

Gender-based violence

Policy Position Statement

Key messages:

Gender equality is essential to preventing gender-based violence.

The *National Plan to End Violence against Women and Children 2022-2032* must be fully implemented. The capacity of health professionals must be strengthened to assess risk, intervene/refer early, and respond appropriately to the needs of survivors.

Key policy positions:

1. Full implementation, evaluation, and resourcing of the *National Plan to End Violence against Women and Children 2022-2032* and reporting against these targets and those for violence reduction in the *National Women's Health Strategy 2020-2030* (Priority area 5) and in the UN Sustainable Development Goals (SDGs 5.2, 5.3, 11.2, 11.7, 16.1, 16.2).
2. State, Territory and Federal cross-ministerial action to prevent and reduce the incidence, prevalence, impact of GBV.
3. Support for the delivery and evaluation of evidence based coordinated GBV interventions, across prevention, early intervention, response, recovery and healing, and within all sectors and settings.

Audience:

Federal, State and Territory Governments, policymakers and program managers, PHAA members, media.

Responsibility:

PHAA Women's Health Special Interest Group

Date adopted:

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Gender-Based Violence

Policy position statement

Definition

Gender-based violence (“GBV”) is any intentional harmful act (physical, sexual, psychological, or economic) directed against individuals or groups of individuals based on their gender. It may include sexual, domestic, intimate partner and family violence; trafficking; forced/early marriage; and harmful traditional practices. This violence is the result of gender inequity linked to cultural values and beliefs, gender stereotypes, social-economic issues, situational factors e.g., male dominance/control, substance use, and a history of family violence;^{1,2} and has links with major societal events, like pandemics and severe weather events.^{3,4}

PHAA affirms the following principles:

1. GBV must be reduced through co-ordinated, multi-sector, and community action involving primary, secondary, and tertiary prevention strategies. Primary prevention addresses the determinants of GBV including gender inequality and adherence to harmful gender stereotypes. Secondary prevention focuses on early intervention. Tertiary prevention involves working with victims and perpetrators.⁵
2. Legislative systems require strengthening to respond effectively to GBV. The PHAA supports a human rights approach in Australia as enshrined in international law.⁶

PHAA notes the following evidence:

3. Women are overwhelmingly the main victims of all types of family, domestic, and sexual violence.^{1,7} Intimate partner violence is one of the leading preventable contributors to ill health, injury and death of Australian women aged 15-44 years, and intimate partner violence (largely perpetrated by men against women) is a leading risk factor for the development of depression and anxiety.⁸
4. Violence against women and violence against children intersect.⁹ Exposure to family violence in childhood has serious, often long-term, negative effects on children’s physical, emotional, mental, and social health and development^{9,10} and perpetuates GBV, increasing the risk of experience or perpetration of violence during adulthood.⁹
5. Despite major gaps in research, available evidence suggests that the prevalence of intimate partner, family, and sexual violence against LGBTQIA+ people is high¹¹⁻¹³, with violence experienced in similar and different ways to cisgender, heterosexual women (e.g., using knowledge of one’s sexuality or gender identity to control or harm them).^{11,13}
6. Health and social services are ideal settings for early intervention for victims/survivors of gender-based violence, however professional capacity to respond to GBV is low and training is limited, with substantial variability across medical schools and capacity building programs.^{14,15}
7. Legislative systems intended to protect women and children are complex, confusing, and drawn-out, with victim-survivors often facing continued and additional abuse during and after navigating criminal and family law courts, such as financial abuse through child support payments, emotional abuse and control through shared custody arrangements,¹⁶ and technology-facilitated abuse.¹⁷

8. Domestic and Family Violence (DFV) are the main reasons why women in Australia become homeless.¹⁸ 39% of people who sought help by specialist homeless services across Australia in 2021-22 had experienced DFV, 76% of whom identified as female.¹⁹
9. GBV is complex and not caused by any individual factor yet is largely driven by the persistence of gender inequality in society and, therefore, must be addressed using approaches that shift attitudes, beliefs, and norms at the population level.^{20,21} Evidence of effective interventions for prevention is limited but growing, with promising strategies including educational programs that promote respectful relationships, bystander action²², empower women and challenge traditional gender stereotypes.²¹
10. More research into strategies that effectively intervene, respond to, and support recovery and healing related to GBV is needed. Promising strategies include specialised GBV training for health professionals, home-visiting programs, psychological support services, services that are inclusive of children, and advocacy programs that focus on safety and resources.^{15,21}
11. The Australian Government's *National Plan to End Violence against Women and Children 2022-2032* provides excellent recommendations²³ and implementing this policy would align with the National Women's Health Policy 2020-2030 and contribute towards the achievement of [UN Sustainable Development Goals](#) ("SDGs") [3 – Good Health and Wellbeing](#), [5 – Gender equality](#), [10 – Reducing inequalities](#), [11 - Make cities and human settlements inclusive, safe, resilient and sustainable](#), and [16 – Peace Justice and Strong Institutions](#). Australia must report on GBV in relation to SDG targets 5.2, 5.3, 11.2, 11.7, 16.1, and 16.2.

PHAA seeks the following actions:

12. Fully implement and resource the *National Plan to End Violence against Women and Children 2022-2032* (with the associated 5-year Action Plans) and the *Aboriginal and Torres Strait Islander Action Plan*.
13. Fund and implement coordinated, mutually reinforcing primary prevention gender equity initiatives across all settings.
14. Improve the education and training of health professionals to assess risk, intervene/refer early, and respond appropriately to the needs of those at risk of or experiencing GBV.
15. Legislative reform is required in relation to federal family court and child protection systems. Specialised legal services for those experiencing GBV must be adequately resourced.
16. Resource women's refuges and other GBV support services. Provide affordable counselling and outreach services for women choosing not to go into refuges, and initiatives for women to remain in the home. There must be access to affordable, safe, long-term housing for victims of GBV.
17. Rigorously evaluate GBV programs to establish their effectiveness and report on Australia's progress against National and SDG targets.

PHAA resolves to:

18. Advocate for full implementation and resourcing of the *National Plan to End Violence against Women and Children 2022-2032*, including implementation of a coordinated national approach to primary prevention.
19. Advocate for equality for women and gender minorities in Australia to prevent GBV (see PHAA *Gender and Health Policy*).

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20. Advocate for initiatives to build the capacity of health professionals to assess risk, intervene/refer early and respond appropriately to the needs of those at risk of, or experiencing, GBV.
21. Advocate for and monitor the effectiveness of legislative reform to ensure the safety of women and children.
22. Advocate for and monitor the effectiveness of GBV programs and standardised reporting.

ADOPTED September 2023

(First adopted 2010, revised and re-endorsed 2013, 2016, and 2019)

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