

Family Planning Victoria

Submission to The Royal Commission into Family Violence

May 2015

901 Whitehorse Road
Box Hill VIC 3128
T/ 03 9257 0100
F/ 03 9257 0112



**family
planning
victoria**

Sexual & Reproductive Health
Care. Education. Advocacy.

About Family Planning Victoria

Family Planning Victoria (FPV) is a not-for profit, state-wide provider of reproductive and sexual health care, education and advocacy. Governed by a voluntary board of directors, we have been providing comprehensive reproductive and sexual health services in Victoria for over 40 years.

We provide a range of services which are accessible, culturally relevant and responsive to the needs of the diverse Victorian community. These services include clinical care, education and training to help build the capacity of educators and health care professionals working in the sexual and reproductive health sector. These services aim to empower disadvantaged, at risk and marginalised people who experience difficulty accessing mainstream services.

We value partnerships with organisations in metropolitan, regional and rural Victoria committed to the reproductive and sexual health of all Victorians. Our key stakeholders include state, federal and local government. We are members of Sexual Health and Family Planning Australia (SH&FPA) through which, we are associated with the International Planned Parenthood Federation.

FPV recognises the link between family violence, gender and power. We advocate a holistic and sustained approach to prevention through education, advocacy and health care.

Response to terms of reference

- 1. examine and evaluate strategies, frameworks, policies, programs and services across government and local government, media, business and community organisations and establish best practise for:**
 - a) the prevention of family violence;**
 - b) early intervention to identify and protect those at risk of family violence and prevent the escalation of violence;**
 - c) support victims of family violence and measures to address the impacts on victims, particularly on women and children;**
 - d) perpetrator accountability**

Education can help promote healthy attitudes and behaviours but this alone will not change the social acceptance of violence. In order to break the well documented cycle of violent behaviour in families, FPV believes we need a coordinated and multi-disciplinary approach. The goal is to make the focus on

positive relationships ubiquitous in society, thereby causing violent attitudes to become abhorrent.

Through our experience and evaluation of current practise, FPV identifies the following gaps and problems in the response to family violence:

- Whilst there is a strong recognition of the powerful opportunity for prevention through education there is a lack of co-ordination and collaboration in the implementation, sustainability and effectiveness of programs. The lost potential to share resources and expertise results in an ad-hoc and unreliable approach to prevention and response to family violence.
- The method in which funding is allocated and used results in a dispersion of potential impact. Currently there are many disjointed programs and interventions that address different aspects of family violence. There seems to be a lack of clear process from identification, response, treatment of impact to prevention.
- Health care providers and educators need greater support, skills and knowledge in how to prevent, identify and address family violence.
- “As little as 41% of Australians have adequate to high level of health literacy.” (PricewaterhouseCoopers 2011) This lack of knowledge and understanding affects their ability to support and protect their health and wellbeing.
- There is a gap in relationships education, understanding of acceptable behaviour and use of power in relationships. “...women often fail to label themselves as being raped in an intimate relationship and might even view forced sex as an obligatory part of the relationship. Consequently, for many different reasons, sexual violence is highly under-reported to police and healthcare officials”. (Edin and Nilsson 2013). Approximately 25% of Australian young people in schools from Year 10 to 12 report having experienced unwanted sex (Mitchell, Patrick, Heywood, Blackman and Pitts).

FPV suggest the following in order to establish best practice:

- To use a more collaborative and holistic approach. A professional body that coordinates the various programs and interventions, training and professional learning and available resources is essential. We identify ourselves as an organisation that can support and inform this professional body.
- People need to be empowered through early and sustained education. If presented in an age appropriate manner this can reduce distorted thinking about violent behaviours and help to increase positive attitudes regarding relationships. The subject is broad and therefore the teaching of it needs to

start early, be comprehensive and continue throughout the lifespan. We need to build resilience and empowerment in relationships from an early age. The value and importance of sexuality education is well documented and endorsed (Goldman and Coleman 2013; Mitchell 2014; United Nations Educational, Scientific and Cultural Organization (UNESCO) 2009). Effective sexuality education can reduce misinformation, increase knowledge and skills, clarify values, improve perceptions about peer group norms and increase communication with parents or other trusted adults.

- In-service training for medical students, student nurses, youth workers and any allied health workers needs to incorporate; relationships and sexuality, awareness of family violence identifiers and issues of gender identity as core subjects and/or units of competency. Knowledgeable speakers from both survivors of family violence and the professionals in the field are also essential. We would recommend that organisations such as the Victorian Medical Board be involved in developing training packages and mandatory assessment (questions) along with Royal College of nurses and those who work within the Sexual Health field. This must include the warning signs of relationship abuse as “... adolescent girls can face substantial barriers to leaving abusive relationships” (Murphy & Smith 2010) Young girls tend to differentiate what they will accept in a friendship as opposed to what they accept in a more sexual relationship, this difference needs discussion by trained facilitators with both genders.
- Empowering men to challenge other men when they are aware of unacceptable behaviour rather than deem it not their responsibility. There is a need to prioritise education for men and the role in challenging perceptions of what is ‘acceptable’ behaviour.

