



Australian Parliamentary Inquiry into Domestic Violence in Australia

July 2014

**Senate Finance and Public Administration Committees
PO Box 6100
Parliament House
Canberra ACT 2600**

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Summary of recommendations

- 1. Implement measures to support gender equality including equal female and male representation in parliament, including ministerial roles, parliamentary secretaries and government committees**
- 2. A communication strategy should be undertaken to promote gender equality laws and policies to ensure they are understood and adhered to by governments, business and the non-government sector**
- 3. Provide dedicated funding to the primary prevention sector to ensure activities can be developed across a range of settings to continue and expand the work of preventing violence against women**
- 4. Fund primary prevention programs that have a strong and clear focus on redressing the determinants of violence against women and working towards long term outcomes**
- 5. Fund women's health services to develop and deliver targeted primary prevention of violence against women training to key sectors including business, police, government, public health, housing, education, sports, media and the arts**
- 6. Publish regular updates on the progress of Commonwealth and State prevention of violence against women plans, as well as evaluation reports from programs funded under these plans to ensure knowledge exchange that informs practice**
- 7. Federal government to fund roll out of whole-of-school respectful relationships education nationally as part of the National Plan to Prevent Violence Against Women and their Children**
- 8. That respectful relationships education is specifically and consistently included across the Australian Curriculum: Health and Physical Education from Foundation Level to Level 12 as well as more thoroughly incorporated in other Learning Areas, where relevant**
- 9. That all schools programs are evidence based and therefore use a whole of school health promotion approach**
- 10. Federal government to continue to fund Safe at Home as part of the National Partnership Agreement on Homelessness**
- 11. Federal funding to support early intervention and tertiary responses to family violence needs to take into consideration the support needs of children**
- 12. Federal government commits and extends the National Partnership Agreement on Homelessness for a further four years from 2015-2019**
- 13. Federal Government in partnership with State Governments continues to fund family violence services through the National Affordable**

Housing Agreement and review levels of current funding to ensure adequate funding to meet the increasing demand for services

- 14. Federal government undertake a gender audit of all existing and new laws, policies and regulations over which it has jurisdiction/control and implement changes that will lead to gender equality**
- 15. Federal government provides dedicated funding to resource state and regional women's health services to lead, implement and expand regional partnerships and action plans to prevent violence against women**
- 16. Federal government works with women's health services to develop national communications and social marketing campaigns that achieve consistent messaging on promoting gender equity and the primary prevention of violence against women**
- 17. Implement regulations and strategies which promote gender equitable and fair representation of women and men in the media and dispel harmful gender stereotypes**
- 18. Fund initiatives such as the Eliminating Violence against Women (EVA) media awards to ensure accurate reporting of violence against women and children**
- 19. Fund women's health services to develop communications and social marketing campaigns that achieve consistent messaging on promoting gender equity and the primary prevention of violence against women**

Introduction

Since 1988, Women's Health West (WHW) has actively contributed to the health, safety and wellbeing of women in the western region of Melbourne through a combination of direct service delivery, research, health promotion, community development, capacity building, group work and advocacy. Since 1994 WHW has delivered family violence services for women and children ranging from crisis outreach and court support, to housing establishment and crisis accommodation options, to counselling and group work programs. WHW has been an active and strong supporter of family violence reform at a regional and statewide level, integrating and coordinating family violence services in our region, and ensuring the integration of those services with a range of related sectors, including the housing sector.

WHW also have a health promotion, research and development arm, which offers a range of programs and projects targeted to prevention and early intervention strategies to improve outcomes for women's health, safety and wellbeing. We are leaders in the development of regional strategies to further our work, seeing partnership within and outside the sectors in which we work as crucial for bringing about effective and sustainable outcomes for women and children.

These two main arms of the service place WHW in a unique position to offer a continuum of responses from prevention to early intervention to crisis response. WHW's strategic plan sets out our approach to partnership and our client-centred approach to service delivery and outcomes that support women to take control over their decisions and their lives.

Terminology

In line with current evidence and best practice approaches to preventing and responding to violence against women, our submission is informed by the following definitions:

Primary prevention: Initiatives that aim to prevent violence before it occurs by redressing the underlying causes such as gender inequity (VicHealth, 2007)

Early intervention (sometimes referred to as secondary prevention): Action targeting individuals or population sub-groups who are showing early signs of violent behaviour (VicHealth, 2007)

Tertiary response: Initiatives that aim to reduce the effects of violence once it has occurred and prevent its reoccurrence (VicHealth, 2007)

Violence against women: 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 (United Nations, 1993)

Family violence: Physical, emotional, sexual, social, spiritual, cultural, psychological, and economic abuses that occur within families, intimate relationships, extended families, kinship networks and communities (Victorian Department of Planning and Community Development, 2008)

1. The prevalence and impact of domestic violence in Australia as it affects all Australians and, in particular, as it affects:

- **women living with a disability**
- **women from Aboriginal and Torres Strait Islander backgrounds**

Violence against women is a human rights violation of unparalleled proportion and its impact on women, children, families and communities is deep and shattering. Violence against women takes many forms and affects all communities, irrespective of class, ethnicity or culture (WHW, 2014). Hence, preventing and responding to violence against women is a critical health priority and core business for governments. We urge the Commonwealth Government to fund work in this area accordingly.

While there is clear evidence of the high rates of violence experienced by Australian women, we must assume the data available underestimates the true prevalence of violence against women in Australia. There are also significant gaps in the availability of consistent national and state level data of the prevalence and nature of violence experienced by specific population groups. We draw on a broader evidence base to highlight the unique experiences of violence for Aboriginal and Torres Strait Islander women, women with a disability, women from migrant and refugee backgrounds and LGBTIQ people.

National data

The *Australian Personal Safety Survey 2012* from the Australian Bureau of Statistics (ABS) is the primary data source on the prevalence of violence against women in Australia. The latest survey revealed that for Australian women aged 15 years and over:

- One in three have experienced physical violence
- One in five have experienced sexual violence
- One in four have experienced emotional abuse from a partner
- One in five have been stalked (ABS, 2013)

This survey also revealed that 67 per cent of women, who had been physically assaulted by a male partner, had not been in contact with the police after their most recent incident of physical assault (ABS, 2013).

