



# A future free from violence

The Women's Prevention of Violence Against Women  
Strategy 2017-2021



the women's  
the royal women's hospital  
victoria australia

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## Aboriginal acknowledgement

The Women's acknowledges and pays respect to the Wurundjeri and Boonwurrung People of the Kulin Nations, the traditional custodians of the land on which we work and live. We recognise and respect their cultural and spiritual heritage, beliefs and continuing connection with the land. We pay our respects to Aboriginal and Torres Strait Islander elders past, present and future.

The intersection of gender and racial inequality creates conditions for high rates of violence against Aboriginal and Torre Strait Islander women. This Strategy will guide our continued work to prevent violence against all women. We acknowledge the many Aboriginal and Torres Strait Islander people who are working to create safer communities.

*Cover photo: Ashley Summers and Jason Dakin showcasing the Clothesline Project tshirts painted by the Women's staff to bring awareness to the issue of violence against women and children.*

# Definitions

**The complexity of violence against women is exemplified by the absence of consensus regarding the terminology used to describe violence experienced by women. At the Women's, we recognise violence in all its forms including, but not limited to, the definitions outlined here.**

**Violence against women** is defined by the United Nations as “any act of gender-based violence that results in, or is likely to result in, physical, sexual or mental harm or suffering to women, including threats of such acts, coercion or arbitrary deprivation of liberty, whether occurring in public or in private life.”

**Intimate partner violence** is defined by the World Health Organization as “behaviour by an intimate partner or ex-partner that causes physical, sexual or psychological harm, including physical aggression, sexual coercion, psychological abuse and controlling behaviours.”

**Sexual violence** is defined by the World Health Organization as “any sexual act, attempt to obtain a sexual act, or other act directed against a person’s sexuality using coercion, by any person regardless of their relationship to the victim, in any setting.”

**Female genital mutilation/cutting** is defined by the World Health Organization as “all procedures involving partial or total removal of the female external genitalia or other injury to the female genital organs for non-medical reasons.”

**Family violence** is defined in the Family Violence Protection Act, 2008 as behaviour that is:

- physically, sexually, emotionally, psychologically or economically abusive, threatening, coercive or in any other way controls or dominates the family member and causes that family member to feel fear for the safety or wellbeing of themselves or another family member; or
- behaviour by a person that causes a child to hear or witness, or otherwise be exposed to the effects of the behaviour.

**Family member** is broad and may involve: spouses/de facto partners (including cisgender\*, same sex, and non-binary), ex-partners, children, siblings, parents, caregivers (paid or unpaid), relatives, kinship structures.

**Gender equity** is defined by the World Health Organization as “fairness and justice in the distribution of benefits and responsibilities between women and men. It often requires women-specific programs and policies to end existing inequalities. The root causes of violence against women are; the unequal distribution of power between men and women, rigid gender roles and attitudes, norms, behaviours and practices that support violence.”

## Terminology at the Women's

As Australia's first and largest specialist hospital for women and newborns, we advocate for gender equity in health on behalf of our patients and staff. The term 'violence' is used throughout this Strategy as an umbrella term for all violence experienced by women, including; family violence, domestic violence, intimate partner violence, sexual assault and sexual violence. Similarly, the language used throughout is gendered in nature, in acknowledgement that violence against women is a gender equality and gender equity issue. We recognise that violence against women is primarily perpetrated by men known to them and that this violence also impacts on children who witness or experience violence.

\* Cisgender denotes or relates to a person whose sense of personal identity and gender corresponds with their birth sex.

# Introduction

**Violence against women has a major impact on the health and wellbeing of many of our patients, their families, our staff and the community. It is a complex health and social issue that is pervasive in our society, affecting women across social and cultural divides.**

*“Our vision is a future free from violence, in which respectful relationships are the norm.”*

The Royal Commission into Family Violence Recommendation 95 outlines that the Victorian Government resource public hospitals to implement a whole-of-hospital model for responding to family violence, drawing on evaluated approaches in Victoria and elsewhere. As a specialist women’s and maternity hospital, we are uniquely positioned to intervene early to assist women and their children to safety and recovery from violence.

