

1 December 2014

The Honourable Quentin Bryce AD CVO
Chair
Special Taskforce on Domestic and Family Violence in Queensland
PO Box 15185
CITY EAST QLD 4002

Dear Dame Quentin,

Thank you for the opportunity to provide input to the Special Taskforce on Domestic and Family Violence for its consideration in formulating advice to the Premier of Queensland.

As you know, Our Watch is an independent, not for profit organisation with four members – the Commonwealth, Victorian, South Australian and Northern Territory Governments. All States and Territories, including Queensland, have been invited to join as members.

Our Watch works to raise awareness and engage the community to challenge attitudes, institutional practices and social norms that condone or excuse violence against women and their children, and to promote respectful and egalitarian behaviours and values.

Our Watch congratulates the Queensland Premier for initiating the Special Taskforce, and welcomes the Queensland Government's determination to take a lead role in preventing domestic and family violence.

This intent aligns strongly with Our Watch's mandate and we look forward to working with the Queensland Government in the years to come to prevent violence against women and their children in Queensland.

Yours sincerely,

Lara Fergus
Director, Policy and Evaluation

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SUBMISSION TO THE PREMIER'S SPECIAL TASKFORCE ON DOMESTIC AND FAMILY VIOLENCE IN QUEENSLAND

About Our Watch

Our Watch is an independent, not for profit organization with four members: the Commonwealth, Victorian, South Australian and Northern Territory Governments.¹ Our Watch's vision is shared with the National Plan to Reduce Violence against Women and their Children 2010–2022 (the National Plan): an Australian community free from violence against women and their children. We aim to provide leadership at a national, state, regional and local levels to drive changes in the attitudes, behaviours, social norms and institutional practices that underpin or support such violence.

Our Watch focuses this submission on the *prevention* of domestic and family violence – and other forms of violence against women and their children – in line with our mandate and expertise.

We defer to the submissions of organisations with expertise and experience in service, police and justice *responses* to domestic violence in Queensland on these issues. We urge the Special Taskforce to recognise the importance that both prevention and response strategies are fully realised and funded, and are not in competition with each other.

This submission therefore focuses principally on the first term of reference, but does engage to some extent with the terms of reference relating to early intervention and population specific approaches to addressing domestic and family violence.

¹ Established as the Foundation to Prevent Violence against Women and their Children in July 2013, Our Watch has invited all States and Territories to join as members.

In considering the term of reference and the Special Taskforce's consideration of Education and engaging Queenslanders to create a community that supports respectful relationships, practice positive attitudes and behaviours and promotes a culture of non-violence, it appears that it is premised on an understanding of the underlying determinants of domestic and family violence – that it is respectful and gender equitable relationships that will drive the end of family violence in our communities.

Understanding the causes of domestic and family violence

To briefly revisit the evidence, the prevalence and impact of domestic and family violence in Australia (detailed in Attachment A) is important for what it tells us about the dynamics and nature of violence, and the factors that drive it.

The data shows us clearly that – while violence is experienced by both sexes – there are highly gendered patterns in its perpetration, victimisation and impacts. Both sexes are more likely to experience violence at the hands of men. Men are more likely to experience violence by other men in public places, women are more likely to experience violence from men they know, often in the home. The majority of acts of domestic violence and sexual assault are perpetrated by men against women, and this violence is likely to have more severe impacts on female than male victims.

The above picture does not discount the importance of acting to end all violence, regardless of the sex of the victim: all violence is wrong. But it does tell us that domestic violence is deeply gendered in its drivers, dynamics and impacts, and needs to be addressed in a way that acknowledges its gendered dimensions, alongside other contributing factors described below and in Attachment B.

All major international and Australian studies on factors contributing to domestic violence have emphasised the need to consider a complex interplay of personal, situational and sociocultural factors.² Put simply, individual life histories and contexts – such as childhood experiences of violence or alcohol abuse – may play a role in perpetration of violence. But these factors only come into play when coupled with a belief on the perpetrator's part that he (as they are mostly men) has a right to abuse.