Victorian data

In Victoria, there has been a significant increase in police reporting of family violence crimes and therefore in the demand for family violence services in the past 10 years. During 2012-2013 there were 60,820 incidents state-wide attended by police where family violence incident reports were issued. Between 2004 and 2012 there was an increase of 72.8 per cent in reports of family violence incidents to Victoria Police (Domestic Violence Victoria, 2013).

Violence against women and family violence is a serious problem for the western region of Melbourne, with 18,807 reported family violence incidents in the North West region in 2012-13. This accounts for 30.9 per cent of all the reported family violence incidents for Victoria during this time (Victoria Police, 2013).

In 2013-14, WHW's family violence arm responded to 6,209 police referrals for women and children. This was an increase of 54 per cent on the previous year.

WHW also provided additional crisis telephone support to 3,825 women and their children and to 366 women through face-to-face drop in consultations (WHW, 2013).

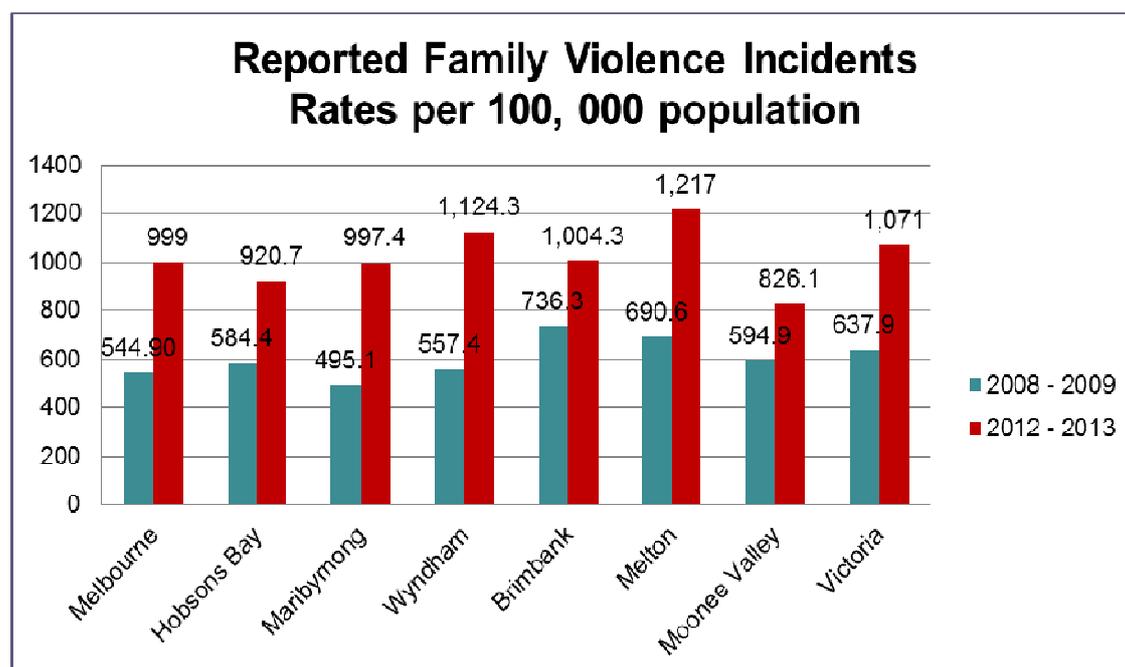


Figure 1: WHW (2013) Rates of reported family violence incidents for the western region, per 100, 000

Our experience delivering primary prevention and response services indicates that primary prevention initiatives within communities result in a spike in reported family violence and a corresponding demand for services as women become more aware of their rights and of the support available (WHW, 2012). Current data on increasing service demand clearly demonstrates that governments must be prepared for the increase in demand for services that will initially accompany successfully implemented primary prevention and early intervention initiatives.

Experiences of violence for Aboriginal and Torres Strait Islander women

National data indicates that Indigenous women experience disproportionate levels of violence, compared to non-Indigenous women. According to the Australian Institute of Health and Welfare, Indigenous women are 38 times more likely to be hospitalised due to family violence related assaults than other women (AIHW, 2006).

The Australian component of the International Violence Against Women Survey provides a literature review of evidence and data on the prevalence of violence against women and cites that it is possible that Indigenous women experience violence at a rate 40 times higher, compared with non-Indigenous women. In the survey itself, 7 per cent of non-Indigenous women reported experiencing physical violence, compared to 20 per cent of Indigenous women. Three times as many Indigenous women reported experiencing an incident of sexual violence, compared to non-Indigenous women (Mouzos and Makkai, 2004).

It is important to interpret this data with the understanding of intersectional discrimination experienced by Indigenous women and the unique underlying causes. It is widely recognised that experiences of family violence in Aboriginal and Torres Strait Islander communities are compounded and complicated by over a century of

dispossession of land, racial discrimination, and institutionalised violence (DPCD, 2008; Memmott et al, 2006).

It is also important to note that Aboriginal women and children's experience of family violence does not always occur at the hands of Aboriginal men. Approximately 60 per cent of Aboriginal women report being in intimate relationships with non-Aboriginal partners (DPCD, 2008).

Experiences of violence for women with a disability

Violence against women with a disability in the home and in institutional and residential care settings continues to occur at unacceptably high rates, undermining their health and wellbeing, and ability to participate as full and equal citizens in Australian society (WHW, 2014; WWDA, 2011; Office of the Public Advocate, 2010; Healey et al, 2008).

Case Study

Valerie is a single woman with a mild intellectual disability. She has been in and out of abusive relationships since she was 14 years old. She is now 37 and living with her partner of 8 months who regularly beats her. She and her partner are receiving commonwealth benefits and are living in a private rental property under her partner's name.

