation for non-fatal family violence assaults when compared with non-Indigenous women.
- Based on 2015 analysis, violence against women in Australia is costing Australia \$21.7 billion each year.
- Women who experience partner violence during pregnancy are three times as likely to experience depression.
- Domestic or family violence is a leading driver of homelessness for women.

As the Commonwealth Government's "Plan to Reduce Violence Against Women and Children" (2019:1) has calculated, over four years ago (2015-16) the economic costs to the nation of violence against women and children was \$26 billion annually. In NSW, KPMG put the cost at \$7.4 billion each year.

Health Effects of Violence

The WHO reports detail 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.

While the health effects of violence, on women, have been well documented over years, there is limited funding to address the long-term health effects of violence nor the full scope of violence that includes physical, sexual, emotional, financial, spiritual, and reproductive coercion in a multidisciplinary, trauma informed, gender sensitive way. Leaving/escaping 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.”

The Australian Longitudinal Study on Women’s Health in 2019 found that women who have experienced intimate partner violence have poorer mental and physical health throughout their lives.

Collated from research in 2016, the following was prepared for a WHNSW keynote presentation at the ‘20 Years of Making a Difference’, Women’s Domestic Violence Court Advocacy Scheme Forum:

“Because we have experienced violence we can experience

Trauma, severe depression, panic reactions and anxiety, post-traumatic stress disorder, multiple somatic problems, sleep problems, impaired memory, flashbacks, dissociation, substance abuse, severe obesity, physical inactivity, suicide attempts, self-injury, eating disorders, ischemic heart disease, cancer, chronic lung disease, chronic emphysema, asthma, liver disease, skeletal fractures, disability, acquired brain injury, loss of identity and self-esteem, poor self-rated health, homelessness, loss of employment, miscarriage and or low weight births, chronic pelvic pain, lowered immunity, chronic fatigue, nightmares, isolation. It was interesting that of the articles I read, no researcher has discussed fear..... humiliation, shame, betrayal, grief, loss of children, loss of self...”

In 2009 a Women’s Health NSW submission to the Commonwealth Government, as part of the development of the second national women’s health policy, used domestic violence as our example to showcase our social model of health service provision. Utilising prevention, education, early intervention while providing primary health care services at a tertiary level... we identified a range of services that were required to address the scope of presenting health issues ...

“..case work; counselling; WDVCS court support rosters; Yellow Card Scheme (working with women following domestic family violence intervention by NSW Police); emergency crisis intervention; medical intervention, Body work and Movement, Art Therapy, Writing and Drama, health education; psycho social group work with a focus on resilience building, stress management, new beginnings; depression management, self-esteem, assertiveness and communication, safety and self-defence, effective parenting and healthy relationships; food parcels; legal advice; education for prevention and awareness raising ...” the list goes on, as it should, and continues to inform the work we do today.

The Environment

Women's Health Centres in NSW have had no increase in core funding since 1986 bar restricted indexation and award variations. We are accredited organisations that have continued to provide essential services to the most vulnerable women and children in our community. We win awards for our exceptional innovation and ongoing commitments, we have extensive referral networks that include local business, government and non-government services, educational and judicial organisations and a deep understanding of local environment and needs. We have committed board members, staff and volunteers and comprehensive relationships with community.

As we all work to address violence, utilising our expertise and skills, violence has become a public concern, which in turn has escalated the number of women and children seeking services. All our service partners know there is a shortage of counselling and case work in the field. While it may be the role of other service providers to act in crisis management, policing or housing, it is not their job to provide the counselling and healthcare required. Women experiencing acute anxiety and fear, distress and panic, economic precarity and children in shock need more than what NSW is currently able to provide. Women's Health Centres work with priority populations and vulnerable communities in partnership with all other first line responders. For other first responders work to be effective they need to be able to refer women and children into healthcare pathways that address the long-term healthcare needs of women and children. These go far beyond those related to safety, policing and housing.

Increases in policing practice and court security along with first contact services such as Women's Domestic Violence Court Advocacy Services (WDVCAS), Staying Home and Leaving Violence Programs, DV Hotline, Full Stop Australia and interventions such as 'No to Violence' have delivered significant benefits to women escaping domestic and family violence. However, healthcare services such as counselling, case management and therapeutic recovery programs are often provided by Women's Health Centres.