² Heise, L (1998) [Violence against Women: An Integrated Ecological Framework](#)

Our key question therefore has to be: where does this belief come from? Research by international institutions such as the World Health Organisation and European Commission, as well as Australian bodies such as the Victorian Health Promotion Foundation (VicHealth) and our own population surveys, have all concluded that permission or justification for violence is learned and reinforced through our social, organisational and/or familial environments. For example:

- Levels of domestic violence are measurably higher across the whole population in societies where laws, institutions and cultural beliefs promote or support stereotypical or rigid roles for men and women, and where women have less access to power and resources than men.³
- Individuals (men and women) who do not believe men and women are equal, and/or see them as having specific roles or characteristics, are more likely to condone, tolerate or excuse domestic violence.⁴
- Within intimate relationships, male dominance and control of wealth is a significant predictor of higher levels of violence.⁵
- At the individual level, the most consistent predictor for support of violence by men is their agreement with sexist, patriarchal and/or sexually hostile attitudes.⁶

These findings reflect what can already be observed in the prevalence and impact research noted above, as well as in police and hospital data – that there are gendered patterns of violence perpetration.

The unequivocal conclusion drawn across studies is that gendered socialisation and inequality is the leading contributor to violence against women and their children. Therefore while addressing gender socialisation and inequality may sit uncomfortably with some audiences – and meet with resistance – it is as essential to the prevention of violence as addressing smoking is to the prevention of lung cancer (which we might add has also been met with resistance from communities).

³ World Health Organisation (2010) [Preventing Intimate Partner and Sexual Violence: Taking Action and Generating Evidence](#); European Commission (2010) [Factors at play in the perpetration of violence against women, violence against children and sexual orientation violence: A multi-level interactive model](#)

⁴ World Health Organisation (2010) op cit 5, European Commission (2010) op cit 5, plus Commonwealth of Australia and VicHealth (2009) [National Survey on Community Attitudes to Violence against Women 2009: Changing Cultures, Changing Attitudes – Preventing Violence against Women: A Summary of Findings](#)

⁵ *Ibid*, plus Partners for Prevention (2013) [Why Do Some Men Use Violence against Women and How Can We Prevent It? Quantitative Findings from the UN Multi-country Study on Men and Violence in Asia and the Pacific](#).

⁶ Commonwealth of Australia and VicHealth (2009) op cit 7, European Commission (2010) op cit 5

Attachment B provides further detail on the interaction and distinctions between the ‘determining’ factors of gender inequality and socialisation, and ‘contributing’ factors such as alcohol abuse. This strays some way into distinguishing the work of primary prevention from that of early intervention which is established as a focus of the Special Taskforce.

Addressing the causes of domestic and family violence

Primary prevention aims to reduce or prevent new instances of violence across whole populations before they occur, by addressing underlying causes/drivers and promoting positive shifts in attitudes, behaviours, and practices.⁷ Examples include schools-based programs building students’ relationships skills, social marketing campaigns addressing gender stereotypes, or workplace initiatives promoting gender equity and building skills in ‘bystander’ responses to sexist/discriminatory behaviour – to name a few. Such approaches are distinct from both immediate and longer-term responses to existing violence (e.g. crisis counselling, police protection or men’s behaviour change programs) – as well as from early intervention activities (such as those working with ‘at risk’ young people or families) – which are often (and confusingly) termed ‘secondary’ or ‘tertiary’ prevention.⁸

These distinctions are important. The idea of ‘prevention’ has frequently been conflated with early intervention or even response in policy, research and practice approaches to violence against women and their children – in Australia and internationally. The result is that transformational efforts to stop violence before it occurs can be overlooked or omitted.

Prevention must complement effective responses to domestic and family violence

⁷ UN Women in cooperation with ESCAP, UNDP, UNFPA, UNICEF and WHO (2012) *Report of the Expert Group Meeting on Prevention of Violence against Women and Girls*, Bangkok, Thailand, 17-20 September 2012, EGM/PP/2012/Report, paragraph 17.