Valerie is referred by police to Women's Health West Crisis Coordination and Intake Service. Valerie wants to leave the relationship but there are few housing options available to her because:

1. She has no rental history
2. Boarding houses are unsafe and she is scared to go as 'bad things happen' there
3. She is not eligible for shared community housing or a group home because she is considered high functioning and
4. She is unable to access transitional or public housing as she has no dependants living with her.

Valerie is referred to a women's refuge that accepts clients with a disability and who will provide longer term support into permanent housing.

Women with a disability are more likely to experience violence and the violence can be more severe and last longer than for women without a disability. A recent survey of 367 women and girls with disability, led by Women With Disabilities Australia (WWDA), found that 22 per cent had experienced violence in the past year (WWDA, 2013). Current evidence also indicates that 90 per cent of women with an intellectual disability have experienced sexual assault, compared to approximately one in five of Australian women (Frohman, 2002). There is no systematic collection of data in Australia, at either state or national level, that accurately captures the prevalence of violence experienced by women with a disability (WDV, 2014).

In 2014, Women with Disabilities Victoria, in partnership with the Office of the Public Advocate and Domestic Violence Research Centre Victoria, launched a comprehensive research project on the nature and impacts of violence against women with a disability. The *Voices Against Violence* project found that 'gender-based and disability-based discrimination intersect and increase the risk of violence for women with disabilities' (WDV, 2014: 5). The final report also makes numerous recommendations on the need for targeted primary prevention, early intervention and tertiary response initiatives for women with a disability. WHW urges government to take up the recommendations of this report.

Recommendation:

- **We support and direct government’s attention to the submission and recommendations made by Women with Disabilities Victoria in response to this inquiry.**

Experiences of violence for migrant and refugee women

There are significant gaps in information relating to the prevalence of violence against women in immigrant and refugee communities. According to client records of the Women’s Domestic Violence Crisis Service of Victoria, women who were born overseas and are from a non-English speaking background are over-represented as users of domestic violence support services. They represent 37.5 per cent of women accessing the service and only 17.3 per cent of the total Victorian population (Bedar et al 2011).

Tailored responses are required to ensure work to prevent and respond to violence against migrant and refugee women is effective and culturally appropriate. There is a need for strategies that recognise the complex dynamics of migrant and refugee women’s experiences of violence and the significant barriers they must currently overcome in accessing support services (InTouch, 2010; Ethnic Communities Council of Victoria, 2013; Reese and Pease, 2006; Poljski, 2011).

Experiences of violence for LGBTIQ people

There is a lack of recognition of the violence that is perpetrated against LGBTIQ people in intimate relationships. In part this can be attributed to a lack of understanding about the power relations and inequities that can exist in same-sex relationships (Farrell and Cerise, 2006). There is also extremely limited research on best practice models of primary prevention programs for this population group (WHW, 2012).

The gaps in comprehensive research targeted initiatives are concerning given the high rates of violence experienced in these communities, as indicated in data below from the *Private Lives* study published by the Australian Research Centre in Sex, Health and Society (ARCSHS) (Figure 2 and 3). Violence was reported more frequently by lesbian women than gay men, but was highest for transgender men (ARCSHS, 2006).

Figure 1:

Ever in relationship where partner abused you?

	Males	Females	Trans- males	Trans- females	Intersex males	Intersex females
	%	%	%	%	%	%
Yes	27.9	40.7	61.8	36.4	36.4	42.9

Figure 2:

Types of abuse

	Males	Females	Trans- males	Trans- females	Intersex males	Intersex females
	%	%	%	%	%	%
Forced sex	19.6	25.1	14.3	8.3	25.0	
Hit	47.8	41.5	42.9	45.8	25.0	66.7
Physically injured	36.3	31.7	28.6	41.7		33.3
Needed medical attention	12.3	8.5	14.3	4.2		33.3
Regularly insulted	62.7	60.8	57.1	79.2	75.0	100.0
Isolated from friends/family	48.3	53.9	42.9	62.5	50.0	66.7
Monitored or checked up on	43.7	40.0	38.1	41.7	50.0	
Deprived of financial independence	20.1	20.3	14.3	33.3	50.0	66.7
Ever in fear of life	17.1	14.7	9.5	12.5		66.7

This study also explored the impacts of the gaps in research and targeted response services. The findings highlighted that the 'lack of appropriate services for both perpetrators and victims is likely to contribute to an unsatisfactory response or resolution, which could further compound the problem of silence and distrust' (ARCSHS, 2006).

Impacts of domestic violence

Health impacts

Violence against women has profound impacts for the health and wellbeing of women and their children. Research by VicHealth revealed that violence against women (in particular, family violence) is the leading cause of premature death, disability and illness for women aged 15-44 years in Victoria (VicHealth, 2004).

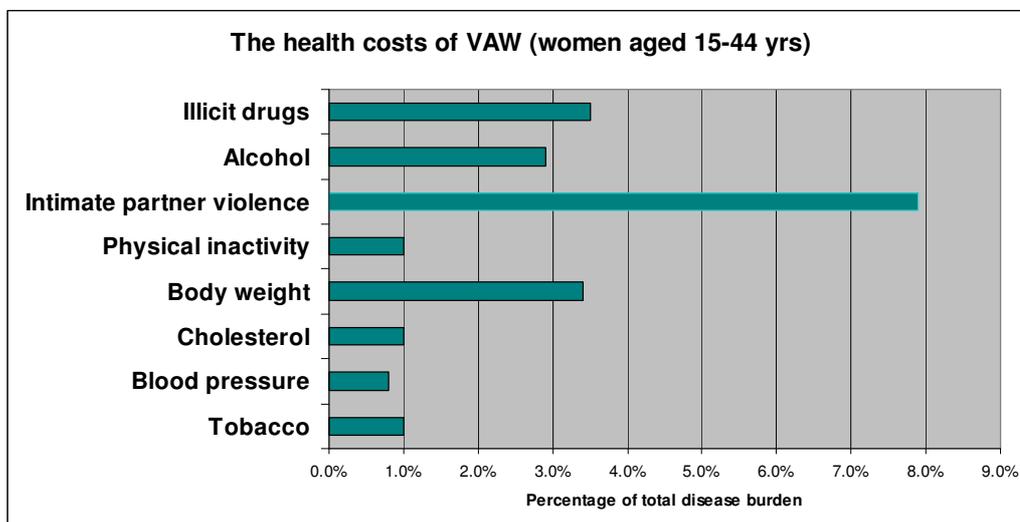


Figure 2: VicHealth (2004) Burden of disease for Victorian women attributed to intimate partner violence

