



## Women's Health Association of Victoria

### Proposal for the inclusion of prevention of violence against women as a statewide health promotion priority

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Women's Health Goulburn North East  
Phone: (03) 5722 3009  
Email: [whealth@whealth.com.au](mailto:whealth@whealth.com.au)  
[www.whealth.com.au](http://www.whealth.com.au)

## 1. Proposal

Victoria is a leader in the primary prevention of violence against women. Incorporating violence against women as a new statewide health promotion priority presents a major opportunity for the Baillieu Government to further enhance this position and lead decisive action to reduce and prevent the significant social, economic and health costs of violence against women.

Violence against women is a social problem that has profound impacts on individuals, families and communities. Governments have a clear responsibility to lead innovative primary prevention initiatives, and direct resources and expertise to end violence against women.<sup>1</sup> Elected representatives must place the issue of violence against women on the political agenda, as the leadership role that government plays is critical.<sup>2</sup>

This proposal presents the case for the inclusion of prevention of violence against women as a statewide health promotion priority. There is immense potential for the Baillieu Government to lead and develop this portfolio, as demonstrated through the recent world-first *Local Government Preventing Violence against Women in our Community* initiative. Community and women's health services and Primary Care Partnerships are well placed to deliver primary prevention initiatives that are tailored to the specific characteristics of their region.

## 2. Why focus on violence against women?

### ***Women are at greatest risk of violence***

The evidence shows that the overwhelming majority of abuse and violence is perpetrated by men against women.<sup>3</sup> The largest single risk factor for becoming a victim of sexual assault and/or domestic violence is, simply, being female.<sup>4</sup>

The World Health Organisation defines violence against women as:

... physical, sexual and psychological violence occurring in the family and in the general community, including battering, sexual abuse of children, dowry-related violence, rape, female genital mutilation and other traditional practices harmful to women, non-spousal violence and violence related to exploitation, sexual harassment and intimidation at work, in educational institutions and elsewhere, trafficking in women, forced prostitution, and violence perpetrated or condoned by the state.<sup>5</sup>

The term 'violence against women' is also sometimes used interchangeably with 'family violence', 'intimate partner violence' or 'domestic violence'. The Victorian Family Violence Protection Act includes a broad definition of 'family member' to ensure that people providing paid community or residential care are included in the definition.

The term 'violence against women' is used to specifically include other forms of violence – such as trafficking in women – that form part of the continuum of violence perpetrated against women. 'Violence against women' also highlights the fact that violence perpetrated against women is invariably gendered in nature – it is violence that is directed against a woman because she is a woman, or violence that affects women disproportionately.<sup>6</sup>

### ***Alarming numbers of women experience violence***

While widespread under-reporting means that the available data cannot capture the true extent of violence perpetrated against women<sup>1</sup> the reported incidence alone constitutes significant cause for alarm. Research shows that:

- Over one in three Australian women have experienced physical violence since the age of fifteen<sup>7</sup>
- Nearly one in five Australian women have experienced sexual violence since the age of fifteen,<sup>8</sup>
- One in ten Australian women will be raped by their partner<sup>9</sup>
- A significant proportion of Australian women – 16 per cent – have experienced violence at the hands of a current or previous partner.<sup>10</sup>

In 2010-2011 reported crime offences in Victoria dropped by 2.4 per cent, yet family violence reports increased by 21.6 per cent. In September 2011 the Minister for Crime Prevention, Andrew McIntosh, described prevention of family violence as *the* key area for crime prevention within his portfolio.

### ***Some groups of women experience more violence***

While violence against women affects all communities, evidence shows that certain groups of women are particularly vulnerable to violence. Women with disabilities, young women, Aboriginal and Torres Strait Islander women, women in communities affected by socio-economic disadvantage, women from culturally and linguistically diverse backgrounds and women who are newly-arrived migrants or refugees are all at higher risk of being subject to violence.<sup>11</sup> For example:

- Women from immigrant and refugee communities constitute 32 per cent of the Victorian population, yet made up 42 per cent of women using women's refuges in 2009.<sup>12</sup>
- Indigenous women are 35 times more likely to be admitted to hospital as a result of intimate partner violence than non-Indigenous women.<sup>13</sup>
- Women with disabilities are victims of assault, rape and abuse at a rate twice that of women without disabilities, regardless of age, race, ethnicity, sexual orientation or class.<sup>14</sup>

