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position statement

Family Violence is a health issue

Freedom from violence is a fundamental human right, and all experiences of family violence have detrimental impacts on health. Health services have a vital role in identifying and responding to women and others who experience violence. Community health services also play a key role in primary prevention of family violence.

Defining family violence

cohealth recognises that family violence includes coercive, threatening, and controlling behaviour as well as psychological, economic, sexual and physical abuse.[1]

While family violence is the most prevalent form of violence experienced by women in Victoria, we also recognise that violence can occur in the context of a range of kin and domestic relationships, including de facto partnerships, other intimate relationships, parent-child relationships and other circumstances.[1]

cohealth affirms the right to freedom from violence as a fundamental human right. Women and others have a right to personal safety and not to be subjected to harassment, abuse, control or violence "likely to result in, physical, sexual or psychological harm or suffering... including threats of such acts, coercion or arbitrary deprivation of liberty, whether occurring in public or in private life".[2]

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A public health approach to family violence

All experiences of family violence have detrimental impacts on health. These impacts include immediate, serious effects such as physical injury and death, as well as affecting mental and emotional health. The impacts on health and wellbeing can be long term and cumulative, and may be compounded by experiences in the legal or other system, for example if a disclosure of violence is met with a disbelieving, dismissive, blaming or other negative response.

Intimate partner violence is estimated to account for 8% of the total burden of disease (death, disability and illness) for Victorian women aged 15-44 years, and 3% of the burden for all Victorian women.[3] As such, it is the leading preventable contributor to death, disability and illness among Victorian women aged 15-44 – ahead of risk factors such as smoking, obesity and high blood pressure.[3] The effects of family violence can be indirect as well as direct, impacting on children or others who witness violent relationships.

Taking a public health approach to family violence means understanding that it occurs within the context of social and cultural determinants, and that the strategies needed to address it span the full spectrum from crisis response systems and recovery support, through to early intervention and primary prevention. "Primary prevention" means actions designed to stop an outcome developing, either by preventing it or by reducing exposure to risk factors. In the context of family violence, primary prevention focuses on building respectful relationships, challenging damaging stereotypes and attitudes, and addressing underlying structural determinants.[4]

cohealth views the structural factors contributing to family violence as including gender inequities and gender stereotypes as well as other social, cultural and economic factors which impact on the relative power of different groups. We support the need to improve the understanding of what family violence is, and how it is linked to broad social, cultural, and gender inequities.

Codesign is the key to improved services and programs

People with lived experience of family violence have the expertise to help improve services and systems.[5] The best way to bring about effective improvements to the prevention and response systems for family violence is to include people who have experience using them in their design. This codesign approach both empowers service users and enhances the likelihood of successful program and system improvements. A codesign approach is important for initiatives across all sectors, from legal and specialist service response systems through to prevention strategies.

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cohealth has experience working with many different communities, including those defined by geography, language, culture, and identity, to prevent family violence before it occurs, and to provide counseling, support and other assistance to people who experience, or are at risk of, family violence. This work acknowledges the diversity of people and groups who experience family violence, and the fact that people can have multiple social identities which intersect. These intersecting identities can magnify the difficulties faced. Codesign approaches adopted in the development and implementation of strategies to respond to, and prevent, family violence need to be inclusive of people from diverse backgrounds, such as refugee or asylum seekers, Aboriginal and Torres Strait Islander peoples, people from culturally and linguistically diverse backgrounds, and people who identify as LGBTIQ. This will ensure that strategies meet the needs of specific priority groups, and enable diverse groups to connect with and access strategies and programs relating to family violence.

The role of health services

cohealth recognises the important role of different sectors in addressing family violence, including specialist services and the legal system, other social and health services, and the community more generally. All sectors of society must be involved to improve our response to family violence, and to prevent its occurrence.

Health services have a particularly important role to play, as acknowledged by the Victorian Royal Commission into Family Violence.[6] Health services are in a unique position to recognise and respond to women and others who experience violence or who are at risk. This is because health workers build relationships of trust with their clients, and because mainstream health services are a non-stigmatising, safe entry point for assistance and support. It is often only after a trusting relationship has been established, and the initial presenting issue has been addressed – whether it is child health, a chronic condition, or a mental health concern – that a person will raise family violence as an issue. An appointment at a community health service or other mainstream health service is, for some people, a safer option than a visit to an identified family violence service.

Health services therefore must have the capacity to respond to family violence where it is identified. Effective capacity relies on well-designed and easy to use client information systems, comprehensive policies, procedures, and referral pathways, but more importantly on organisational culture and workforce capability.

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A range of strategies to improve the capacity of health services and health professionals to respond to family violence, including workforce development, training, and standards, have been recommended by the Victorian Royal Commission into Family Violence[6], and cohealth is committed to continuing to build and maintain our own organisational capacity in this regard.

cohealth and other community health services also have an important role as providers of primary prevention. Effective primary prevention requires sustained, secure funding which enables long-term engagement and capacity building with communities. Tailored and targeted approaches which are appropriate to the cultural and social context are most effective. cohealth's experience demonstrates that effective prevention builds on existing community strengths and structures, and works through long-term engagement to build relationships and trust.

Next steps for integrated safety: Prevention, early intervention and response

cohealth recognises the importance of a strongly integrated system. The significant activity undertaken in Victoria in recent times to implement the recommendations of the Victorian Royal Commission on Family Violence lays the foundations of this integration[1].

In particular, the Support and Safety Hubs will play an important role in improving coordination between specialist and mainstream family violence services, and providers of other important health, legal, housing, and education services when family violence has occurred or is occurring. Embedding hub activity within a broad service environment that includes, but is not limited to specialist family response services will be critical to their success.

cohealth recognises that not all people experiencing violence will choose to access services through a Safety Hub. There are also significant opportunities to prevent the incidence of family violence before it occurs, and to minimise its impacts by intervening well before police and other legal systems are engaged.

cohealth believes a truly integrated system must also ensure integration of effort across primary prevention, early intervention and response.

cohealth is a provider of services and initiatives across the continuum of interventions that include family violence prevention, early intervention and response for both victims and perpetrators. cohealth is working to develop models that integrate these efforts across the

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[1] Activities have included: the Victorian Government's 10-year plan to end family violence[7] and rolling action plan 2017-2020; establishing Family Safety Victoria; releasing the Victorian gender equality strategy[8]; developing the first of 17 Support and Safety Hubs across Victoria[9]; and the review of the Common Risk Assessment Framework (CRAF) tool[10].

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continuum, in all of its program areas, and across multiple service, partner and community settings.

By embedding family violence sector expertise and developing capability across the breadth of its services, cohealth seeks to deliver more comprehensive means of screening, assessing, preventing and responding to violence and its related health and social impacts.

cohealth believes efforts such as these form a significant part of the family violence system and require investment to support their further development, as well as ensure their connection to and integration with the Safety Hubs as they develop.

cohealth also recognises that the workplace is a crucial part of any integrated community and government response to intimate partner violence. As such, we support staff who have experienced violence to stay at work through actions such as allowing up to 20 days paid family violence leave and providing individual support.

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