Current evidence highlights the following health impacts associated with experiences of family violence:

Mental, emotional and psychological health

- Traumatic and post-traumatic stress disorders
- Anxiety, panic attacks and depression
- Self-harm
- Suicidal ideation

- Substance dependency
- Sleeping problems, flashbacks and nightmares (VicHealth, 2004)

Physical health

- Brain injuries
- Chronic disabilities
- Bruises, broken bones, fractures, lacerations and tears (Kramer et al, 2004)

Sexual and reproductive health

- Unplanned pregnancies
- Sexually transmitted infections, including HIV
- Gynaecological disorders and complications
- Problems in getting pregnant and pregnancy complications
- Heavy and painful periods
- Abortion/terminations (illegal and legal) (The Royal Women's Hospital, 2012)

One of the biggest and most serious health impacts of violence against women is loss of life. In Australia, one woman is killed every week, by a current or former partner (Dearden and Jones, 2008).

Social, cultural and economic impacts

Violence against women has various and profound social, cultural and economic impacts –for women, their children and Australian society. Some of these impacts include:

- Social isolation
- Financial debt
- Lack of financial resources
- Unemployment
- Employment difficulties
- Limited/no access to cultural/spiritual supports
- Insecure housing (VicHealth, 2011)

Homelessness is a profound impact of violence against women and their children:

- One in five Australian women seeking supported accommodation does so in response to violence in their own home (AIHW, 2008)
- During 2012–13, 32 per cent of all people receiving assistance from homelessness agencies in Australia were escaping intimate partner violence or family violence. The majority of these people were women and children (AIHW, 2013)
- During this time, the highest number of persons seeking assistance from homelessness agencies due to domestic and family violence was in Victoria (39 per cent) (AIHW, 2013)

Violence against women has substantial economic impacts on the Australian economy:

- In 2009, violence against women and their children cost the Australian economy approximately \$13.6 billion
- KPMG have forecast the cost will increase to \$15.6 billion in 2021 if concerted action is not taken to end violence against women (The National Council to Reduce Violence Against Women and their Children, 2009)

2. The factors contributing to the present levels of domestic violence

The relationship between high rates of violence against women and high levels of gender inequity between women and men is well established (VicHealth, 2007; Australian Centre for the Study of Sexual Assault, 2014). Violence against women is a complex and multifaceted social phenomenon. Research shows that the underlying causes of violence against women are:

- Unequal power relations between women and men
- Adherence to rigid gender stereotypes (VicHealth, 2007)

Evidence shows that in countries where a higher level of gender equity has been achieved, the level of violence against women is lower. For example, the Global Gender Gap Report identifies Iceland as the most gender equitable country in the world and its rate of violence against women is 19 percent over a lifetime. In comparison, Australia's estimated rate of violence against women is 33 per cent and ranks 25 of 135 countries listed (World Economic Forum, 2013). Research conducted by UNIFEM on the link between national gender equality measures and the prevalence of violence found similar results. The graph below draws on four major international surveys which measure factors such as employment, education, income, health, leadership, political participation and representation (figure 4).

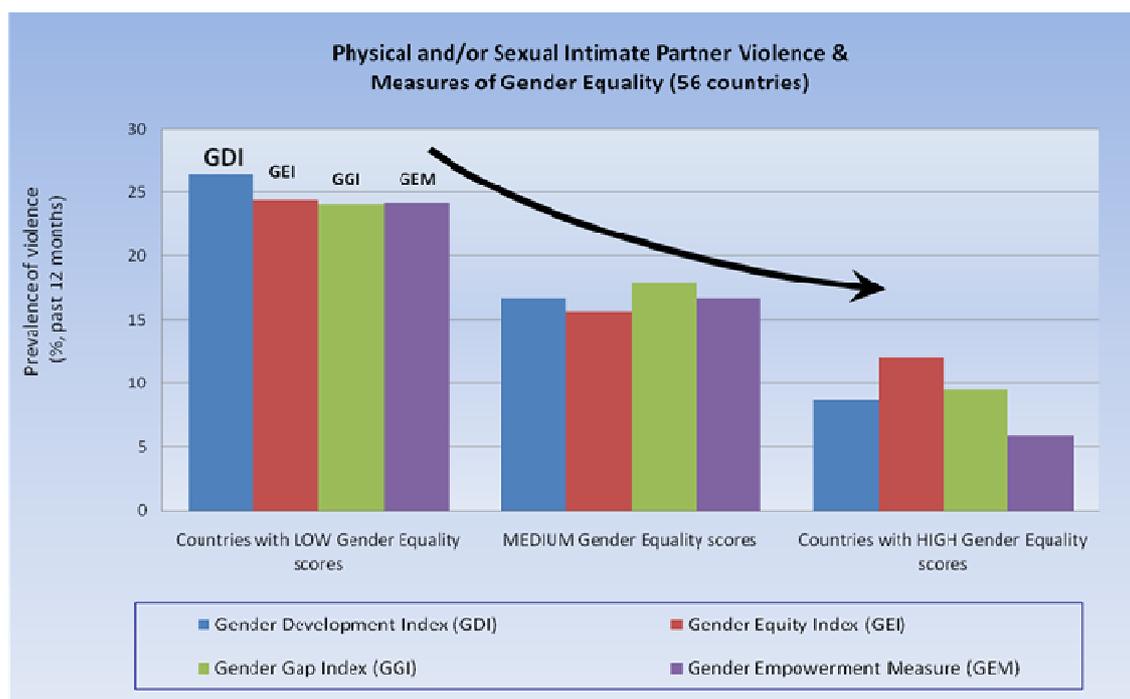


Figure 4: UNIFEM (2010) *Investing in Gender Equality: Ending Violence against Women and Girls*

In Australia, gender inequity is evident across a number of significant indicators. The visibility of women in leadership, in both government and non-government settings, is recognised as an important step toward gender equity. Progressive action in this area also plays a role in challenging gendered stereotypes concerning appropriate roles for women in society. Hence, ensuring equal numbers of women and men in leadership roles is essential for the prevention of violence against women. Yet we

continue to see disparity between women and men in senior leadership positions at all levels of government and the private sector. Data from the Workplace Gender Equality Agency's (WGEA) *Australian Census of Women in Leadership* revealed:

- Women make up only 12 per cent of the boards for ASX 200 companies
- Women make up only 9 per cent of executive key management personnel of the ASX 200 companies
- Women held only 35 per cent of the 3,960 board positions on government boards and bodies (WGEA, 2012).