⁸ It is also worth noting that some participants in recent international discussions deemed the qualifier of ‘primary’ prevention redundant and potentially confusing outside the health sector. They noted that common usage of the term ‘prevention’ is already ‘to stop something before it happens’, and warned against confusing the issue by bringing in further definitions of prevention (secondary and tertiary) that in fact departed from common usage. See for example the expert papers and meeting notes from the Expert Group Meeting on Prevention of Violence against Women and Girls, Bangkok, Thailand, 17-20 September 2012.

Our Watch emphasises that its focus on primary prevention – and our advocacy for further efforts in this area – in no way implies a lesser effort or investment is necessary to respond to existing violence.

- Firstly, good responses are a fundamental ‘building block’ for prevention – they send a message that violence is not acceptable, establish the notion of perpetrator accountability, and protect women and their children from further violence.
- Secondly, prevention activity can lead to increased numbers of women being able to name and identify violence in their own lives, and we need to be able to respond effectively in such cases.
- Finally, while we can be confident that primary prevention – done well – will eventually lead to reductions in new incidents of violence, this is a long-term and generational project. Continued investment in an effective response to existing violence against women and their children – including through improving legislative, police, justice and service systems – will therefore remain crucial.

That being said, without significant and distinct investment in primary prevention, we will never ‘turn off the tap’ of domestic and family violence. Our Watch therefore urges the Queensland government to invest in both prevention and response strategies, and not one at the expense of the other.

Well-evaluated examples of prevention activity currently exist in Australia, particularly in certain settings, such as education, workplaces and sports. However limited shared understandings of what constitutes effective prevention continues to constrain the development of good practice. More activity exists than is evaluated or fully documented, which presents challenges for improvement and upscaling, with a particular dearth of evidence-based practice on working with different population groups.

Most importantly, the social, cultural and behavioural change required to prevent violence against women and their children cannot be achieved ‘project by project’. Activities need to be embedded into the core business of different sectors, and coordinated across numerous settings and jurisdictions in a coherent way. For this to happen, governments at all levels have a role to play.

In addition to Commonwealth commitments under the National Plan:

- State Government carries the bulk of direct service delivery responsibility across health and community services, education, justice and police – all of whom have significant roles to play in developing and implementing activity to prevent violence through their institutional systems and policies, such as the delivery of respectful relationships

education in schools, or the implementation of positive and equal parenting programs. Effort must be undertaken on a whole of government basis built on a shared understanding of the purpose of primary prevention, and sharing joint responsibility and accountability for delivering government commitments.

- Local Government – as the closest arm of government to the community – can drive social, cultural and behavioural change to prevent violence across the country through their own programs and services, such as promoting participation of women and girls in local sporting clubs, or supporting community-driven prevention activity.

Together with other governments, organisations and research and community partners, the work of preventing violence against women and children, of which family and domestic violence is the most prevalent form in Australia, must be focused, coherent, and mutually reinforcing.

A role for the Queensland Government

Contribute to a collective and evidence-based approach to creating social, cultural and behavioural change across jurisdictions and sectors

In partnership with the Australia's National Research Organisation for Women's Safety (ANROWS) and VicHealth, Our Watch is developing, in consultation with State and Territory Governments, a National Framework to Prevent Violence against Women and their Children (Framework). We look forward to consulting with the Queensland government and community sectors to inform the Framework's development in 2015, and the Queensland Government's ongoing engagement in this work.

The Framework will not prescribe specific actions, but rather provide evidence and guidance to assist stakeholders to develop appropriate policies, strategies and programs to prevent violence against women and their children. It will provide the 'scaffolding' to help governments guide prevention activity through mechanisms involving cross-portfolio leadership and the participation of civil society, especially women's organisations.

Support institutions and organisations to drive social, cultural and behavioural change through their core work

The National Plan committed to developing national ‘best practice benchmarks’ for primary prevention⁹ as a priority activity, which the 2013 Progress Report indicated would involve an expansion of existing standards and best practice information, to ‘support stronger understanding of primary prevention across stakeholder groups and the implementation of high-quality prevention activities.’¹⁰ This is an important cross-jurisdictional commitment, as practice benchmarks would enable a more coherent and evidence-based approach to project funding, by providing standards for assessment and quality-control of activities in different settings, such as:

- **Workplaces, sporting clubs and other organisational settings:** Effective responses to sexism, harassment, discrimination and violence should be the norm in organisations of all sorts, with positive measures in place to promote gender equality and respectful organisational cultures. The Queensland Government should support efforts to increase women’s participation and representation in decision-making positions across private, public and not for profit workplaces and other organisations. Tools and technical assistance should be available to businesses, public institutions, sporting and other organisations to promote gender equality and empower bystanders to act on sexism and discrimination.
- **Media:** The Queensland Government can lead public debate towards an increased understanding and intolerance of violence against women and their children, and greater support for gender equality. To achieve this, the Government should ensure ongoing work with the media to report incidents, causes and impacts of violence against women and their children with greater sensitivity and accuracy. Regulatory frameworks should promote non-discrimination and challenge harmful gender stereotypes in both advertising and the media.
- **Education:** All Australian students should be learning to build respectful relationships in school cultures that promote gender equality and non-violence – from Foundation to Year 12. To achieve this, Our Watch has urged the Federal Government to ensure that the Health and Physical Education component of the Australian Curriculum maintains its content on respectful relationships education, and that curriculum implementation across all learning areas promotes gender equality and challenges harmful gender stereotypes.

⁹ Under Strategy 1.2.

¹⁰ Commonwealth of Australia (2013) *2013 National Plan Progress Report*, p.80.

At a state level, schools, teachers, youth workers and education stakeholders should be supported to deliver good practice whole-school approaches to respectful relationships education. Similar work in non-school and adult education settings (e.g. parenting programs) should be developed, implemented and evaluated.

Develop a skilled workforce to embed social, cultural, behavioural and practice change in different sectors and settings

If institutions and organisations are to effectively embed the social, cultural and behavioural change needed to prevent violence against women and their children, skilled ‘implementers’ are needed across sectors. At a state level, accredited training should be complemented by access to technical assistance for program design, implementation and evaluation, as well as support for networks, forums for information sharing, and communities of practice, all of which have been demonstrated as essential to the integration of prevention efforts into mainstream settings.¹¹

Promote gender equality through political, economic and social measures

The Queensland Government should model and promote gender equality, and shape attitudes and social norms to prevent violence against women and their children through, for example:

- Improving levels of women’s representation in leadership positions in government, in parliament and on government boards.
- Undertaking routine gender analysis as a stage in policy formulation and implementation as well as for budget decisions, both within individual government departments as well as within ministerial decision making processes.
- Regularly reviewing government policies to ensure that gender equality is embedded in its practices.
- Providing informed and consistent whole of government leadership on issues relating to gender equality and the prevention of violence against women and their children.
- Implementing the promotion of gender equality and prevention of violence and discrimination and across public services as ‘model workplaces’.

¹¹ See, for example, VicHealth (2012) The Respect, Responsibility and Equality Program: A Summary Report on Five Projects that Build New Knowledge to Prevent Violence against Women.

Tailor prevention programming to different groups

The evidence base tells us that violence against women and their children occurs across the Australian community, in all of its diversity. As such, whole-of-population approach is needed to end it. Strategies need to be tailored to meet people where they are, which means responding to their different experiences, backgrounds, contexts and circumstances. For example, many attitudes, beliefs and behaviours are formed in childhood and adolescence. A report for the White Ribbon Foundation, [An Assault on Our Future: The Impact of Violence on Young People and Their Relationships](#), found this is a crucial time to educate and build skills for respectful relationships through strategies specific to such age groups.

Historical and existing socio-structural forms of discrimination and disadvantage may contribute to violence. For Aboriginal and Torres Strait Islander communities, the effect of colonisation, intergenerational trauma and other factors, plays a significant role in understandings, experiences of, and responses to violence against women and their children. Work to prevent violence against Aboriginal and Torres Strait Islander women and their children cannot be separated from efforts to address racism, dispossession and the intergenerational impact of colonisation and its associated policies. Integrated and culturally competent strategies that incorporate Aboriginal and Torres Strait Islander history, values and experience are therefore critical.

Across all Australian communities, the likelihood and impact of violence against women and their children can be made worse by existing discrimination and disadvantage associated with factors such as age, ethnic origin, religion, disability, sexual identity and orientation, age, geographic location and socio-economic circumstance. When coupled with gender inequality, sex discrimination and gender stereotyping, the intersection of these factors can compound the experiences and impacts of violence.