2. investigate the means of having systemic responses to family violence, particularly in the legal system and by police, corrections, child protection, legal and family violence support services, including reducing re-offending and changing violent and controlling behaviours;

FPV trains and provides secondary consultation to health professionals and has identified that many health professionals do not feel confident asking sensitive questions that may lead to disclosures of family violence.

In order to improve this, FPV believes that there needs to be:

- accessible and useful data collected to support professionals to identify and make informed decisions regarding client assessment
- more guidelines and support in place to motivate individual professionals to ascertain whether family violence is a contributing factor when managing a client’s health plan
- education provided so that organisations can train their staff to identify and respond to family violence in a proficient manner

- a co-ordinated central body that oversees organisations that work in this sector to ensure training is current and best practice is followed
- a directive to ensure organisations such as the Victorian Medical Board along with Royal College of nurses and those who work within the sexual health field provide training packages and mandatory assessment questions regarding the identification of family violence

FPV believe we can improve attitudes and values around family violence with constant, embedded, longitudinal education across the above mentioned multi-disciplinary sectors.

- This approach would help target and reduce recidivism by providing offenders an opportunity to identify their own values and attitudes towards relationships and violence, take part in education programs that build positive values and attitudes to healthy relationships and provide skill development in order to maintain healthy relationships
- This also allow victims of violence and their families to be heard in a therapeutic setting but also participate in positive programs that help develop their beliefs and values about relationship

3 investigate how government agencies and community organisations can better integrate and coordinate their efforts; and

A coordinated approach to planning that brings together multi-agency partners at state, regional, or sub-regional levels needs to occur. FPV believes that multi-agency partnerships and coordination will break down barriers between agencies and support a more integrated approach. An allied, cohesive approach to increase collaborative relationships will result in a more holistic, systematic and strategic approach. As a community organisation the main purpose of FPV is to support people to access reproductive and sexual health services, education and information to promote their sexual health and wellbeing. This role includes supporting individuals, health care providers, schools and the community.

4. provide recommendations on how best to evaluate and measure the success of strategies; frameworks, policies, programs and services put in place to stop family violence;

“Exploratory research must be conducted to ascertain what types of warning-sign behaviours are most prevalent in adolescent relationships...” (Murphy and Smith 2010)

FPV believes that there is a lack of accessible and useful data to support professionals to both respond to, and ascertain the necessary measures required to make informed decisions regarding client assessment.

We believe that:

- baseline data needs to be established across all aspects of the response
- targets set for improvement must be viewed over an extended period
- confidence levels in practitioners to report disclosures and develop management strategies need to be tested pre and post any intervention

FPV would like the commission to recognise that initially rates of reporting may rise significantly as a result of awareness campaigns and increased reporting. This may not indicate an actual increase in episodes of family violence. In this transitional period changes in knowledge, skills, awareness and attitudes can be measured as a proxy indicator for cultural change towards family violence.

5. the need to establish a culture of non-violence and gender equality, and to shape appropriate attitudes towards women and children;

As the process of socialisation begins from birth, FPV recommends establishing a culture of non-violence and gender equity from pre-school and throughout primary and secondary school education by:

- skilling young people to critically analyse gender roles, power, relationships, culture, advertising and the media. “Teaching about power and gender roles [was] a consistent predictor better health outcomes” (Beck 2015).
- encouraging robust discussions and repeated learning opportunities for young people to reflect upon their own behaviour and the impact they have on others.
- supporting teachers to reflect upon their own internalized assumptions about power and gender and to feel confident, and skilled in their ability to teach, shape and model appropriate attitudes. Every teacher is a teacher of culture and gender.
- fostering a whole school approach to comprehensive relationship and sexuality education at all year levels, for all non-teaching school staff and incorporate learning opportunities for parents and carers
- increasing the perceived value and importance of relationships and sexuality education by implementing mandatory assessment requirements for this unit of study.
- Focussing effort on those who are at high risk.

To support the work of schools in shaping in the next generation, workplaces and communities also need to promote a culture of non-violence and gender equity.

This can be done through:

- having and enforcing a zero tolerance policy regarding gender discrimination and harassment.

- providing staff with workplace learning opportunities to cultivate their understanding of the impact of violence, gender, discrimination and power imbalance.
- the provision of family violence leave
- supporting and enacting the principles of the Ottawa Charter of health promotion.

6. the needs and experiences of people affected by family violence with particular regard to children, seniors, Aboriginal and Torres Strait Islander communities, culturally and linguistically diverse communities, gay, lesbian, bisexual, transgender and intersex communities, regional and rural communities and people with a disability and complex needs;

We need to establish a culture in which the above groups are represented in discourse relevant to their situation with specific content and knowledge of the difference inherent in each. This can be achieved by:

- ensuring educational programs, advertising and other media platforms created to challenge and change attitudes to family violence are inclusive of minorities and disadvantage groups
- continually challenging comments and negative attitudes that contribute to the marginalisation and disadvantage of the above mentioned groups
- including representatives of the above mentioned groups in developing education, training and public awareness campaigns that are aimed at their community and the community in general

7. the need to identify and focus on practical short, medium and long term systemic improvements to Victoria's current response to family violence and the need for this response to be sustainable into the future

FPV believe that to improve current response to family violence and for these responses to be sustainable we need to:

- implement multi-agency training for all front line staff which may come into contact with individuals experiencing family violence.
- streamline reporting requirements.