It is also known that pregnant women are particularly vulnerable to violence. A recent Australian Women's Safety Survey found that 42 percent of women who reported being a victim of intimate partner violence were pregnant at the time they were abused.<sup>15</sup>

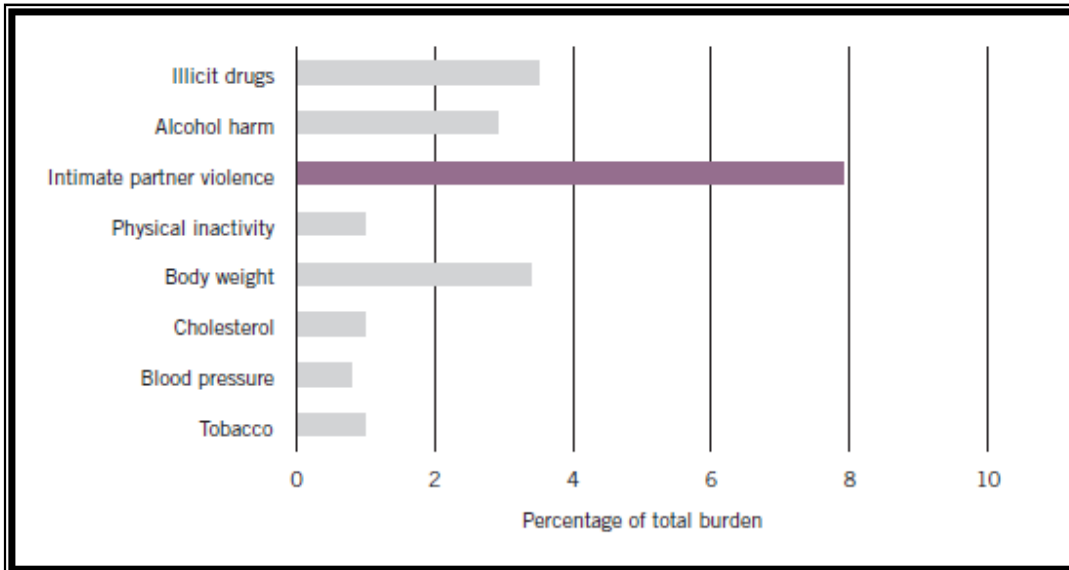
### ***Violence impacts on women's health***

Epidemiological studies have demonstrated that violence against women in intimate relationships is responsible for more ill-health and premature death in Victorian women under the age of 45 than any other single risk factor, including diseases related to obesity, alcohol, drug use, and smoking.<sup>16</sup>

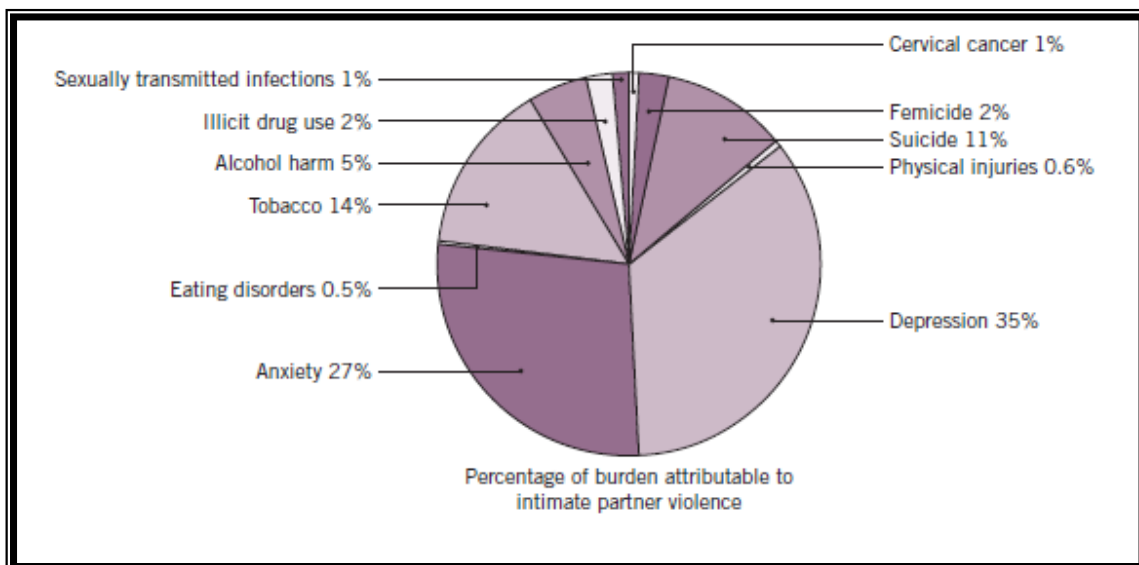
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<sup>1</sup> It is widely held that fewer than 20 percent of incidents are reported to police (OWP 2002; VicHealth 2004)

The chart below from the 2004 VicHealth 'Burden of Disease' report compares intimate partner violence with other well-known causes of Victorian women's illness and morbidity.