The ongoing escalation of need and the limited funding of WHCs continues to place stress on both the centre staff and the community alike. The WHCs continue to prioritise the needs of women both physical and mental but have extensive waiting lists for counselling and case management. Women and children on the waiting lists are at risk and sometimes are still living with a violent partner that puts their lives at escalated risk. The situation is distressing and heartbreaking.

We acknowledge that two WHC receive funding from Legal Aid NSW (Penrith, Blacktown) to manage the WDVCAS in the areas identified, and that three centres (Penrith, Sydney Women's Counselling Centre & Cumberland) receive funding to manage DFV Support Services. These funding programs are not designed to provide ongoing healthcare. In NSW, over 1 in 5 women disclosed domestic and family violence for the first time to a general practitioner.

Outcome Benefits

Women and children are suffering the effects of trauma, domestic and sexual violence every day, diminishing their capacity to lead lives where they are active and participating members of society. It is hard to look after yourself and make a valuable contribution to society when you are just trying to survive and stay alive, are on a waiting list for care, or are homeless and living in your car.

Increasing sexual, domestic and family violence services to women and children at NGO Women's Health Centres across NSW would have the following benefits:

- reduced costs to the healthcare system
- reducing intimate partner violence-related burden of disease
- reducing mental health related burden of disease
- reducing cancer-related burden of disease
- preventing or delaying chronic disease
- reduced homelessness
- increased participation in employment and education
- increased financial security
- improved self esteem
- breaking the cycle of violence
- increase in sustainable service provision across NSW
- trauma informed care framework reduces staff burnout and high staff turn over as it also helps develop resilience in health practitioners.

Alignment with NSW Government Strategies

The priorities and services of the NSW NGO Women's Health Centres align and strengthen the following government policies and strategies:

1. NSW Premier's Priorities
2. NSW Government's Outcome & Performance Framework
3. NSW Domestic and Family Violence Blueprint for Reform 2016-2021: Safer Lives for Women, Men & Children
4. NSW Strategy for Preventing and Responding to Domestic and Family Violence 2021 - 2026 (PARVAN)
5. NSW Women's Health Framework 2020
6. NSW Aboriginal Mental Health and Wellbeing Strategy 2020 - 2025
7. NSW Strategic Framework for Mental Health 2018 – 2022
8. NSW Youth Framework 2017-2022
9. A Strategic Health Plan for Children, Young People and Families 2014-2024
10. 2021-2022 NSW Budget No 2. Outcomes Statement, Stronger Communities Cluster, State Outcomes 2, Children & Families Thrive
11. National Women's Health Strategy 2020-2030
12. National Plan to End Violence Against Women & Children 2022-2032.

Trade Offs

The NGO Women's Health Centres across NSW are exceptionally well placed to provide this *Sexual, Domestic and Family Healthcare Pathway Program* designed to provide ongoing healthcare and recovery with the following attributes:

- a. existing infrastructure, model of care and legal entity
- b. professional expertise
- c. established referral pathways
- d. holistic and multidisciplinary team approach
- e. trauma informed practice
- f. gender and culturally safe environments
- g. extensive knowledge of the effects of violence and programs designed for health and wellbeing
- h. well-established community, professional and business relationships.

A review of Women's Health Services commissioned by the NSW Ministry of Health, conducted by Urbis, 2017 noted that "it was sometimes difficult for women in NSW to access mainstream health services, especially women who have complex needs, women living on limited means and women who have experienced gender-based abuse. Women's Health Centres across NSW provide an avenue for these women to access health-related care and support." The review proposed that women experience significant benefits as a result of the services offered through WHCs, contributing measurably to the following NSW Health priorities:

- reducing intimate partner violence-related burden of disease
- reducing mental health related burden of disease
- reducing cancer-related burden of disease
- preventing or delaying chronic disease."

The Commonwealth Government's "National Women's Health Strategy 2020-2030" (2018:48) has identified specialist, community-based women's health services as a key player in its plans to reduce the health toll on women and girls of domestic and family violence - one of its five key health priorities.

Summary:

We're calling on you to commit to funding a *SDFV Healthcare Pathway Program* at \$300,000 per centre. This level of funding would allow each service to employ counsellors and caseworkers, run therapeutic resilience programs and provide client safety brokerage with minimum overheads. Committing \$6,300,000 per year across 21 WHCs in NSW to fund a *SDFV Healthcare Pathway Program* would be cost effective while making a considered difference to the safety and quality of life for thousands of women and children in NSW.