8. the need for coordination across jurisdictions to provide the most effective response to family violence;

Programs, resources and formal education ideally need multi – agency co-operation in order to have a far reaching and long term effect on the response

to, and prevention of, family violence and its inherent attitudes within perpetrators and their families. This coordinated approach should ideally have a centralised supporting body that ensures that the appropriate inclusions within these programs are rigorous and resourced and that those delivering such programs are appropriately trained and kept up to date. “Realising the benefits of sexuality education is dependent on effective teaching” (Goldman and Coleman 2013). Teachers have a pivotal role in planning, delivering and evaluating the sexuality education within the classroom and within a school (Department of Education and Early Childhood Development (DEECD) 2011). This needs to be coordinated at a national level to ensure protocols are research based and driven from a centralised body.

We, as a society have both in the media and in our educational settings taught stranger danger. FPV believe that this same cross jurisdiction approach needs to occur to identify family violence through advocacy, education and influence. The use of negative language around violence and gender needs to be addressed in educational programs and community prevention programs to both identify the impact on victims and survivors as well as the perpetuation of attitudes. Violent language can minimise the impact of family violence by allowing the discourse to occur in a jovial manner. This change needs to occur in media campaigns at a national level allowing all interested parties to be involved.

9. The systems and mechanisms to identify and appropriately prevent and respond to family violence, including information sharing and data systems;

There is a lack of national data regarding the issues inherent to family violence and therefore, FPV would support:

- a consistent approach to data collection that is federally collected and collated to account for perpetrators who move across states
- the sharing of protocols for agencies other than those which are specifically focused on family violence such as health agencies, education institutions, social workers and the police
- mandatory assessment questions related to family violence to be asked of all clients regardless of age
- data collection from non-medical groups such as sporting and cultural groups
- the inclusion of information from social media when researching family violence
- research be conducted into entrenched attitudes and values in the wider community that promote violent behaviours
- the above mentioned research and data collection should be made available to inform any preventative strategies.

10. The expertise of professionals and academics working in the field of family violence, including any relevant international and Australian family violence research, past inquiries, reports and evaluations that may inform your inquiry and avoid unnecessary duplication.

References

Beck, J 2015, 'When sex ed discusses gender inequality, sex gets safer', *The Atlantic Health*, Atlantic Media Company, Washington, DC, <http://www.theatlantic.com/health/archive/2015/04/when-sex-ed-teaches-gender-inequality-sex-gets-safer/391460/>, viewed 25 May 2015.

DEECD (Victoria Department of Education and Early Childhood Development) 2011, *Catching on early: sexuality education for Victorian primary schools*, DEECD, Melbourne.

Edin, K and Nilsson, B 2013, "Between desire and rape – narratives about being intimate partners and becoming pregnant in a violent relationship", *Global Health Action*, vol.6, p. 20984.

Family Planning Victoria 2013, *SafeLanding: addressing barriers to teaching sexuality education in schools*, Family Planning Victoria, Box Hill, Vic.

Goldman, J and Coleman, S 2013, "Primary school puberty/sexuality education: student-teachers' past learning, present professional education, and intention to teach these subjects", *Sex Education*, vol. 13, no. 3, pp. 276-300.

Murphy, A and Smith, D 2010, "Adolescent girls' responses to warning signs of abuse in romantic relationships", *Journal of Interpersonal Violence*, vol. 25, no. 4, pp. 626-647,

News.com.au 2015, "Women walking alone 'an invitation' to attackers, says mayor", News Limited, Surry Hills, NSW, <http://www.news.com.au/lifestyle/real-life> , viewed 25 May 2015.

PricewaterhouseCoopers 2011, *Health literacy: implications for Australia*, PricewaterhouseCoopers, Southbank, Vic, viewed 25 May 2015, https://www.medibankhealth.com.au/files/editor_upload/File/Medibank%20Health%20Literacy%20Implications%20for%20Australia%20Summary%20Report.pdf

United Nations Educational, Scientific and Cultural Organization 2009, *International Technical Guidance on Sexuality Education*, UNESCO, Paris, France, <http://www.unesco.org/new/en/hiv-and-aids/our-priorities-in-hiv/sexuality-education/international-technical-guidance-on-sexuality-education/>, viewed 25 May 2015

Background reading

Brophy Family & Youth Services 2015, *Reality and risk: Pornography, young people and sexuality*, Brophy Family & Youth Services, Warrnambool, Vic, <http://www.brophyweb.org.au/node/295>, viewed 25 May 2015.

Jones, T and Mitchell. A 2014, "Young people and HIV prevention in Australian schools", *AIDS Education and Prevention* vol. 26 no. 3pp. 224 – 233.