

Submission to Office for Women, in response to the National Plan to Reduce Violence against Women and Children.

1. Why is domestic violence and sexual assault happening in Australia?

It is only in the last few decades that domestic violence and sexual assault have been widely understood in Australia as unacceptable crimes against women and children. Battery and rape were common features of Australian life prior to the 1980s, however, the prevalence and harms of these acts were frequently minimised and ignored. Today these acts are broadly condemned in public discourse, however, the cultural norms and values that drive them remain in place.

I believe that domestic violence and sexual assault are best understood as gendered behaviours, or social practices, enacted by men in the performance of gender roles that link masculinity, power, sex and violence. Violence against women and children is a common way in which some men construct, and express, their identities as men, and their relationships with women and children. This violence will continue for as long as Australian society continues to perpetuate a system of gender relations which links power, sex, and violence to the performance of “authentic” masculinity.

2. What resources, programs or services are you aware of that are successful in preventing or reducing the effects of domestic and family violence or sexual assault?

I believe that primary prevention of domestic violence and sexual assault has been widely overlooked by Australian federal governments. Recent awareness campaigns by the Federal Government were paternalistic and authoritarian, and the government failed to support these campaigns with the reforms and resources necessary to assist women who, as instructed by the campaign, reported their abuse to the authorities.

Nonetheless, there are a number of state initiatives that have shown promise:

- *Victoria - prevention of child abuse:* One of the most lauded, and successful, Australian prevention efforts in relation to family violence and child abuse has been in Victoria, where all new mothers receive a series visits from a child health nurse in the first year following the birth of each child. I understand that many states across Australia are looking to replicate this approach, which provides community health services with the opportunity to assess the family environment of each infant.
- *NSW - prevention of domestic violence:* Here in NSW, routine screening of women attending a range of services (ante-natal, early childhood, alcohol and drug and mental health) for domestic violence has had considerable success in identifying, and assisting, women being victimised by their partners.

Pilots of the Domestic Violence Intervention Court Model (DVICM) has recently been completed here in Sydney and it has evaluated well. The DVICM provided care and support to domestic violence survivors following

reports of violence across the process, and emphasised referring perpetrators to programs to prevent re-offending.

- *Western Australia - prosecution of child sexual assault:* Western Australia has the highest rates of the substantiated notifications, and successful prosecution, of child sexual assault in Australia. Research suggests that this is due to a series of child-friendly, practical measures implemented in WA to increase reporting and prosecution of child sexual assault, including standard use of CCTV the pre-recording of children's evidence, and the protection of child witnesses from badgering during cross-examination. There is evidence that these measures have improved the quality of evidence provided by children, as well as improving the experiences of child complainants in comparison to the rest of the country. Clearly, Western Australia is employing a model that should be emulated by other Australian courts.
- *NSW - care and support for survivors of physical and sexual assault:* A range of government and non-government services have been successful at reducing the effects of domestic violence and sexual assault. Here in New South Wales, the coalition of rape crisis services (including Rape Crisis Centres, the counselling service Dymphna House, and the supported accommodation service Stepping Out) provide an excellent quality of care to those people who are able to access them, as do domestic violence services across the state.

Unfortunately, these services are all desperately under-funded and understaffed. In particular, the high numbers of adult survivors of child sexual assault seeking support through rape crisis services is extremely burdensome, however, there are very few services available to this population. Many rape crisis services provide support to adult survivors of child sexual assault, although they are not funded to do so.

- *NSW – community-based forms of care and support:* I'm aware of a number of survivors of violence and abuse who have struck up good therapeutic alliances with their local GPs and CAT teams, although these partnerships are ad hoc and rely solely on the quality of personnel at local medical and community health centres.

3. What are the barriers to family safety for women and children in Australia?

- *Failure to employ evidence-based primary prevention approaches:* Policy-makers are reluctant to act on the overwhelming evidence that gender is the primary determinant in the commission of acts of domestic violence and sexual assault. Men are rarely named as the primary group responsible for these crimes. Instead, gender-neutral terms such as “family violence” or “paedophiles” are used, or else physical and sexual assaults are blamed on factors (e.g. alcohol, drugs, poverty) that, in research, are not causally related to the commission of acts of domestic violence or sexual assault.

Offender treatment is frequently confused with primary prevention, whilst prevention efforts often fail to address to social and cultural factors behind the offences. As a result, prevention efforts are often vague, unfocused, and

ineffective, employing an idealistic “community engagement” model which presumes that “family support” will reduce the overall incidence of male violence when there is little evidence to support this presumption.

- *Over-generalisation of child protection data:* As poor families have greater contact with welfare services, their circumstances and parenting practices are more likely to be scrutinised. As a result, the poor are over-represented in child abuse notifications, and subject to a higher rate of legal, welfare and child protection interventions. There is a general tendency amongst policy-makers to over-generalise child abuse notification figures and conclude that the burden of violence and abuse lies in poor and marginalised communities. This conclusion is not supported by community-based studies, which find a similar prevalence of violence and abuse in middle-class families.
- *Failure to invest in research:* Finding a firm evidence base for child protection and family violence policy is difficult, since Australian governments have failed to invest in comprehensive prevalence research on domestic violence and sexual assault within the Australian community. As a result, we do not have a baseline set of indicators on the frequency of these crimes in the Australian community, nor can we reliably measure the success of prevention efforts.
- *Under-investment in services for survivors of violence and abuse:* Services for abused women and children, such as domestic violence and sexual assault services, are desperately under-funded and under-resourced. Workers in these services are extremely dedicated, however, they often lack the personnel, infrastructure and training to meet the health and security needs of victimised women and children.