When the burden of disease attributable to intimate partner violence is disaggregated, we see that much of the morbidity arising from violence is attributable to mental illness, such as depression, anxiety and suicide.



Research from the World Health Organisation supports the VicHealth finding that demonstrates that women who experience violence are far more likely to engage in alcohol and other substance (mis)use as a coping mechanism, which vastly increasing their risk of ill-health and disease.<sup>17</sup> Unsurprisingly, women who are victims/survivors of violence report poorer general physical and mental wellbeing than other women.<sup>18</sup>

A considerable body of research has shown that violence against women has significant and often long-lasting consequences for sexual and reproductive health.<sup>19</sup> Women experiencing intimate partner violence are at increased risk of contracting sexually transmitted infections and a range of gynaecological problems.

Women subjected to violence are also more prone to adverse pregnancy outcomes, including miscarriage, low birth weight, preterm births<sup>20</sup> and are more likely to experience an unplanned pregnancy and seek an abortion when compared to women who live free from violence.<sup>21</sup>

This data clearly demonstrates why violence, and preventing violence, is now well and truly accepted as mainstream health priority. The consequences of violence – from injury and mental illness to death – clearly demonstrate the potential benefits in taking up violence prevention as a health promotion priority.

### ***Violence impacts on the Victorian economy***

The economic consequences of violence against women are significant for the Victorian economy. A study undertaken by KPMG found that the costs associated with violence against women exceed \$3.4 billion dollars per year in Victoria.<sup>22</sup> It is estimated that unless action is taken, this figure will grow to more than \$3.9 billion by 2021. According to the KPMG report, preventing violence for just one Australian woman would mean avoiding over \$20,766 in costs.<sup>23</sup> Preventing violence will not only optimise Victorian women's health and wellbeing; it also makes economic sense.

### **3. Health promotion and primary prevention are part of the solution to prevent violence against women**

Violence against women *is* preventable.<sup>24</sup> While there is no single cause of violence against women,<sup>25</sup> a range of consistent determinants have been identified. Many of these relate to ongoing social inequalities between women and men. As the well established VicHealth evidence demonstrates, the key determinants of violence against women include:

- Unequal power relations between men and women
- Adherence to gender stereotypes
- Broader cultures of violence.

'Primary prevention' initiatives are those that aim to stop violence from occurring in the first place. The policy and practice framework devised by VicHealth – *Preventing Violence Before it Occurs* – recommends that the primary prevention of violence against women be guided by three intersecting components that concentrate on these key determinants. They are:

- Promoting equal and respectful relationships between men and women
- Promoting non-violent social norms and reducing the effects of prior exposure to violence
- Improving access to resources and systems of support.

It is now widely recognised that a health promotion response to violence against women has significant potential to reduce the burden of disease associated with such violence. The principles of health promotion provide a framework for further understanding the causes and impacts of violence against women. A health promotion approach is designed also to reduce and prevent violence against women at a population-level through primary prevention programs, research, policy and legislative reform, advocacy and other strategic actions.

Indeed, evidence shows that violence against women is amenable to change through upstream health promotion and primary prevention action that works to redress the social drivers of such violence. Below are examples of effective and promising primary prevention initiatives that Victorian women's health services have implemented in a range of settings.

***Preventing Violence Together: The Western Region Action Plan to Prevent Violence Against Women***

The ultimate vision of *Preventing Violence Together* is communities, cultures and organisations in the western region that are non-violent, non-discriminatory, gender equitable and promote respectful relationships. Women's Health West has partnered with primary care partnerships, local councils and community health centres to develop an action plan that uses a health promotion framework to set out a series of mutually reinforcing actions to be implemented within and between signatory organisations. The proposed actions respond to the determinants of violence against women – that is, the factors that cause men to commit violence against women in the first place. For further information email [erin@whwest.org.au](mailto:erin@whwest.org.au).

