

AMA submission to Department of Social Services consultation – Developing the Next National Plan to Reduce Violence Against Women and their Children

Via engage.dss.gov.au

1. What does your organisation see as the major issues for people experiencing family, domestic and sexual violence?

There are a multitude of issues that impact on health and wellbeing for people who experience family, domestic and sexual violence. It is important that this consultation seeks to be informed by voices of those with lived experience and sector expertise.

Health impacts

As outlined in the AMA's Position Statement [*Family and Domestic Violence – 2016*](#), the health impacts of family, domestic and sexual violence are long-lasting, and have significant effects on the lives of victim-survivors and their families. In the long term, mental ill-health resulting from FDV is profound, with victim-survivors reporting higher rates of mental health diagnoses and suicidal ideation than the general population, along with chronic pain and trauma-related physical ill-health. The health impacts of violence can lead to reductions in quality of life for victim-survivors, lost work productivity and financial stress.

Service access

For people experiencing family, domestic and sexual violence, having access to trusted and respectful frontline services is essential. Disclosing experiences of violence is difficult, stigmatized and even dangerous for victim-survivors. That is why it is essential that frontline professionals, including doctors, are equipped to respond sensitively, and to provide meaningful support.

Safety

The key issue for those experiencing violence is safety, and the safety of their children and other family members. Having a safe place to live, both in short-term emergency settings and in the longer term, is essential. Access to affordable housing for victim-survivors must be increased to ensure that they are not forced to return to abusive relationships or become homeless.

2. **How relevant are the below outcomes and priorities for a strategy to prevent family, domestic and sexual violence for all Australians? (highly relevant – relevant – neutral – less relevant – not relevant)**

- Communities are safe and free from violence
- Relationships are respectful
- Indigenous communities are empowered to strengthen their own responses to family, domestic and sexual violence
- Services meet the needs of people experiencing family, domestic and sexual violence
- Systems supporting people experiencing family, domestic and sexual violence work effectively together
- Justice response are timely and effective
- Perpetrators are held to account
- People who experience family, domestic and sexual violence are heard and their experiences acknowledged
- Build the evidence base
- Understanding individual experiences of violence across diverse groups and individuals

3. **Are there any other priorities that your organisation feels would make a difference to prevent family, domestic and sexual violence beyond those listed in the question above?**

Any strategy focused on the prevention of family, domestic and sexual violence must acknowledge that this violence proliferates within cultures of gender inequality and power imbalance. Primary prevention relies on a shift in attitudes about relationships. This should include priorities such as: prominent community leaders actively promote respect towards women and denounce all forms of violence; sexual harassment and disrespect towards women has clear and immediate consequences for perpetrators; language in the media and public discourse does not stigmatise victim-survivors, excuse violence, or promote support for perpetrators; and inclusive respectful relationships education is ingrained in school curricula.

Alcohol use is [strongly associated](#) with the incidence of family and domestic violence, and is involved in approximately 65% of family violence incidents. Policy actions to reduce both excessive alcohol use and its cultural acceptance are likely to impact family and domestic violence rates as a result. The AMA's Position Statement [Alcohol Consumption and Alcohol-related Harms - 2012](#) outlines policy priorities in this regard, including restrictions on alcohol advertising, volumetric taxation and minimum floor pricing, government-led mass media campaigns, and funding for high-quality treatment services.

The AMA recommends that this consultation process consider how to address the additional pressures imposed on households through the ongoing pandemic. These include perpetrators and victim-survivors being confined indoors together, increased unemployment, financial uncertainty, increased alcohol use, and increased mental and emotional stressors directly associated with the pandemic.