The following documents are attached:

Appendix A: Project Logic

Appendix B: Project Budget & List of NGO Women's Health Centres NSW

We have always provided services to women who have experienced violence and with the changes we have seen in community attitude and readiness, we believe it is time to develop a formalised *Sexual, Domestic & Family Violence Healthcare Pathway Program* not only to support women and children but to enhance community well-being overall.

Should you wish to discuss our program framework further do not hesitate to contact me by email at denele@whnsw.asn.au or via phone at 0414 780 417.

Yours sincerely,



Denele Crozier, AM
Chief Executive Officer
Women's Health NSW
28 January 2022

Appendix A: Program Logic –

SDFV HEALTHCARE PATHWAYS FOR WOMEN COUNSELLING/CASE MANAGEMENT 2022

Program Objective: To provide counselling and case management to women and children experiencing DFV to ensure their safety and enable wellbeing						
Problem statement	Inputs	Outputs: Activities	Outputs: Participation	Short-term outcomes 0-10 weeks	Medium-term outcomes	Long-term outcomes
Women & children in LHD area who experience DFV have limited access to trauma specialist support to ensure their safety and enable their wellbeing	<p>Qualified and experienced staff and management</p> <p>NSW Treasury/MOH Funding</p> <p>Research & Evidence to support our approach</p> <p>WHC established partnerships and networks</p> <p>WHC established policies and values that demonstrate our understanding of gender-based violence and our long-term commitment to ensuring the health & wellbeing of women and children in NSW</p>	<p>Trauma specialised counselling service</p> <p>Trauma Informed Case Management designed specifically for each individual woman</p> <p>Safety Planning</p> <p>Referral pathways</p> <p>Information & knowledge</p> <p>In-house multidisciplinary services as appropriate</p>	<p>Local women and children experiencing DFV</p> <p>Women & children engaged in the justice system with history of DFV</p> <p>Women & children from priority populations including First Nations and CALD women, women with disabilities, women from low socioeconomic status and LGBTIQ women</p>	<p>Women and children are safer</p> <p>Women and children have developed safety plans that address their circumstances</p> <p>Women have information about the options available to them and have been connected to relevant services</p> <p>Women have participated in the development of trauma informed management plan to identify their immediate, medium and long term practical and emotional needs</p> <p>Women's emotional/psychological well-being is becoming stabilised or improved</p> <p>Women have increased capacity to help stabilise their children</p>	<p>Women have improved capacity to manage their own lives</p> <p>Women have increased knowledge of support services</p> <p>Women have increased support to manage interactions with other services such as housing, school, justice and police, Centrelink and other requirements identified in case management plan</p>	<p>Women experience no or less violence</p> <p>Women have an increased sense of empowerment</p> <p>Women and children are safe</p> <p>Women can process, lead and integrate into independent life that can include work, home management, education enhancement and or community engagement</p>
Assumptions: Women are able to contact services, women are able to access judicial, policing, Centrelink and other required bureaucracies. Workforce is available				External Factors: Funding and contracts; Workforce availability; Partnerships, networks and services are available (COVID 19 affected).		

Appendix B:

Budget Summary

Sexual, Domestic & Family Violence Health Care Pathway Program		
Budget Summary	Individual Centre	21 Centres
Wages & On Costs	251,555.29	
Management & Operation	27,500.00	
Client/Safety Brokerage	20,944.71	
Total Budget	300,000.00	
Total Program (x21) per annum		\$6,300,000

List: 21 NGO Women's Health Centres NSW

1. Bankstown Women's Health Centre
2. Blacktown Women's & Girls Health Centre
3. Blue Mountains Women's Health & Resource Centre
4. Central Coast Women's Health Centre
5. Central West Women's Health Centre
6. Coffs Harbour Women's Health Centre
7. Cumberland Women's Health Centre
8. Fairfield Women's Health Services
9. Full Stop Foundation
10. Hunter Women's Centre
11. Illawarra Women's Health Centre
12. Leichhardt Women's Community Health Centre
13. Lismore & District Women's Health Centre
14. Liverpool Women's Health Centre
15. Penrith Women's Health Centre
16. Shoalhaven Women's Health Centre
17. South Coast Women's Health & Welfare Aboriginal Corporation – Waminda
18. Sydney Women's Counselling Centre - Campsie
19. Women's Centre for Health & Wellbeing Albury-Wodonga
20. WILMA Women's Health Centre – Campbelltown
21. Wagga Women's Health Centre.