Prevention strategies must address the key drivers of violence against women and their children – gendered power inequalities, discrimination and stereotyping – and simultaneously challenge negative stereotypes and socio-structural discrimination based on Aboriginality, or other identity characteristics such as disability, ethnicity, sexual identity, or refugee status. We need to ensure – at each step – that *all* our strategies incorporate diversity, and are based on consultation with, participation and consideration of the needs and ideas of different groups.

This also means that *specific and tailored* initiatives are of benefit to suit the needs of different groups. These cannot be stand-alone initiatives, but should link to whole-of-population strategies

as part of a holistic effort. They should be based on the principles of meaningful participation, promoting self-advocacy and capacity building based on understandings of diversity, cultural respect and sensitivity.

ATTACHMENT A: Prevalence and impact of domestic violence in Australia

Domestic violence has ripple effects. It impacts on individuals and relationships as well as on organisations, communities and the broader society. The data shows that domestic violence harms and limits the lives of about a third of Australian women. There are two key surveys regularly cited in Australian research and policy that deal with the prevalence and nature of domestic violence: the 2012 [Personal Safety Survey](#) by the Australian Bureau of Statistics (ABS) and the Australian component of the [International Violence Against Women Survey](#). The [National Survey of Community Attitudes to Violence against Women](#) contains important statistics about the extent and nature of attitudes that may positively or negatively impact on levels of violence against women and their children. The key statistics from these and other recent research and data collection used to develop policies and programs in the area, are detailed below.

There are methodological challenges to determining the percentage of Australian children who have been exposed to domestic violence, however there is strong evidence to suggest that the number is significant. Community-based studies have estimated that between 4 and 23 per cent of all children recall witnessing family violence.¹²

Prevalence and impact data for the whole population

Personal Safety Survey 2012

Personal Safety Survey data shows that from 2005 to the most recent survey in 2012, there has not been a decrease in the number of women experiencing violence in Australia.

- Men were most often physically assaulted by a stranger in a public place, but women most often experienced physical assault in the context of domestic violence by someone known and trusted.
- One in six women have experienced physical or sexual violence from a current or former partner since the age of 15, in comparison to one in 19 men.

¹² Australian Institute of Family Studies (2013) *The prevalence of child abuse and neglect*.

- Women (25 per cent) were more likely than men (14 per cent) to have experienced emotional abuse by a partner since the age of 15, and women were more likely than men to experience anxiety or fear as a result of the emotional abuse they experience.
- Most victims of violence do not report the incident to police: 68 per cent of men and 67 per cent of women had not been in contact with the police after their most recent incident of physical assault.
- 54 per cent of men who and 26 per cent of women who had experienced violence from their current partner had never told anyone about their experience of violence.
- 79 per cent of men and 93 per cent of women who had experienced violence from a previous partner did tell someone. Both women and men were most likely to disclose this experiences of violence from a previous partner first to a friend or family member.
- 54 per cent of women who had experienced current partner violence had children in their care, and 31 per cent of women who had experienced current partner violence reported that their children had seen or heard the violence.

The previous Personal Safety Survey (2005) further reported that (these datasets have not yet been reported for the most recent survey):

- Of those women experiencing violence from a current partner and who had children in their care, a third reported the violence had been witnessed by children.
- Of those women who had experienced violence by a previous partner, 17 per cent had experienced violence for the first time when they were pregnant.
- 10 per cent of women who had experienced violence by their current partner had successfully sought a violence order against them. However, 20 per cent of women who had these orders issued said the violence was ongoing.

Australian component of the International Violence against Women Survey, 2004

In the Australian component of the *International Violence against Women Survey*, over a third of women who had a current or former intimate partner reported experiencing physical and/or sexual violence since the age of 16.

Crime Victimization, Australia 2010-11

The *Crime Victimization, Australia 2010-11* survey asked respondents aged 15 years and older about their experience of personal and household crimes regarding physical assault, threatened assault and sexual assault (asked of people over 18 years of age).