The evidence suggests that the majority of sexually assaulted children grow to adulthood without receiving care and support in relation to their abuse. Research has also demonstrated that the mental health impacts of child sexual assault become most acute in adulthood. There is a large population of adult survivors of child sexual assault in the Australian community, many with chronic and complex mental health problems, however, there are very few specialist services available for this group. As a result of this service shortfall, adult survivors of child sexual assault are over-represented in prisons, alcohol and drug problems, homeless shelters and other ‘salvage’ contexts.

- *Police practice and culture:* There is then a further divide between the knowledge and practices of frontline workers, and those of the police. Whilst individual officers may be sympathetic, police culture and practice, as a whole, is not conducive to appropriate intervention in and investigation of domestic violence and sexual assault.
- *Lack of capacity in mental health workforce to address impact of violence and abuse:* Sexual assault and intimate violence result in a range of trauma-related mental health problems for abused women and children, including dissociation, personality disorders, and complex forms of post-traumatic stress disorder. Whilst the degree of distress and disability associated with these

disorders is high, they are not a core feature of psychological or psychiatric curriculum in Australia. Unless they have opted to undertake additional training in the area, mental health professionals have limited understanding of the needs of survivors of abuse and violence. As a consequence, survivors frequently report ineffective and revictimising treatment when attempting to access mental health care.

- *Low rates of reporting and prosecution of sexual assault and domestic violence:* Currently, legal redress is unavailable for the majority of women and children subjected to rape and physical assault in Australia. Although steps are being taken around the country to address these issues, considerable reform is still necessary to increase reporting and prosecution of these crimes. In effect, many sexual crimes against women and children take place in a zone of legal impunity.
- *Discrimination in the criminal justice system against young and disabled children:* Very young children and intellectually disabled children are systematically discriminated against in the criminal justice system. Statements from these three groups are generally considered unreliable in court, and are often inadmissible. Even where medical findings of sexual assault are strong, violent crimes against these groups are unlikely to be subject to criminal proceedings.
- *Discrimination in the criminal justice system against intimidated and vulnerable women:* Too often, the psychological consequences of sexual and/or violent offences present an insurmountable obstacle to the investigation and prosecution of those offences. For instance, a history of mental health problems is generally considered to be an indicator of an unreliable witness by police and in court, even where such problems would be an expected outcome of the violence reported by the complainant.

4. To reduce domestic and family violence and sexual assault against women and children, what areas do you believe would be most effective into the future?

We need to take a health promotion approach to violence against women and children, which integrates multiple levels of prevention with treatment, care and support.

- *Prevention:* Prevention efforts should focus on identifying the cultural drivers behind violence against women and children, implement a range of primary prevention efforts to change these behaviours, and work to ensure that this change is sustained over time. This could include a clear, evidence-based vision on primary prevention of violence which:
 - Has the reduction in the prevalence and incidence of violence against women and children as its goal,
 - Addresses the multiple forms and causes of domestic violence and sexual assault,
 - Addresses violence against women and children as a behavior enacted disproportionately by men, and

- Addresses and the multiple levels of primary prevention (the cultural, social, policy, institutional, and individual antecedents and drivers of violence) and clearly differentiates primary from secondary and tertiary forms of prevention.

A coordinated prevention effort would require a coordinating body with representation from the government, the non-government sector, and key researchers. Prevention and behaviour change campaigns should not be punitive or authoritarian. Rather, they should seek to identify cultural and social *strengths* within the community and work to reinforce those strengths, in order to encourage community members to change harmful behaviour.

- *Measurement tools:* Child abuse data and domestic violence figures fluctuate wildly according to changes in public policy, and they make for an unreliable evidence base for assessing the effectiveness of prevention efforts. We need government investment in the annual or biannual collation of epidemiological data on the prevalence of sexual assault and domestic violence in the Australian community. It is impossible to rigorously evaluate prevention efforts without community-based data that does not depend on figures provided by intermediary agencies such as police or mandated reporters.
- *Reorientate health services:* There is a clear skills deficit in the health workforce generally, and mental health specifically, to work with children and adults who are being, or who have been, subject to physical or sexual assault. Training on trauma and dissociation should be part of the core curriculum for all health professionals, and particularly for psychologists and psychiatrists.
- *Address service shortfalls:* The Australian Government should act immediately to address the long-standing service shortfall in relation to the mental health needs of adult survivors of child sexual assault. Covering psychological services under Medicare has been an important first step, however, the effectiveness of this initiative has been blunted by the lack of capacity amongst mental health workers to treat adult survivors of child abuse.

There are a range of community-based treatment programs that have been shown to reduce distress and improve quality of life amongst adult survivors of child abuse. These programs should be piloted in partnership with non-government organisations and, if successful, rolled out more widely.

- *The role of schools:* A potentially important part of prevention, I believe, is an education campaign on the issue of negotiating pleasure and consent in intimate relationships. Such education could be part of the school curriculum and/or supported by broader campaigns in the media. It is clear that many boys and men do not understand how to negotiate sexual consent in the context of close relationships, or else they are employing different understandings of consent from their partners.

I also suspect that routine screening of all primary school students for symptoms of trauma and dissociation would reach a large number of children currently being sexually and physically assaulted. There are a range of

psychological instruments designed to evaluate children's levels of trauma and dissociation. At this point, however, it is unlikely that health services would be able to accommodate the explosion in referrals that would be the likely result of routine trauma screening.

- *Criminal justice reform:* Reporting and prosecution of violent offences against women and children is very low, and many complainants report traumatic and harmful experiences throughout the court process. Women and children who have been subject to violence need greater support if they are to exercise their right to legal redress. In particular, the criminal justice system needs to employ a developmentally-informed and trauma-literate approach when gathering and assessing evidence provided by very young, disabled, or traumatised complainants.