***Stand Up: Domestic Violence is Everyone's Business***

Women's Health Victoria has partnered with Linfox to develop an innovative workplace program aimed at the primary prevention of violence against women. The program uses a bystander approach that encourages individuals to speak up when they hear or see attitudes or behaviours that support violence. Stand Up: Domestic Violence is Everyone's Business aims to create a safe, respectful and supportive work environment. For further information email [Rose.Durey@whv.org.au](mailto:Rose.Durey@whv.org.au).

***No to violence against women strategy at The Royal Women's Hospital***

The Royal Women's Hospital has developed a whole-of-organisation strategy aimed at building the capacity of health professionals to respond to women who have experienced violence and to improve access to specialist services. The strategy, which comprises a range of interventions, recognises that health professionals need the skills and capacity to talk about violence, understand its impacts and provide appropriate care and referral. The Women's is promoting the whole-of-organisation strategy for preventing violence against women to other metropolitan hospitals and health professionals to encourage the development of a strategic, systematic and integrated response to women who have experienced violence. For further information email [rose.burrell@thewomens.org.au](mailto:rose.burrell@thewomens.org.au).

#### **Gippsland Respectful Relationship Education in Schools (RREIS) Program**

Gippsland Women's Health Service (GWHS) delivers a 'whole of school' respectful relationships education program within the secondary school environment. The aims of this project are to increase knowledge of the gendered dimensions of relationship violence; and to increase the capacity of school communities to promote respectful relationships and respond effectively to those affected by relationship violence. The program contributes to the evidence base for whole of schools best practice models for prevention of violence against women. For further information email [eo@gwhealth.asn.au](mailto:eo@gwhealth.asn.au).

#### **Living Safer Sexual Lives: Respectful Relationships Program**

The Australian Research Centre in Sex, Health and Society facilitates this peer led primary prevention of violence program using life stories of people with an intellectual disability to facilitate discussion about and redress social and relational barriers to respectful intimate, social and formal relationships. Over twenty people with an intellectual disability have been trained to co-facilitate the program with disability and community sector staff. Participants in the program report feeling more empowered about their rights in relationships and to speak up about violence and abuse in their lives and communities. For further information email [p.frawley@latrobe.edu.au](mailto:p.frawley@latrobe.edu.au)

#### **4. Opportunities and benefits of primary prevention of violence against women**

According to VicHealth, a coordinated and multidisciplinary approach to strategic prevention activities is essential to reduce the burden of disease caused by violence against women.<sup>26</sup>

The need for violence against women as an established state health promotion priority is informed by the recognition that building organisational capacity, strategic partnerships and an integrated approach to health promotion practice is necessary to prevent violence before it occurs. Implementing primary prevention initiatives across a range of settings also needs to occur if strategies are to be effective and sustainable.<sup>27</sup>

Community and women's health services and Primary Care Partnerships work to achieve health equity through integrated health promotion activities. These agencies are well placed to redress the determinants of violence against women and foster partnership for a whole-of-community response to primary prevention action.

The Primary Care Partnerships Strategy has demonstrated that when organisations work in partnership they can better respond to health concerns impacting on communities in their region. Community and women's health services' existing connection with communities provide significant opportunities for effective violence prevention strategies. Ending violence against women is core business for women's

health services that have immense expertise and capacity to provide advice on primary prevention initiatives, as well as build the capacity of other agencies to do this work.

The inclusion of prevention of violence against women as a health promotion priority would further support agencies in a catchment to strengthen collaborative health promotion interventions and capacity building strategies. This collaborative approach reduces duplication and fragmentation of health promotion efforts and resources. Positioning this health concern as a health promotion priority will provide opportunities to tailor such work to the particular characteristics of each Victorian region.

## **5. Strategic positioning of primary prevention of violence against women in the health portfolio aligns it with other state and federal policy initiatives**

In recent months, the Baillieu government has demonstrated a commitment to innovative primary prevention activities through the roll out of the *Local Government Preventing Violence against Women in our Community* initiative. This world-first initiative will promote respectful, gender-equitable relationships in Victorian communities – an aim that is central in preventing violence against women.

The government's *Victorian Health Priorities Framework 2012-2022: Metropolitan Health Plan* identified women's health as a specific population that requires targeted intervention and better planning. Given the significant burden of disease associated with violence against women the inclusion of this health concern as a health promotion priority ties strategically to this long-term plan, which works to ensure that health services across the continuum of care are responsive to the needs of the community. The priority area also strategically aligns with the women's health and wellbeing strategy that outlines a commitment to prevent violence against women and improve the health response to those affected by such violence.