Our vision is a future free from violence in which healthy, respectful relationships are the norm. Achieving this vision requires a holistic strategy for health care that incorporates prevention through education and cultural change, early identification and intervention, first line and crisis responses, and therapeutic programs that support recovery.

Our role is to advocate and lead on the role of hospitals in responding to violence against women and family violence as a health issue, to collaborate with the family violence and sexual assault sectors and to contribute to changing ingrained cultures and community attitudes.

Our goal is to implement a sustainable, whole-of-hospital response to violence against women over the next four years. We will achieve this by aligning and prioritising our efforts under six strategic directions. We will:

1. Prioritise the safety and wellbeing of our people exposed to violence professionally or personally.
2. Educate and support our people to enhance their capacity, capability and comfort in sensitively inquiring about violence.
3. Promote a culture of gender equity in which women are safe, respected and valued members of the community.
4. Conduct innovative research to enhance our knowledge, inform our first line and specialist services and contribute to the evidence base of violence against women as a health issue.
5. Provide state-wide leadership to the health sector and advocate for the role and resourcing of hospitals in responding to violence against women and family violence.
6. Influence and inform policy and sector reform on gender equity, violence against women and family violence.

As the CEO and Executive Director of Strategy and Planning, we are proud that our Board and Executive are fully committed to enhancing the safety and wellbeing of our patients, staff and volunteers. This Strategy supports our commitment to being the leading hospital in the prevention of, and response to, violence as a women’s health issue. We’re dedicated to creating a future free from violence.



Dr Sue Matthews  
Chief Executive Officer



Allison Kenwood  
Executive Director  
Strategy and Planning

# Executive Summary

**Violence against women is the single greatest risk factor for preventable death and disease for Victorian women aged 18-44 years. It is a violation of human rights and a pervasive issue in our community. There are immediate and long-term health, social, and economic consequences for women who experience violence.**

The Royal Commission into Family Violence identified the role of hospitals in mitigating these impacts through primary prevention, and early identification and response to family violence. Recommendation 95 outlines that the Victorian Government resource public hospitals to implement a whole-of-hospital model for responding to family violence, drawing on evaluated approaches in Victoria and elsewhere [within three to five years].

The Women's is committed to taking the lead in addressing violence against women and family violence as a health issue. Pregnancy is a time during which women are often engaged with health services and routinely assessed. As a specialist women's and maternity hospital, we are uniquely positioned to intervene early to assist women and their children to safety and recovery from violence.

Through first line response and referral to our specialist services or external services, our patients have access to multidisciplinary teams to assess and respond to the complexities surrounding violence.

The Women's Prevention of Violence Against Women Strategy 2017-2021 provides a framework to unite the current activities throughout the hospital and guide our future work by:

- **Enhancing capacity and capability** in the health workforce through education, research, first line support and secondary consultations to identify and respond to violence experienced by patients and staff.
- **Contributing to the evidence base** for effective interventions in hospital settings, including the sensitive inquiry model, and routine and targeted family violence screening.
- **Providing state-wide leadership** to the health sector on the importance of holistic, integrated services to address the complex nature and impacts of violence.
- **Informing policy and sector reform** through advocating for the role of hospitals in family violence prevention and strategic positioning on key issues and committees.

These actions aim to deliver a whole-of-hospital response to violence and better outcomes for women, children and families in Victoria.

## Alignment with The Women's Strategic Plan 2016-2020

These actions arise from the identification of violence against women as one of four areas of strategic focus in The Women's Strategic Plan 2016-2020. Our objective to be the leading hospital in the prevention of, and response to, violence as a women's health issue will be achieved through actions that build our capacity and capability to identify and respond to violence against women. Actions to support this objective include further development of our services and programs, improving referral pathways, evidence-based pilots and interventions, partnerships and collaboration with hospitals and the family violence and sexual assault sectors.