The survey shows that women were much more likely than men to be victims of partner physical assault. Women comprised 87 per cent of partner assault victims and 87 per cent of all face-to-face threatened partner assault victims.

National Homicide Monitoring Program, 2013

- Of the 185 domestic homicides recorded between July 2008 and June 2010, two thirds were classified as intimate partner homicide.
- Consistent with previous homicide monitoring reports, females continue to be over-represented as victims of intimate partner homicide: in 2008-10, females comprised almost three quarters of intimate partner homicide victims.

Australian Institute of Health and Welfare data on homelessness, 2012

Domestic violence is the major cause of homelessness in Australia. The *Australian Institute of Health and Welfare (2012)* collected data from specialist homelessness services for 2011-12 which include these findings:

- One-third of clients had experienced domestic or family violence.
- The majority of these (78 per cent) were female and one-fifth were less than 10 years of age.
- Over four times as many females as males reported domestic and family violence as the reason for seeking assistance.
- Of the female clients reporting domestic and family violence as a main reason, 63 per cent were aged between 18 and 44.

KPMG report on economic costs, 2009

- In 2009, KPMG estimated that the cost of violence against women and their children to the Australian economy was \$13.6 billion and calculated to rise to \$15.6 billion by 2021-22 without appropriate preventative action.
- Of the 2021-22 costs, the largest cost category of pain, suffering and premature mortality would be borne by victims/survivors comprising almost half (or \$8.1 billion) of the total cost.
- The next largest cost burden would be on Commonwealth, State and Territory Governments at 19 per cent (or \$2.9 billion) with employers bearing a three per cent (or \$456 million) proportion of total cost.
- At the 2013 White Ribbon International Conference, KPMG confirmed that based on further modelling the cost of violence against women and their children to the national

economy was USD14.7 billion representing 1.1 per cent of gross domestic product. As with previous modelling, KPMG noted this cost was based on reported violence only.

VicHealth research on health impacts, 2004

The Victorian Health Promotion Foundation (VicHealth) researched the health burden of intimate partner violence in Victoria. It found that:

- This violence contributes nine per cent to the total disease burden of Victorian women aged 15 to 44 years.
- Of this total disease burden, 60 per cent is due to mental health problems.
- Intimate partner violence was the leading contributor to illness, disability and premature death for this group, over and above other known risk factors of obesity, high cholesterol and blood pressure and illicit drug use.

Prevalence and impacts for women living with a disability

At a national level, there is limited evidence to determine the percentage of Australian women with a disability who have been exposed to violence. However, there is a growing body of evidence to demonstrate that this population experience much higher rates of violence and sexual assault and that this violence is likely to be more severe and continue for longer.

Women with Disabilities Australia's recent Commonwealth Government-funded project, *Stop the Violence*, aimed to reform service responses to violence against women with a disability and their children. The project involved research 'to map good policy and practice models and measures to address and prevent violence against women with disabilities.'¹³ A recent Victorian study, *Voices against Violence (2014)*, was conducted by the Women with Disabilities Victoria, The Domestic Violence Resource Centre Victoria and the Office of the Public Advocate. This report provides an important evidence base for further work to improve responses to women with disabilities experiencing domestic violence, and inferences for what should be done to prevent these forms of violence.

¹³ See project website: <http://www.stvp.org.au/index.htm>

Prevalence and impacts for women from Aboriginal and Torres Strait Islander backgrounds

Indigenous women experience disproportionately high levels of violence. The impacts are many and varied and include negative consequences for psychological and physical health, homelessness and poverty, and significant disruption to children's wellbeing and education. These impacts are often compounded due to circumstances related to health, and/or geographic and physical isolation. The negative impact of colonisation, dispossession of land and forced removal of children plays a key part in understanding violence against women and their children in these communities and the complex and culturally sensitive prevention strategies necessary to reduce this violence.

Work to prevent violence against Aboriginal and Torres Strait Islander women and their children cannot be separated from efforts to address racism, dispossession and the intergenerational impact of colonisation and its associated policies. Joined up and culturally competent strategies that incorporate Aboriginal and Torres Strait Islander history, values and experience will be essential.