4. **What are the most important things we can do to support people who are experiencing family, sexual and domestic violence? (highly relevant – relevant - neutral – less relevant – not relevant)**

- Psychological and emotional support which is accessible and affordable
- Community support
- Support from employers
- Safe housing
- Financial security
- Being heard, supported by others and better understood by others
- Receiving an appropriate response from authorities (an educated, trauma-informed response, i.e. not over or under reporting)
- Removing perpetrators from victim/survivors' homes
- Perpetrator intervention programs
- Moving victim/survivors to a new area
- Specialist counselling programs for victim/survivors
- Counselling programs for perpetrators
- Employment programs
- Spiritual counselling
- Installing home security systems and/or enabling victim/survivors to access personal alarms
- Other

5. Are there other things we can do to support people who are experiencing family, sexual and domestic violence?

The AMA recommends a range of actions to support people experiencing sexual, family and domestic violence. Importantly, the response to such a complex issue must be multi-faceted, acknowledging that victim-survivors need supports in a range of areas and that each situation is unique and will require a sensitive and context-specific response. High priority areas for action include:

- Funding and support to ensure that first responders (not restricted to 'authorities') are equipped to provide trauma-informed, respectful and useful advice to victim-survivors, including referrals to local services;
- Development and evaluation of intervention programs for both offenders and victims should be significant components of research. Strategies to prevent family and domestic violence must incorporate recognition, understanding, and management of the underlying problems of the perpetrator. Adequate data and research is needed in order to fully understand the effectiveness of these programs;
- Funding for flexible support packages to make it easier for victim-survivors in financial distress to access support and improve their safety, not restricted to women currently leaving a violent relationship;
- Introduction of a minimum of 10 days paid domestic violence leave for all Australian employees;
- Consider how to bolster prevention measures at the community and jurisdictional levels to reduce family, domestic and sexual violence; and

- Ongoing evaluation of domestic and family violence programs and services, to ensure that funding is allocated to evidence-based, effective programs.

6. What is working well to prevent family, domestic and sexual violence in Australia?

Unfortunately, the problem of family, domestic and sexual violence in Australia is increasing rather than declining. AIHW [reported](#) in 2018 that rates of “partner violence against women” had stagnated between 2005 and 2016. The significant underfunding of critical frontline services and support for communities to address the underlying drivers of violence during this time [has been noted](#) by leading women’s safety groups.

Concerningly, the onset of the COVID-19 pandemic in 2020 has been accompanied by increased reports of family and domestic violence and significantly increased demand for services. As outlined in the AMA’s [submission](#) to the 2020 Parliamentary Inquiry on Family, Domestic and Sexual Violence, the increase in alcohol consumption, unemployment and financial distress associated with the pandemic, as well as social isolation and stay-at-home orders, has likely led to the perpetuation and introduction of family violence.

One policy that is showing good early results for violence prevention is a minimum unit price (MUP) for alcohol. The introduction of a MUP in the Northern Territory has [been associated with](#) a sharp decline in “the experience of physical abuse from people affected by alcohol”, include incidents of domestic violence. Specifically, between the MUP’s introduction in October 2018, and July 2019, there was a 21% decrease in domestic violence incidents in the Northern Territory. [Anecdotal evidence](#) from health professionals also suggested the number of women presenting with defensive injuries decreased markedly following the start of the MUP.

7. What should be done to improve the prevention of family, domestic and sexual violence in Australia?

See answers to Questions 3, 5 and 8.

Responses to family, domestic and sexual violence in Australia have tended to be fragmented and somewhat disjointed across sectors (health, justice, social support, employment etc.). This Plan should outline an integrated, multi-faceted approach to reducing family, domestic and sexual violence in Australia, supported by a solid evidence base. Ongoing funding for research and evaluation of the Plan is required to ensure that the evidence base is further strengthened.

8. If you could recommend three priorities for a strategy to prevent domestic, family and sexual violence for all Australians, what would it be?

1. A clear commitment to fund wholistic school-based education programs that encourage respectful relationships, including through education on consent, celebrating diversity, and gender equality;
2. A systematic approach to working with communities and population groups most at risk of violence, including acknowledgement of the need for different services, programs and education depending on community-identified needs; and
3. Commitment to address wider correlates of family and domestic violence through policy mechanisms, including alcohol use, financial and job insecurity.

9. Is there anything else you would like us to know?

The AMA's policy recommendations on Family and Domestic Violence can be found in our Position Statement [Family and Domestic Violence – 2016](#) and in our 2020 [submission](#) to the Senate Inquiry on Family, Domestic and Sexual Violence. The AMA has also produced a joint resource with the Law Council of Australia, [Supporting Patients Experiencing Family Violence: A Resource for Medical Practitioners](#), which outlines the physical and emotional consequences of violence, appropriate and inappropriate responses, information on local services and the legal obligations of medical practitioners.

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