Gender-based violence
Policy Position Statement

Key messages:
Gender equality is essential to preventing gender-based violence.
The National Plan to Reduce Violence against Women and their Children 2010-2022 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 Reduce Violence against Women and their Children 2010-2022 and reporting against these targets and those for violence reduction in the National Women’s Health Policy 2020-2030 (Priority area 5) and in the UN Sustainable Development Goals (SGDs 5.2, 5.3, 16.1, 16.2).
2. State, Territory and Federal cross-ministerial action to prevent and reduce the incidence, prevalence, impact of GBV.

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

Responsibility: PHAA Women’s Health Special Interest Group

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Definition

Gender-based violence ("GBV") is any intentional harmful act (physical, sexual, psychological or economic) directed against individuals or groups of individuals on the basis of 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, social-economic issues, situational factors e.g. male dominance/control, substance use and a history of family violence.¹, ²

PHAA affirms the following principles:

1. GBV must be reduced through co-ordinated, multi sector whole of Government 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.³

2. Legislative systems require strengthening to respond effectively to GBV. The PHAA supports a human rights approach in Australia as enshrined in international law.⁴

PHAA notes the following evidence:

3. Women are overwhelmingly the main victims of all types of family, domestic and sexual violence.¹ Intimate partner violence is the leading preventable contributor 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.⁵

4. Exposure to family violence has serious, often long-term, negative effects on children's physical and social development. Such exposure can lead to further cycles of violence against women and child maltreatment, increasing the risk of experience or perpetration of violence during adulthood.⁶

5. Gay, lesbian, bisexual and transgender people experience higher rates of interpersonal violence than the heterosexual population.⁷, ⁸

6. Health professional capacity to respond to GBV is low, and training in medical schools is rare.⁹

7. There are legal challenges to the protection of women, children and sexual minorities including the safety of those affected by online forms of GBV such as cyber-stalking, and for those trying to negotiate safe post-separation parenting arrangements.¹⁰, ¹¹

8. GBV and homelessness is a serious issue. Forty percent of people who were assisted by specialist homelessness agencies across Australia in 2016–17 were seeking help because of family and domestic violence.¹
9. There is a lack of evidence to address GBV but promising interventions include advocacy for survivors, home visitation and health worker outreach, as well as coordinating system change for response across health and family and community services.

10. The Australian Government’s National Plan to Reduce Violence against Women and their Children 2010-2022 provides excellent recommendations, many of which have not yet been implemented or resourced.


PHAA seeks the following actions:


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 SGD targets.

PHAA resolves to:

18. Advocate for full implementation and resourcing of the National Plan to Reduce Violence against Women and their Children 2010-2022, 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).

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 their children.

22. Advocate for and monitor the effectiveness of GBV programs and standardised reporting.

ADOPTED September 2019

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