In the current federal parliament, only one of the 19 cabinet ministers is a woman. In total, there are more than twice as many male federal parliamentarians, compared to women (69 per cent male compared to 31 per cent female). The disparity is even wider in the number of men compared to women holding ministerial positions (83 per cent male compared to 17 per cent female).

Data collected by the inter-parliamentary union shows significantly higher levels of female representation in parliament across Nordic countries, including Sweden, Norway, Iceland and Denmark, where quota systems (40 – 50 per cent) are in place. It is important to note that in these countries that have strong gender equity measures in parliament, the prevalence of violence against women is comparatively lower than Australia (IPU, 2012; Quota Project, site accessed 18 July 2014).

Equal access to education, employment and income is recognised in international literature as vital to the prevention of violence against women. Gender inequities in employment, pay and working conditions continue to disadvantage Australia women. For example:

- Women in Australia who work full-time earn on average 17 per cent less than their male peers (WGEA, 2013)
- Women are more likely to engage in part-time and casual work in roles characterized by high demands and little control over conditions. In Australia, women account for over half (55 per cent) of all casual employees, and 43 per cent of women are employed part-time compared to 13 per cent of men (ABS, 2011)
- Women retire with less than half the average superannuation payouts received by men and 2.8 million women compared to 1.6 million men aged 15 years and over are not covered by superannuation (WGEA, 2013; AHRC, 2010)
- Female graduate salaries are only 90 per cent of male graduate salaries

Women's access to equal employment is partly determined by the inequitable division of domestic labour and caring responsibilities. For example:

- Women undertake more unpaid domestic labour, 35 per cent of women do 15 or more hours per week, compared to 12 per cent of men
- More women than men undertake unpaid care for a person with a disability

- Women are more likely than men to undertake unpaid care work for children or relatives who are elderly or who have a disability
- 82 per cent of Australian single parents are women¹

Recommendations:

- **Implement measures to support gender equality including equal female and male representation in parliament, including ministerial roles, parliamentary secretaries and government committees**
- **A communication strategy should be undertaken to promote gender equality laws and policies to ensure they are understood and adhered to by governments, business and the non-government sector**

3. The adequacy of policy and community responses to domestic violence

For policy frameworks to be evidence-based and have an effective impact on the practice environment, policy must be clear about the distinctions between primary, secondary and tertiary response and the associated areas of practice.

3.1 Primary prevention

A primary prevention approach seeks to prevent men's violence against women and children before it occurs by redressing the key determinants or causes of violence, as described in section two. Violence against women occurs and is perpetuated across all levels of society:

- Institutional and systemic level
- Organisational and community level
- Individual, family and peer group level (VicHealth, 2007)

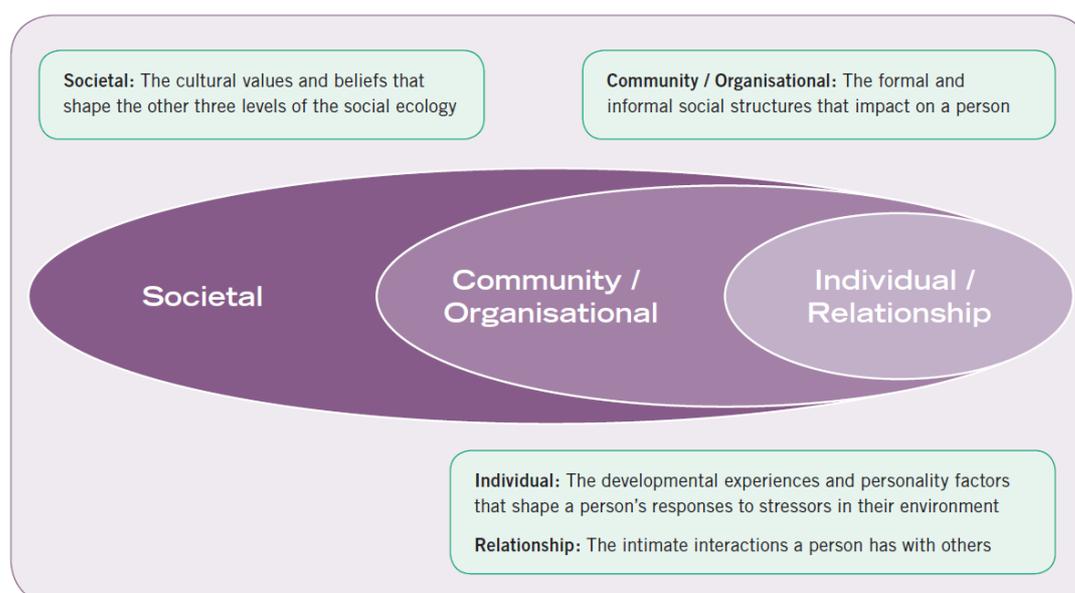


Figure 5: VicHealth (2007) *An ecological approach to understanding violence*

3.11 Regional partnership work

¹ ABS 2011 Census of Population and Housing

Building 'primary prevention capacity' was an important priority identified in the first action plan of the *National Plan to Reduce Violence against Women and their Children 2010-2022* (National Plan). Ongoing federal support in this area is critical in retaining regional expertise that is fostered through long-term community level regional partnership work.