National Homicide Monitoring Program, 2013

- Just over half of Indigenous homicide victims were killed in a domestic homicide, of which the most common subcategory was intimate partner homicide (42 per cent).
- Two in every five Indigenous victims of homicide were female, higher than the equivalent proportion of female non-Indigenous homicides (31 per cent).

Overcoming Indigenous Disadvantage Key Indicators, 2011

The *Overcoming Indigenous Disadvantage Key Indicators 2011 Report* outlines data on measures that serve to inform an understanding of the impact of family and community violence on Aboriginal and Torres Strait Islander people and communities. In 2008-09, after adjusting for the different age structures of the Indigenous and other populations, this report shows:

- Indigenous females were hospitalised for non-fatal family violence assault (6.5 per 1000 Indigenous females) at 31.4 times the rate for other females (0.2 per 1000 other females)
- Indigenous males were hospitalised for non-fatal family violence assault (2.7 per 1000 Indigenous males) at 24.9 times the rate for other males (0.1 per 1000 other males).

Australian Institute of Health and Welfare data on homelessness, 2012

- The most common main reason for seeking assistance from homelessness services reported by Indigenous clients (as for all clients) was 'domestic and family violence'. Female Aboriginal and Torres Strait Islander clients were significantly more likely than male clients to report 'domestic and family violence' as the main reason for seeking assistance (almost a third of females compared with 14 per cent of males, most of whom were children).

Prevalence and impacts for women from culturally and linguistically diverse backgrounds

Preventing violence against women and their children from culturally and linguistically diverse (CALD) backgrounds is a priority area of work for Our Watch.

CALD women may in fact be more vulnerable to violence for structural reasons, including:

- Migration policy and legislation that reduce women's access to rights;
- Structural racism in the workplace and the education system;
- Racial and gendered stereotyping of migrant and refugee women as being more passive, of their cultures being inherently violent;
- Intersections with gender, race, age, employment status, and other factors; and
- Lack of access to appropriate early intervention and prevention programs.

Women from culturally and linguistically diverse communities face a range of barriers to access to response services and prevention programs including language, lack of awareness of rights and of services, social isolation, and shame or fear of exclusion from their communities.

Furthermore, those from new and emerging communities are particularly vulnerable for the following reasons:

- Often lack established family networks, support systems, community structures and resources, relative to more established communities;
- Can be more vulnerable than established communities as they are often from a refugee background and have experienced displacement due to civil unrest;
- May comprise individuals with low levels of education and skill due to displacement;
- May comprise individuals who do not have English language skills;

- Comprise individuals who are unfamiliar with mainstream government services that are available in Australia and are less likely to be able to locate services that can help them meet their basic needs, and
- Tend not to have community infrastructures and organisations that can attract funding.

Whilst violence against women and their children occurs across the whole of Australian society it is evident that tailored and integrated prevention approaches are required if they are to be effective for these communities.