# Our current environment

**The prevention of violence against women is central to ensuring the health and safety of our patients and our people. The Women's Prevention of Violence Against Women Strategy 2017-2021 will be implemented during the Victorian Government's 10-year plan to end family violence.**

## Violence against women as a health issue

The health impacts of violence against women extend beyond the immediate clinical indicators with long-term issues that affect women, their children and the community.

The Australian Bureau of Statistics reported in 2012 that in their lifetime:

- 1 in 5 Australian women have experienced sexual violence
- 1 in 6 Australian women have experienced physical or sexual violence from a current or former partner
- 1 in 4 Australian women have experienced emotional abuse by a current or former partner
- 1 in 3 Australian women have experienced physical violence.



Intimate partner violence contributes 8% of the disease burden in Victorian women aged 18-44 and is the leading preventable contributor to illness, disability and death. This is higher than any other recognised risk factor including obesity, smoking and high blood pressure.

Women who experience violence are twice as likely to experience depression, stress and anxiety disorders, self-harm and suicide attempts, sleeping and eating disorders, and lower self-esteem, and are almost twice as likely to use alcohol and other drugs compared to women who live free from violence.

The sexual and reproductive health consequences include women having less reproductive control, increased sexually-transmitted infections, and higher rates of pregnancy complications and terminations.

The gynaecological issues include vaginal bleeding and infections, chronic pelvic disorders, urinary tract infections, fistulas, painful sexual intercourse, and sexual dysfunction.

The demographics of women who experience violence are varied and complex. Multiple social identities characterised by race/ethnicity, social class, age, disability and sexual orientation intersect with systems of oppression and societal norms to produce women's vulnerabilities to violence. Intersectionality is a useful framework through which to examine how forms of privilege and disadvantage shape women's experiences of trauma and access to resources.

In Australia, it is estimated that violence against women costs \$21.7 billion a year, which is primarily borne by victim survivors and secondarily by national, State and Territory governments. The persistent and intergenerational health impacts of violence lead to women who experience violence having a consistently lower physical and mental health status and being higher users of health services compared to women who live free from violence.

# Government policy context for the prevention of violence against women

Given the demographics of our patients and staff, the Women's includes violence against women as the primary focus of our family violence work. The Victorian Government has identified family violence as a priority area for the state, placing this Strategy at a time of significant policy and sector reform.

The Victorian Government's commitment to Family Violence at a glance:

- February 2015: Launched Australia's first Royal Commission into Family Violence (RCFV).
- March 2016: RCFV recommendations made to Parliament and committed to implementation by the Victorian Government.
- The Victorian Budget 2016/17: \$572 million committed to addressing family violence.
- November 2016: Released *Ending Family Violence: Victoria's Plan for Change (the 10 Year Plan)*.
- December 2016: Released *Safe and Strong: A Victorian Gender Equality Strategy*, Australia's first gender equality strategy.
- May 2017: Released *Free from Violence: The Primary Prevention Strategy*.
- May 2017: Released *Rolling Action Plan (RAP) 2017-2020*.
- The Victorian Budget 2017/18:
  - \$1.91 billion committed to addressing family violence.
  - \$38.4 million committed to the Strengthening Hospital Responses to Family Violence initiative.
- July 2017: Established Victoria's first-ever agency dedicated solely to family violence reform, Family Safety Victoria.

## The role of the Women's

As a specialist hospital, the Women's is central to the Victorian health system, particularly with respect to advocating for women's health and leading innovation for the health and wellbeing of women and newborns. This places the Women's in a unique position to advocate and lead on the role of hospitals in responding to violence against women and family violence as a health issue. The appointment of the Women's CEO, Dr Sue Matthews, to Victoria's Family Violence Steering Committee as the state's hospital representative furthers our state-wide leadership role in the prevention of violence against women.