WHW is the lead agency in *Preventing Violence Together*, a regional partnership to prevent violence against women in Melbourne's Western Metropolitan Region. In 2012, the *Preventing Violence Together* partnership successfully received funds from the Victorian Department of Justice through their Reducing Violence Against Women and their Children grants. From 2012 to 2015, the regional implementation of strategies to prevent violence against women will be driven through the PVT *United* project. To date this has led to a number of important achievements, which include:

- Ten implementing partners formally signing on to the regional action plan
- Baseline data on partner agency staff attitudes towards gender equity and violence against women has been collected through a staff survey in nine partner agencies with a total of 960 responses
- Gender equity and/or the prevention of violence against women has been identified as an organisational priority by most partners
- All eleven partners have identified the prevention of violence against women and/or gender equity in their health plans
- Developed an online database of prevention of violence against women resources (<http://pvawhub.whwest.org.au/definitions/>)
- Ten of the eleven implementing partner agencies have either commenced or completed the development of their organisational gender equity and/or prevention of violence against women statement, policy and/or strategy
- To support the prevention of violence against women in Indigenous communities, a discussion paper on the role of non-Aboriginal organisations in the prevention of Aboriginal Family Violence was developed and is currently being reviewed by Aboriginal elders from the region
- All partner agencies have nominated White Ribbon ambassadors and/or organised White Ribbon Day events (WHW, 2014b)

Regional and state-wide partnership work to prevent violence against women reduces costs to government by decreasing duplication, leveraging the strengths and capacity of each partner organisation, and forging links between agencies to create seamless service integration.

Recommendations:

- **Provide dedicated funding to the primary prevention sector to ensure activities can be developed across a range of settings to continue and expand the work of preventing violence against women**
- **Fund primary prevention programs that have a strong and clear focus on redressing the determinants of violence against women and working towards long term outcomes**
- **Fund women's health services to develop and deliver targeted primary prevention of violence against women training to key sectors including business, police, government, public health, housing, education, sports, media and the arts**

- **Publish regular updates on the progress of Commonwealth and State prevention of violence against women plans, as well as evaluation reports from programs funded under these plans to ensure knowledge exchange that informs practice.**

3.12 Respectful relationships education in schools

WHW believes that strengthening opportunities for school-based settings to introduce respectful relationships education is an effective primary prevention tool to reduce violence against women and children. Schools are seeing the impact this violence has on their students and understand the critical role of evidence based prevention strategies. They are responding by establishing respectful relationships programs that will counter the attitudes, behaviours and cultures that are the cause of violence against women and children (WHW, 2014c; Flood et al, 2009).

Two current projects coordinated by WHW that focus on respectful relationships education as a primary prevention against violence strategy are:

- *You, Me and Us*: a respectful relationships education projects aimed at 10-13 year olds and 18-24 years olds incorporating a peer education and professional development component and funded by the Department of Social Services (formerly FACHSIA)
- *Girls Talk Guys Talk*: a whole of school health promotion program supporting schools to implement and embed healthy relationships and comprehensive sexuality education that is relevant to their context

Girls Talk Guys Talk is supported by a framework that values the whole school setting and works with students, teachers, school nurses and parents to implement actions across the three Cs of curriculum, community and culture (WHW, 2012). This approach is recognised as best practice and has been identified as a critical component of engaging schools in the prevention of violence against women. A report commissioned by the Victorian Department of Education and Early Childhood Development to review best practice approaches to respectful relationships education stated that, 'the single most important criterion for effective violence prevention and respectful relationships education in schools is the adoption of a whole-school approach' (DEECD, 2009: 27).

You, Me and Us is a multi-faceted program that engages a peer education model to train and support 48 young women aged between 18 and 24 years to become 'youth ambassadors' in the primary prevention of violence against women. Once trained, the peer educators participate in the delivery of respectful relationships education in targeted settings that include youth organisations, TAFEs and universities, sporting clubs and to senior primary school students in the western metropolitan region of Melbourne. The target groups for the education program are post-secondary school aged young people (18 to 24 years) and senior primary school students (10 to 13 years). To support the efficacy and sustainability of the education program, professional development training will be provided to adult leaders in the target settings. *You, Me and Us* works to respond to the determinants of violence against women by promoting equal and respectful relationships between young women and men, promoting women's leadership and equal social status in our community and working to redress adherence to rigid gender stereotypes.

Recommendations:

- **Federal government to fund roll out of whole-of-school respectful relationships education nationally as part of the National Plan to Prevent Violence Against Women and their Children**
- **That respectful relationships education is specifically and consistently included across the Australian Curriculum: Health and Physical Education from Foundation Level to Level 12 as well as more thoroughly incorporated in other Learning Areas, where relevant**
- **That all schools programs are evidence based and therefore use a whole of school health promotion approach**

3.2 Early intervention and tertiary response

3.21 Enhanced Safe at Home

Family violence is the single greatest contributor to women's homelessness. This submission proposes the implementation of an enhanced 'safe at home' model, providing a comprehensive and well-integrated mix of strategies to prevent homelessness for women experiencing family violence. The following strategies are required:

- implement mechanisms to remove perpetrators of violence from the home, where a safety assessment deems this a viable response
- intervene prior to a crisis to develop a safety and re-housing plan² in situations where remaining in the family home is not a viable option because of the level of risk associated with the perpetrator's behaviour
- prevent long-term homelessness by circumventing or shortening the period in crisis accommodation and re-establishing independent housing as quickly as possible after a woman has become homeless
- provide training and education programs for professionals to support them to identify family violence and refer to specialist services
- provide women and communities with information about family violence, the law and referral options

Safe at Home is a client-centred model that focuses on early intervention and prevention of homelessness by supporting and enabling victims of family violence to remain in their own home where it is safe to do so. Key to the success of the program is a partnership between police, courts and family violence outreach services that intervene to provide women with information, resources and practical and emotional support. The aim is to secure safe housing before a woman becomes homeless, to assess the need for specialist and generalist services, and to provide comprehensive, integrated case management to build and sustain outcomes. By enhancing the Safe at Home model, government will prevent homelessness and

² This includes refuge, motel or crisis accommodation supported by 24-hour crisis workers; transitional housing management (THM) units offering medium-term (3 to 12 months) tenancies to allow households in crisis to live in more independent and self-contained accommodation; support for accelerated public housing applications through segmented waiting lists; access to housing establishment funds offering flexible financial assistance for rent arrears, rent in advance, removalist costs, purchasing essential household goods or getting belongings out of storage to remain or move into the private rental sector; and private rental brokerage programs to access or remain in long-term affordable housing, including subsidising or paying the first few months rent

reduce overall costs by providing early intervention services to support women in their home, and medium to long-term support to ensure sustainability of housing.

