
AMA submission to the Department of Social Services – National Plan to end violence against women and children 2022-2032

Via engage.dss.gov.au

The draft National Plan includes a clear explanation of the prevalence, drivers, and different forms of gender-based violence in Australia

(Strongly disagree, disagree, neutral, agree, strongly agree)

The draft National Plan to end violence against women and children (the Plan) outlines at length the prevalence, drivers, and different forms of gender-based violence across the life span.

The draft National Plan meaningfully reflects issues highlighted through stakeholder consultations and the National Summit on Women's Safety, including the experiences of victim-survivors.

(Strongly disagree, disagree, neutral, agree, strongly agree)

Several stakeholders involved in the National Summit on Women's Safety agreed that the Plan (and the Summit itself) should not be another tick-box exercise and should result in meaningful change within Australia.¹ However, the Plan does not commit to any funding, timeframes, or meaningful targets to protect women and children from violence.

The AMA supports the call for nationally-consistent definitions regarding family and domestic violence (FDV). The Law Council of Australia in 2021 developed a model definition of Family Violence.²

¹ Department of Social Services (2021) [National Summit on Women's Safety 2021L On demand library](#).

² Law Council of Australia (2021) [Model definition of 'family violence'](#).

The four Foundation Principles (gender equality, the diverse lived-experiences of victim-survivors are informing policies and solutions, Closing the Gap, and intersectionality) appropriately underpin the National Pillars and actions within the National Plan.

(Strongly disagree, disagree, neutral, agree, strongly agree)

The AMA supports the four Foundation Principles.

The four National Pillars in the draft National Plan provide a holistic approach to identifying and responding to gender-based violence.

(Strongly disagree, disagree, neutral, agree, strongly agree)

The four National Pillars set up a good foundation to identifying and responding to gender-based violence. However, the focus areas under each pillar are high level and lacking tangible commitment and direction.

Providing a holistic and tailor-made response to FDV will require significant investment and reform to existing services, many of which work well when they have sufficient resources. Government should focus on increasing their investment in programs that are currently effective, such as housing, welfare, responsive policing, and legal aid, while also recognising research into best practice approaches to FDV and investing in research where there are knowledge gaps.

The four National Pillars in the draft National Plan reflect the family, domestic and sexual violence service system.

(Strongly disagree, disagree, neutral, agree, strongly agree)

The Plan must commit to:

- Recognising and supporting GPs as mental health service providers that play a key role in early detection, intervention, and provision of specialised treatment.
- 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.
- Funding for flexible 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.
- Ongoing evaluation of FDV programs/services, to ensure that funding is allocated to evidence-based, effective programs.

The draft National Plan reflects the needs and experiences of women and children.

(Strongly disagree, disagree, neutral, agree, strongly agree)

The Plan provides a comprehensive review of the needs and experiences of women and children. However, again, the Plan does not provide solid commitments or targets to address the needs and experiences of women and children. The Plan should introduce a minimum of 10 days paid domestic violence leave for all Australian employees to ensure financial security for victim-survivors. Further, while FDV issues in the context of COVID-19 has been mentioned in the Plan, no recommendations have been made regarding how to address them.

The draft National Plan reflects the needs and experiences of diverse communities and individuals.

The Plan still requires:

1. A commitment to ensuring primary care and mental health services are available and affordable for all Australians, particularly support for victims and perpetrators with trauma.³ This includes financial investment and a strategy to address sustainable workforce growth to meet demand, particularly in rural, regional, and remote areas.
2. Inclusion of the Primary Healthcare 10 Year Plan into this Plan.⁴ This includes investment in approaches to recognising and managing FDV in primary care settings. The GP-patient relationship is one based on trust and support that many vulnerable groups feel comfortable reporting their experiences with FDV to.⁵
3. Targeted support for medical professionals to combat the unique effects of the bushfire season (particularly in rural, regional, and remote communities) and COVID-19 on FDV rates and presentations;
4. A clear commitment to fund holistic school-based education programs that encourage respectful relationships, including through education on consent, celebrating diversity, and gender equality;
5. Commitment to address social determinant correlates of family and domestic violence through policy mechanisms, including alcohol use, financial and job insecurity.

The draft National Plan supports building further evidence on what works for gender based violence prevention, early intervention, response and recovery.

(Strongly disagree, disagree, neutral, agree, strongly agree)

Development and evaluation of intervention programs for both offenders and victims should be significant components of research. Strategies to prevent FDV must incorporate recognition, understanding, and management of the underlying problems of the perpetrator. Adequate data

³ Australian Medical Association (2021) [AMA response to national mental health workforce strategy consultation draft](#).

⁴ Department of Health (2021) [Consultation Draft: Future focused primary health care: Australia's primary health care 10 year plan](#).

⁵ Australian Medical Association (2016) [Family and domestic violence](#).

and research are needed to fully understand the effectiveness of these programs. Support for this should be reflected through funding commitments.

The draft indicators and outcome measures provide a strong framework for measuring progress towards the next National Plan goals.

(Strongly disagree, disagree, neutral, agree, strongly agree)

The Four Pillars outline various focus areas that are not incorporated into the indicators and outcome measures. The AMA supports these focus areas, however, they are currently vague and risk not being met if they are not linked to indicators and outcomes. For example, the Plan does not seek to measure the number of accessible support services. Measuring demand is essential to consider whether more support services are needed and identify areas with the greatest need. The Plan requires meaningful commitment to these focus areas through funding and a more detailed timeframe of when these actions are to occur.

What would you not change about the draft National Plan? (Choose up to two)

- Emphasis on the requirement for national definitions
- Understanding of gender-based violence
- The four pillars (prevention, intervention, response, recovery)
- The foundation principles
- Targets
- Outcomes framework
- Other

What would you change about the draft National Plan? (Choose up to two)

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- The four pillars (prevention, intervention, response, recovery)
- The foundation principles
- Targets
- Outcomes framework
- Other

Other comments

The AMA welcomes the chance to make a submission into the consultation for the Plan. We note the initial short consultation timeframe offered during January 2022 and the extreme limitations this placed on genuine consultation. The AMA takes this opportunity remind the government that a short consultation timeframe is not reflective of the Plan's Foundation Principles, particularly ensuring that policy and reform is informed by victim-survivors and encourage an awareness and commitment to meaningful engagement with diverse stakeholders in this critical policy area.

Although this issue has been high on the national agenda over the past 12 months, there is significant work to be done to ensure the aspirations of the Plan are fully realised, and we see real change. The AMA is concerned that the Plan lacks clear goals, targets and direction to articulate how we as a nation, are going to reduce incidents of violence against women and children. It lacks the fundamental details of a strategic plan: real commitment, timelines, funding, measurable outcome targets, and detailing who is responsible and accountable for reaching those targets. Several inquiries into this issue have already occurred and recommendations handed down. Now is the time to act.

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