*"Strengthening the role of the health system in responding to and preventing family violence."*

The Women's fosters partnerships and collaboration on the prevention of violence against women with government, academia, community and health sectors. In partnership with Melbourne University, the appointment of Professor Kelsey Hegarty as Australia's first Chair of Family Violence Prevention is an important step in strengthening the role of the health system in responding to and preventing family violence. Professor Kelsey Hegarty leads the Women's newly formed Centre for Family Violence Prevention which brings together a team of interdisciplinary researchers to address the complex, sensitive issues of family violence.

## Alignment with other strategies

**The Women's Prevention of Violence Against Women Strategy 2017-2021 is closely aligned with other key Women's strategies.**

### The Women's People Strategy 2016-2020

The Women's is committed to creating an even better place for our people to work, grow and achieve. This means ensuring a healthy and positive work environment in which our staff feel engaged and supported. To achieve this, our People Strategy 2016-2020 includes delivering a cultural change agenda that focuses on gender equity and diversity and inclusion, in response to reviews on family violence, discrimination and bullying in the workplace. It recognises that violence against women is a health issue affecting not only our patients and community, but also some of our peers.

The Prevention of Violence Against Women Strategy 2017-2020 places priority on the safety and wellbeing of our people exposed to violence professionally or personally, on education and support to enhance staff capacity and on the promotion of a gender equitable culture.

### The Women's Mental Health Enhancement Strategy 2017-2021



Our Mental Health Enhancement Strategy 2017-2021 aims to strengthen our mental health care, resources and support for women and newborns, including parenting for healthy attachment relationships. The Centre for Women's Mental Health has an international reputation for its translational research and brings unique expertise to understanding the impacts of trauma from exposure to interpersonal violence on the mental health of women and girls. The Strategy therefore includes a focus on family violence, parenting and infant mental health as part of its priorities for improving outcomes for the most vulnerable populations of women.

The Prevention of Violence Against Women Strategy 2017-2021 reinforces the work of the Centre for Women's Mental Health through supporting the translation of evidence into clinical practice and in advocacy for gender sensitive, violence sensitive and attachment sensitive mental health programs and services for mothers and their babies.

### The Women's Research Strategy 2016-2020

The goal of The Women's Research Strategy 2016-2020 is that research, knowledge translation and innovation will lead and drive better health outcomes for women and newborns. The Centre for Family Violence Prevention is one of ten research centres at the Women's and was established in 2016 with the appointment of Professor Kelsey Hegarty as Australia's first chair of Family Violence Prevention – a joint appointment by the Women's and the University of Melbourne.

This research centre focuses on the areas of effective early intervention and prevention strategies; pathways to safety and wellbeing for those affected by family violence; and new models of care for women and families within a whole-of-health system response.

The Prevention of Violence Against Women Strategy 2017-2020 supports the Centre's aims to support health services to successfully advance the skills of health professionals in identifying and responding to family violence through education and system changes. It strives to build the evidence base for best practice in hospitals and to support people experiencing family violence to disclose and seek help.

# The strategy for the prevention of violence against women

The Women's has a long history of leadership in identifying and responding to violence as a women's health issue. In addition to family violence and sexual assault services, we have developed primary prevention programs for the community, professional development and resources for health professionals, and toolkits for hospitals. Since establishing our own health justice partnership in 2012, we have been advocating for the importance of integrating health and legal services in hospitals. The Victorian Government's 10-year plan to end family violence supports our commitment to addressing inequities in health and health care endured by women who experience violence.

At the centre of the prevention of violence against women is gender equality and gender equity, which is supported at the Women's through education and capacity building for staff, research and evidence-based interventions, and systemic and cultural change.

## Our vision

A future free from violence in which healthy, respectful relationships are the norm. Achieving this vision requires a holistic strategy for health care that incorporates prevention through education and cultural change, early identification and intervention, first line and crisis responses, and therapeutic programs that support recovery.