Moreover, including prevention of violence against women as a health promotion priority would support a Baillieu Government's state plan to prevent violence against women. It will also advance work underway through the *Strong Culture, Strong Peoples and Strong Families* plan that will reduce and prevent family violence in Victorian Indigenous communities.

## **6. Summary**

Incorporating violence against women as a new statewide health promotion priority presents a major opportunity for the Baillieu Government to act decisively to reduce and prevent the significant social, economic and health impacts attributable to violence against women. Violence against women is a statewide health portfolio concern that is amenable to a primary prevention approach. Strategic positioning of primary prevention of violence against women in the health portfolio aligns it with other state and federal policy initiatives. Community and women's health services and Primary Care Partnerships are well placed to progress primary prevention initiatives that are tailored to the specific characteristics of their region.



## References

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<sup>1</sup> Ibid

<sup>2</sup> National Council (2009) *A Time for Action: The National Council's Plan to Reduce Violence Against Australian Women and Children 2009-2012*, Canberra.

<sup>3</sup> National Council (2009) op cit

<sup>4</sup> Ibid, p. 26

<sup>5</sup> World Health Organisation (1996) *Violence: A Public Health Approach. WHO Global Consultation on Violence and Health*, Geneva.

<sup>6</sup> End Violence Against Women (2008) *Realising Rights, Fulfilling Obligations: A Template for an Integrated Strategy on Violence Against Women for the UK*, Available at [http://www.endviolenceagainstwomen.org.uk/data/files/realising\\_rights.pdf](http://www.endviolenceagainstwomen.org.uk/data/files/realising_rights.pdf)

<sup>7</sup> Australian Bureau of Statistics (2006) Personal Safety Survey, Cat. No. 4906.0, Canberra.

<sup>8</sup> Ibid

<sup>9</sup> D. Parkinson (2008) *Raped by a Partner: A Research Report*, Women's Health Goulburn North East, Wangaratta.

<sup>10</sup> Australian Bureau of Statistics (2006), op cit

<sup>11</sup> VicHealth (2007) *Preventing Violence Before It Occurs: A framework and background paper to guide the primary prevention of violence against women in Victoria*. Victorian Health Promotion Foundation, Melbourne.

<sup>12</sup> Women's Domestic Violence Crisis Service Annual Report 2008-09. Retrieved 23 June 2010 from <http://www.wdvcs.org.au/files/D1125154123.pdf>

<sup>13</sup> Al-Yaman F, Van Doeland M, Wallis M. (2006) Family violence among Aboriginal and Torres Strait Islander peoples. Canberra: Australian Institute of Health and Welfare. Available from: <http://www.aihw.gov.au/publications/ihw/fvaatsip/fvaatsip.pdf>

<sup>14</sup> Healey L, Howe K, Humphreys C, Jennings C, Julian F. (2008) Building the evidence: a report on the status of policy and practice in responding to violence against women with disabilities in Victoria, Melbourne: Victorian Women with Disabilities Network Advocacy Information Service. Available from <http://www.whv.org.au/vwdn/documents/BTE%20Final%20Report.pdf>

<sup>15</sup> VicHealth (2004) *The health costs of violence: Measuring the burden of disease caused by intimate partner violence*. Victorian Health Promotion Foundation, Melbourne.

<sup>16</sup> Ibid

<sup>17</sup> World Health Organisation (2002) *World Report on Violence and Health*, World Health Organisation, Geneva.

<sup>18</sup> World Health Organisation (2002) *World Report on Violence and Health*, World Health Organisation, Geneva.

<sup>19</sup> World Health Organisation (2010) *Social Determinants of Sexual and Reproductive Health: Informing future research and programme implementation*, WHO Press: Geneva.

<sup>20</sup> A. Taft and L. Watson (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*, 31(2), 135 - 142.

<sup>21</sup> WHO (2010) op cit

<sup>22</sup> State Government of Victoria (2009) *A Right to Respect: Victoria's Plan to Prevent Violence against Women 2010-2020*, Melbourne.

<sup>23</sup> Ibid

<sup>24</sup> VicHealth (2007) op cit

<sup>25</sup> WHO (1996) op cit

<sup>26</sup> VicHealth (2007) op cit

<sup>27</sup> State Government of Victoria, op cit