

Centre for Women's Safety & Wellbeing

Rationale for name and focus

Women and their children's safety

Domestic and family violence remains a chronic and destructive aspect of family life in Australia. Its pervasive reach into the lives of women and children creates fear, undermines health and wellbeing, is the leading cause of homelessness for women and children, and costs the community an estimated \$21.6 billion (Price Waterhouse & Cooper, 2015).

The central element of domestic and family violence is an ongoing pattern of behaviour aimed at controlling a partner through fear, for example by using behaviour which is violent and threatening. In most cases, the violent behaviour is part of a range of tactics to exercise power and control over women and their children, and can be both criminal, and non-criminal. Domestic and family violence includes physical, sexual, emotional, financial and psychological abuse, and is contextualised within the wider socio-cultural context of gender inequality and the violence supportive attitudes that undermine respectful relationships.

The Centre for Women's Safety and Wellbeing (CWSW) will focus on violence against women and their children and gender based violence. Evidence shows that men are overwhelmingly the perpetrators of domestic and family violence and women are the majority of victims-survivors of this violence. The Centre will be dedicated to all women experiencing or at risk of gender based violence; and should they have children they shall also be a focus (including post-separation).

Domestic and family violence can affect children's behaviour, schooling, cognitive development, mental and physical wellbeing, and is the leading cause of homelessness for children. Children who grow up in families where domestic and family violence occur are also more likely to experience other forms of child abuse, such as sexual, physical and emotional abuse/maltreatment. The effects of such multi-victimisation require attention in policy, practice and research.

The Centre for Women's Safety and Wellbeing will support the position that responding to children exposed to domestic and family violence should occur alongside primary prevention. Primary prevention should be universally delivered, should help children to become critical of gender norms and violence-supportive attitudes, and equip them with the skills to form respectful relationships in adulthood.

The CWSW's position is that a critical aspect of achieving safety for women and their children is perpetrator accountability. The Centre will work in partnership with Stopping Family Violence and other key stakeholders to ensure that legislation, policy and practice act as a 'web of accountability'.

All CWSW activity will be based on a feminist philosophy, that is, gender based violence is largely a product of historical, socially-constructed gender roles; specifically, notions of masculinity and the

political, economic and social factors that give men power over women. These political, economic and social factors are also barriers to women's safety.

While gender is a central feature in domestic and family violence and sexual assault/abuse, other factors that intersect with gender, such as race, class, sexuality, disability and ethnicity also shape women's experiences of violence and have important implications for strategies to address it. The CWSW will hold the view that some populations such as Aboriginal people, those from a culturally diverse background, with disabilities or from a LGBTIQ communities face particular challenges. The Centre for Women's Safety and Wellbeing will listen, learn from and respond to these communities.

Sexual violence

The Centre for Women's Safety and Wellbeing will be informed by the evidence that sexual violence is overwhelmingly perpetrated by men against women; is a form of gender based violence; is often a tactic of intimate partner violence; and that the majority of sexual assaults occur in an intimate partner relationship. Children living with domestic and family violence are more likely to experience child sexual abuse, which has implications for future re-victimisation of both sexual violence and intimate partner sexual violence. As with domestic and family violence, the Centre for Women's Safety and Wellbeing will approach gender inequality as a primary driver/enabler of sexual violence and a barrier to safety.

The position of the Centre for Women's Safety and Wellbeing will be that reducing rates of sexual assault/abuse requires a human rights driven approach, based on a gendered analysis of sexual violence; and that best practice in community education, prevention and early intervention must be driven by a gendered analysis of sexual violence.

Gender inequality

The Centre for Women's Safety and Wellbeing supports *Change the Story: A shared framework to prevent violence against women and their children* (2015), which defines gender inequality as: a social condition characterised by unequal value afforded to men and women and an unequal distribution of power, resources and opportunity between them. Women around the world have a lower social status, reduced access to resources, lower wellbeing and a greater chance of living in poverty than men. Gender inequality pervades all aspects of society, including interpersonal relationships, communities and social groups, institutions, systems and structures.'

The Centre for Women's Safety and Wellbeing will promote the view that frequently gender and other types of disadvantage combine to determine women's life outcomes and options. Wealth, language, transgender status, race, disability, age, Aboriginality, sexual orientation and religion are all factors that affect women's lives and interact with gender to shape their social, political, cultural and economic status. In turn, these factors affect women's access to resources, levels of isolation, and vulnerability to adverse circumstances and poor physical, mental and sexual and reproductive health.

Why include the women's health sector?

The Centre for Women's Safety and Wellbeing will affirm that women's health encompasses physical, mental, emotional, cultural and spiritual wellbeing. Gender inequality and violence against

women are powerful determinants of women's health. By specialising in the health and well-being of women, and applying a gender lens to the issues, women's health services are well positioned to recognise and identify the broad effects of gender inequality on women's lives generally, and to facilitate the prevention and/or mitigation of harm by promoting better awareness of violence and its consequences.

Women's health services have specialist staff who work in health and trauma across a woman's lifespan. Women's primary presentation may be depression, anxiety, relationship and stress issues, or self-esteem issues with common underlying factors such as violence and sexual assault, and/or current or history of childhood sexual violence and/or domestic and family violence.

The sexual and reproductive health of women who experience violence is compromised across the lifespan. Pregnancy is a time of heightened risk of violence, routine gynaecological health screening becomes traumatic, and the risk of sexually transmitted infections is increased.

Women's health services address primary prevention of violence against women. They promote the view that gender equality is needed to prevent violence against women and the use of gender transformative health messages has positive outcomes. It is understood that education addressing knowledge, attitudes, self-determination and impact on health literacy is required.

Integrated gender-based health services provide a safe space, use trauma models and frameworks and have specialist staff in the areas of domestic and family violence and sexual health. Aboriginal women access women's health services both formally and informally as a pathway to other health services and domestic and family violence and sexual assault support and counselling services.

Vulnerable, marginalised and disadvantaged women with significant health complexities and experiences of violence access women's health services as a soft entry point for multiple needs. These women experience the highest rates of social exclusion in our community.

Domestic and family violence and sexual assault are common issues presented by CALD women accessing women's health services, often for routine health issues. CALD women may experience greater vulnerability due to social isolation, language issues, cultural practices and views regarding violence.

Collaboration and integration

A collaborative, integrated peak across domestic, family and sexual violence, health and gender equity will enable us to grow these areas to develop new and better ways to improve the lives of women and their families. A collaborative and state-wide partnership of services in sexual violence, women's health, and women's and children's domestic and family violence services positively complements specialist work and the sharing of specialist knowledge.

We recognise there is much to be done to improve the lives of women and their families and together we can do more.