## Our role

To advocate and lead on the role of hospitals in responding to violence against women and family violence as a health issue, to collaborate with the family violence and sexual assault sectors and to contribute to changing ingrained cultures and community attitudes.

## The framework

The Women's Prevention of Violence Against Women Strategy 2017-2021 provides a framework to unite our existing activities and guide our future work on the prevention of violence against women. At the Women's, the identification and response to violence will be integrated into all our services, using evidence-based practices that enhance the capacity and safety of our staff.

Resourcing and support for our staff will be provided to respond to changes to routine practice and the increased number of identified violence cases. This may translate to temporary changes in service delivery while the identification and response to violence is embedded into first line clinical practice.

Our vision is a future free from violence in which healthy, respectful relationships are the norm.

# Strategic directions

Our goal is to implement a sustainable, whole-of-hospital response to violence against women over the next four years. We will achieve this by aligning and prioritising our efforts under six strategic directions. The outcomes of these directions will be enhanced safety and wellbeing of our patients and staff, with improved services and support of women experiencing violence. This Strategy supports the commitment of the Women's to be the leading hospital in the prevention of, and response to, violence as a women's health issue.

We will prioritise the safety and wellbeing of our people exposed to violence professionally or personally.

We will educate and support our people to enhance their capacity, capability and comfort in sensitively inquiring about violence.

We will promote a culture of gender equity for our patients and our people in which women are safe, respected and valued members of the community.

We will conduct innovative research to enhance our knowledge, inform our specialist services and contribute to the evidence base of violence against women as a health issue.

We will provide state-wide leadership to the health sector and advocate for the role and resourcing of hospitals in responding to violence against women and family violence.

We will influence and inform policy and sector reform on gender equity, violence against women and family violence.

# Stakeholder engagement and consultation

This Strategy was developed in consultation with key advisory bodies and individuals across and outside of the hospital. The formal, internal reference groups for this Strategy are the Prevention of Violence Against Women (PVAW) Strategic Advisory Group and the PVAW Operations Group. The Strategy and Planning unit and these reference groups facilitated a PVAW Planning Day in March 2017 to further engage key stakeholders and to develop the strategic directions.

Focus groups in conjunction with the development of the Advocacy Plan facilitated the inclusion of women's voices in the development of the Strategy.

The stakeholder engagement and consultation process further emphasised the importance of building partnerships with health services, family violence specialist services, government departments and consumer groups. Our engagement with these key stakeholders allows the Women's to facilitate and inform policy as part of our state-wide leadership role.

## Key areas for success, monitoring and resources

This Strategy will be monitored internally by the PVAW Strategic Advisory Group. Success over the coming years will be assessed against the following outcomes:

1. All staff have access to family violence education to a level appropriate for their role and scope of practice, as guided by the PVAW Education Framework.
2. All staff have access to support regarding professional and personal exposure to violence.
3. Targeted and routine (as applicable) family violence screening has been embedded in clinical practice. We have data on how many of our clinicians are asking patients about family violence and how often.
4. The experience of patients who have been screened for family violence has been mapped and evaluated.
5. The capacity of the health sector in Victoria in responding to family violence has been enhanced.
6. The Women's has played a significant role in influencing and informing policy and sector reform.
7. The Centre for Family Violence Prevention has made a significant contribution to the evidence base on family violence as a health issue.

A detailed implementation plan will be developed and progress against priorities will be reviewed by the Strategy and Planning unit each year.

These outcomes will be resourced through project funding; Strengthening Hospital Responses to Family Violence and Workplace Support; research grants; and donors through the Women's Foundation. Relationships with governments, philanthropic donors and other key stakeholders will be strengthened to support ongoing investment in family violence prevention, early identification and intervention services and initiatives.