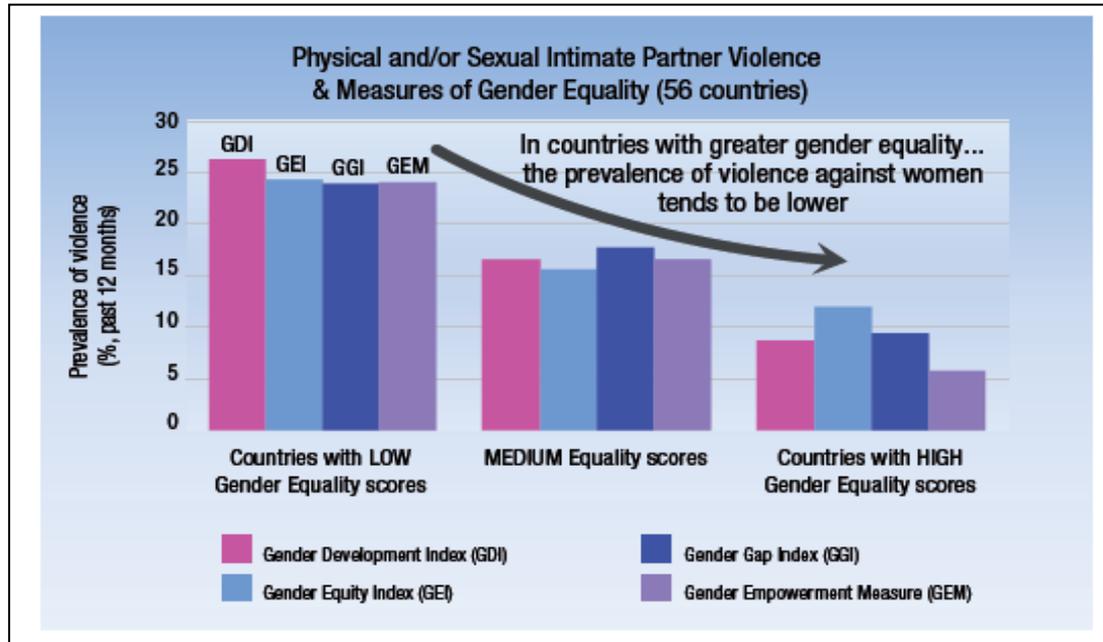
Primary prevention needs to be tailored to address their specific context, their culture and community strengths. Prevention programs need to be available, made more accessible and reflect the specific needs of women from diverse cultural backgrounds and their socio-economic circumstances, including migration and visa status.

National approaches to prevent violence against women in CALD communities reduces costs to government by decreasing duplication and maximising reach.

ATTACHMENT B: Distinctions between ‘determinants’ and ‘contributing factors’

The strongest factors correlating with higher levels of domestic violence have been found to lie in socio-structural and relationship-level gender inequalities, as well as attitudes and norms supporting violence and rigid gender roles. These factors have been termed ‘determinants’ of violence, as they are considered significant enough to *determine* the likelihood of violence occurring at population levels.

Figure 1 – Comparable multi-country data shows that as gender equality improves, the prevalence of intimate partner and sexual violence against women decreases – from UN Women (2010) [Investing in Gender Equality: Ending Violence against Women](#)



Certain *individual* life experiences, behaviours or circumstances have also been shown to increase the statistical likelihood of perpetration or victimisation of domestic violence. But researchers have emphasised that, in these cases, increased likelihood does not imply inevitability. Factors

such as low education, socio-economic disadvantage, social isolation, childhood experience of violence, alcohol and drug abuse may *contribute to* domestic violence, but they are neither necessary nor sufficient to lead to greater levels of violence *in themselves*. Rather, they come into play when coupled with support for gender inequality and rigid gender roles, as described above.

For example, childhood experience of, or exposure to, domestic violence may well establish a belief that violence is a normal expression of gender roles/masculinity, way of ‘disciplining’ women and children, or of solving disputes. However the socio-ecological model asserts that this belief can be mitigated by a number of other social, educational and psychological factors, most notably the existence of alternative relationship models, and gender-equitable and non-violent norms in the child’s extended family, community and society. VicHealth’s analysis, reinforced by later studies, indicated that childhood experience of violence *contributes to*, but does not determine, future perpetration or experience of violence as an adult.

Similarly, alcohol abuse does not make someone violent – as evidenced by the fact that not all people who abuse alcohol are violent, and many people who do not abuse alcohol are violent. In Lori Heise’s research, [What Works to Prevent Partner Violence – An Evidence Overview](#), she found that alcohol abuse only increased the likelihood of violence perpetration for men who *already held* attitudes and beliefs that condone/support violence, gender inequality or rigid gender roles. Heise noted that such men were often found to use violence more frequently and with more severe impacts when they *also* abused alcohol.

Social circumstances, such as unemployment or financial stress, have similarly been correlated with higher levels of perpetration of violence. Again this is not true for everyone in such circumstances, and many perpetrators of violence do not face such stresses. Partners for Prevention’s recent multi-country survey (discussed below) found that such circumstances came into play as contributors to violence only when they impacted men who already held rigid attitudes towards masculinity and power.

It is becoming clear through the research that addressing these contributing factors alone will never stop the violence. The key is to address the underlying attitudes, beliefs, practices and systems that condone, justify or excuse the gender inequality and socialisation supportive of violence against women and their children.