A critical component of the SAH model is the availability of Home Security and Private Rental Brokerage funds to assist women through the immediate crisis toward sustainable housing. Brokerage funds have two primary purposes:

1. To cover the cost of upgrading the security features of a property
2. To support the transition to a lower income

Security upgrades involve simple and cost effective measures to improve the physical security and safety of the home. For example, by changing locks, installing phone alarms and adding security screens to windows and doors. In 2012-13, Women's Health West used private rental brokerage funds to support 32 women to remain in their own home (WHW, 2013). The ability to offer women subsidised rent for a short period reduces the likelihood that they will find themselves in rent arrears and/or with large debts.

This model focuses on building the resilience of the target group to sustain safe and secure housing. This involves the development of an integrated, client-directed and outcome-based case plan that recognises the different time it can take for any given household to achieve housing stability. Evidence from similar programs suggests that twelve months of case management support is the average maximum time required to achieve housing stability.

For women with particularly complex needs, such as drug and alcohol and mental health difficulties, a longer period of engagement is often required to achieve sustainable housing outcomes. While brokerage funds can assist women retain or gain housing, they do not necessarily sustain housing. Our model proposes an additional no interest loan and financial support scheme to support housing sustainability. The loan will enable women to access financial assistance to purchase those services and materials outside the eligibility guidelines of most financial support schemes. For example, access to reliable transport to enhance employment options and maintain social connections is critical for women living in areas poorly serviced by public transport. This is a key concern for Melbourne's outer western suburbs, as well as rural and regional areas.

Another unique component of this model is the particular emphasis it places on supporting children and young people through trauma. The model includes measures to minimise disruption at key transition periods that could otherwise lead to dislocation from school and social support networks. Individual client plans for children and young people are developed in collaboration with parents, by services that specialise in child and family, and youth support. In addition, an educational/activity brokerage is included to support children and young people in their recovery from trauma and to build their resilience.

3.22 Children and family violence

Current evidence clearly shows that family violence and associated homelessness has a significant impact on children. Victoria Police data shows that over 19,000 children were present at a family violence incident in 2012-13 (Victoria Police, 2013). At WHW around 65 per cent of the women who accessed our family violence service in 2012-13 were accompanied by children (WHW, 2012). Most children who use homeless services have either witnessed or experienced family violence and sexual

abuse, increasing their risk of developing mental health and behavioural problems (AIHW, 2007).

Children who experience homelessness as a result of family violence experience significant psychological distress, health problems, educational disruption and ongoing poverty (Dockery et al, 2010). They are more likely to be ill, more likely to become isolated, and can become 'withdrawn, unsettled, angry even suicidal' (Kirkman et al, 2009).¹ There is evidence to suggest that a substantial number of children who witness family violence develop post traumatic symptoms. Research suggests that approximately 20 per cent of children exposed to family violence develop symptoms of post traumatic stress disorder (PTSD) lasting more than twelve months, with more than 50 per cent still showing symptoms after 12 months (Graham-Bermann et al, 2001). Similarity between symptoms of PTSD and 'behavioural problems' – such as aggressiveness, irritability, high arousal, anxiety and problems with social engagement – have regularly led to misdiagnosis, with untreated trauma symptoms resulting in longer term behavioural problems (Graham-Bermann et al, 2001). PTSD is compounded by the frequent moves that accompany homelessness as a result of family violence – from home, to refuge, to transitional accommodation, to permanent housing. Tually and colleagues recommend reducing the number of times women and their children must move prior to securing permanent housing, to reduce the accompanying stress (Tually et al, 2008).

Children who experience homelessness are also more likely to become homeless as adults (AIHW, 2007). This is because the combination of disruption in schooling and other support and resilience-building networks, coupled with an increase in emotional and behavioural problems as a result of experiencing and/or witnessing family violence, can lead to school refusal and an associated cycle of 'intergenerational disadvantage' (Commonwealth of Australia, 2008). It is critical that Federal funding to support early intervention and tertiary responses to family violence also take the support needs of children into consideration.

Recommendation:

- **Federal government to continue to fund Safe at Home as part of the National Partnership Agreement on Homelessness**
- **Federal funding to support early intervention and tertiary responses to family violence needs to take into consideration the support needs of children**

4. The effects of policy decisions regarding housing, legal services, and women's economic independence on the ability of women to escape domestic violence

The bulk of funding for family violence services across Australia is allocated under homelessness policy and funding frameworks, including the National Affordable Housing Agreement (NAHA).

The NAHA is attached to an annual Commonwealth 'Specific Purpose Payment' (SPP) to the states and territories of approximately \$1.3 billion (see Table 4). Only a small amount of this funding is directed towards homelessness services; \$250 million in total, with \$60 million allocated to Victoria.

Table 4: National specific purpose payment for housing services, 2012-13

State	National Affordable Housing Specific Purpose Payment
New South Wales	\$403,032,700.11
Victoria	\$299,733,994.46
Queensland	\$251,197,541.36
Western Australia	\$134,379,032.09
South Australia	\$94,921,306.83
Tasmania	\$31,456,221.66
Australian Capital Territory	\$23,558,975.41
Northern Territory	\$25,447,046.34
Total	\$1,263,726,818.25

Nearly a quarter of all homelessness services Australia-wide are family violence services for women and children. We do not have access to the most up-to-date data about the proportion of homelessness services that target women and children escaping family violence. In 2010-11, they constituted just under 24 per cent of all homelessness agencies (see table below), but recent reforms in NSW have probably reduced that proportion slightly. In 2011, there were approximately 370 homelessness/housing services funded to support women and children leaving family violence.