# Next steps

**An implementation plan for this Strategy is being developed by the Strategy and Planning unit, it will outline roles, responsibilities, communications, governance, resourcing and a measurement framework.**

**Commencing in 2017, the following priorities have been identified for implementation and continuation under the guidance of the strategic directions.**



## Strategic Direction 1: Safety and wellbeing of our people

1. Continue the implementation of the Family Violence Workplace Support program across clinical and non-clinical areas.
2. Develop a platform for staff support to address the complex causes and impacts of vicarious trauma on staff.

## Strategic Direction 2: Educate and support our people

1. Once endorsed, implement the PVAW Education Framework ensuring that staff receive the appropriate level of education for their role and scope of practice.
2. Develop and implement the PVAW Clinical Champions Network.

## Strategic Direction 3: Promote a culture of gender equity

1. Develop and implement a communications plan to address the impact of gender equity on the prevention of violence against women and what individuals and staff can do to contribute to a gender equitable culture.
2. Prioritise diversity in our patient stories and consumer advocates.
3. Maintain White Ribbon Accreditation.

## Strategic Direction 4: Conduct innovative research

1. Implement the Centre for Family Violence Prevention work plan
2. Conduct a routine family violence antenatal screening pilot and targeted family violence screening in identified clinical areas.
3. Conduct research to evaluate the effectiveness of the Sensitive Inquiry model.

## Strategic Direction 5: Provide state-wide leadership

1. Build capacity of health services in violence and gender sensitive health care.
2. Advocate for the continuation and expansion of the Strengthening Hospital Responses to Family Violence initiative and further family violence initiatives.
3. Lead and advocate for the role of health justice partnerships in the whole-of-hospital response to violence against women and family violence.

## Strategic Direction 6: Inform policy and sector reform

1. Represent the health sector on the Family Violence Ministerial Committee.
2. Represent and facilitate the involvement of the health sector in the Common Risk Assessment Framework (CRAF) review, particularly highlighting the expertise of our specialist services.
3. Ensure that the impacts on the health sector are considered in information-sharing legislation reform.
4. Pursue opportunities with Family Safety Victoria to represent the health sector in the development of Support and Safety Hubs.

# Conclusion

The Women's Prevention of Violence Against Women Strategy 2017-2021 provides a framework to unite our existing activities and guide our future work on the prevention of violence against women. It provides direction and focus over the coming years and supports our commitment to addressing inequities in health and health care endured by women who experience violence.

The Women's has a long history as a leader in identifying and responding to violence as a women's health issue. As a specialist women's and maternity hospital, we are uniquely positioned to intervene early to assist women and their children to safety and recovery from violence.

The Strategy will be implemented during the Victorian Government's 10-year plan to end family violence and through our state-wide leadership role, we have the opportunity to be the voice of health care in shaping policy and sector reform.

The outcomes of this Strategy will be the enhanced safety and wellbeing of our patients and staff, with improved services and support of women experiencing violence. This Strategy supports the commitment of the Women's to be the leading hospital in the prevention of, and response to, violence as a women's health issue.

# The Women's Strategic Plan 2016-2020

## Our goal, strategic directions and areas of strategic focus

The Women's is committed to transforming healthcare for women and newborns. The goal of the Women's Strategic Plan 2016-2020 is that our patients and consumers are at the heart of everything we do.

The strategic plan is made up of four strategic directions plus four areas of strategic focus. Together, these capture the breadth of our work across our clinical streams: maternity, neonatal, gynaecology and women's cancer and our associated services at Parkville and Sandringham.



# The Women's Declaration

**For more than 160 years, the Women's has led the advocacy and advancement of women's health and wellbeing across Victoria and further afield.**

Our origins as the first hospital in Australia for women who were pregnant, vulnerable and often destitute and our founders' commitment to evidence based medicine has created a proud legacy of excellence in care for the most disadvantaged in our community.

This culture has endured through more than a century of transformations in health and health care as well as major changes in the social, economic and legal status of women.

Our Declaration, which reflects the principles and philosophies fundamental to our hospital, captures the essence of who we are and what we do.





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