Table 17A.31 Agencies by primary target group (a), (b)

Primary target group	Unit	Proportion of agencies targeting client group				
		2006-07	2007-08	2008-09	2009-10	2010-11
Young people	%	35.4	35.4	34.3	33.2	33.3
Women escaping domestic violence	%	24.0	23.0	22.9	24.3	23.7
Cross target/multiple/general	%	22.7	23.6	25.2	25.3	25.9
Families	%	8.4	8.3	8.6	8.6	8.1
Single men only	%	6.4	6.5	6.2	5.8	6.0
Single women only	%	3.0	3.1	2.8	2.8	2.9
Total	%	100.0	100.0	100.0	100.0	100.0
Total	no.	1 539	1 562	1 532	1 559	1 547

(a) Totals may not add up to 100 per cent as a result of rounding.

(b) At 30 June 2007, 1523 agencies were funded; at 30 June 2008, 1547 agencies were funded; at 30 June 2009, 1525 agencies were funded; at 30 June 2010, 1559 agencies were funded; at 30 June 2011, 1547 agencies were funded.

Source: AIHW (2011) Government-funded specialist homelessness services: SAAP National Data Collection annual report, Australia. Cat. no. HOU 219.

As discussed above, family violence is one of the main drivers of housing stress and homelessness in Australia. Hence, policy decisions regarding in this area must be responsive to the needs of women and children leaving violence. Research suggests that it is not so much a lack of a dwelling, but fear for their safety and/or that of their children that leads many women (and their children) into homelessness (Johnson et al, 2008).

It is also important to note that female-headed households are among the most disadvantaged in Australia when it comes to securing appropriate housing (Chung et al, 2000). Lack of access to independent financial resources is a critical factor in

women's capacity to leave escaping violence and avoid homelessness. Family violence compounds women's already vulnerable access to housing compared with men, as a result of gender inequity in the labour markets. Relationship breakdown almost always leads to women becoming poorer (Tually et al, 2008).

A number of factors have increased the likelihood that women will experience homelessness as a result of family violence. This includes high demand for private rental and the increasing rental prices, particularly in metropolitan areas where there is good access to transport, employment and services. Women's ability to negotiate housing tenure is subject to the prejudices of landlords, which mean that case management, brokerage and advocacy an important aspect of this service model.

A research study of 134 women survivors of family violence reported that given sufficient time and resources to re-establish themselves, women are able to enter or re-enter the workforce (Evans, 2007). Hence, supported access to employment and training programs is a vital component of the service model responding to women who experience violence. Data suggests that access to Centrelink payments tends to increase post-separation, with women accessing financial support when they are most vulnerable. Access to brokerage and other financial assistance programs such as no interest loan programs are also important components of response models to family violence.

Many women in abusive and controlling relationships return to the perpetrator of the violence, cycling in and out of homelessness and crisis accommodation before making a final decision to leave. This cycle of family violence can result from a range of factors, lack of financial resources and having nowhere else to go, along with a belief in promises that the violence will end, or for 'the sake of the children' (Tually et al, 2008). This cycle can have traumatic and long-term consequences for women and their children. Hence, counselling and emotional support to build the resilience and ultimate self-sufficiency of women in our target group, are crucial components of our service model.

Since 2010 WHW has provided a 'Safe at Home' program to support women and children to remain in their own home (described in detail in section 3.21). Through our direct service experience, we have found that building the client capacity to sustain stable housing through the development and implementation of an individualised, outcome-based case planning is critical to preventing a return to a violent relationship and the cycle of homelessness that ensues.

Recommendations:

- **Federal government commits and extends the National Partnership Agreement on Homelessness for a further four years from 2015-2019**
- **Federal Government in partnership with State Governments continues to fund family violence services through the National Affordable Housing Agreement and review levels of current funding to ensure adequate funding to meet the increasing demand for services**

5. How the Federal Government can best support, contribute to and drive the social, cultural and behavioural shifts required to eliminate violence against women and their children

Violence against women is an entrenched problem and a major public health crisis; it requires support for long-term, resourced and evidence-based primary prevention strategies at all levels of government to redress the root causes of the problem

(WHAV, 2014). As discussed above, regional and state-wide action plans and partnerships play an important role in driving social, cultural and behavioural shifts required to eliminate violence against women and their children (section 3.11). Federal support for these initiatives is essential to ensuring long-term sustainability and consistency across all states and local government areas in Australia.

Actions and communications from Federal Government set an important precedent for the promotion of gender equity. WHW commends the government's strong commitment to redressing violence against women through the National Plan. However, we would recommend that actions to prevent violence against women are strengthened through closer attention to the structural factors that reinforce unequal power relations between women and men. By influencing change at this level, Federal Government will complement actions to drive cultural change at the community/organisational and individual, family and peer group levels. One clear avenue of government influence at a structural level is in policy and law reform and budgetary processes. Hence, we recommend that government engage in gender sensitive planning across all ministerial portfolios.

Recommendations:

- **Federal government undertake a gender audit of all existing and new laws, policies and regulations over which it has jurisdiction/control and implement changes that will lead to gender equality**
- **Federal government provides dedicated funding to resource state and regional women's health services to lead, implement and expand regional partnerships and action plans to prevent violence against women**
- **Federal government works with women's health services to develop national communications and social marketing campaigns that achieve consistent messaging on promoting gender equity and the primary prevention of violence against women**

Media regulation and representation

The second action plan for the *National Plan to Reduce Violence against Women and their Children 2010-2022* includes the important action of improving media engagement in relation to representations of women experiencing violence. However, to influence the social, cultural and behavioural shifts required to eliminate violence against women and their children, stronger action on redressing broader patterns of gender inequity in mainstream media is required. Media content that reinforces harmful and rigid gender stereotypes and condones violence supportive norms and behaviour continues to contribute to the high rate of violence against women in Australia. Hence, we recommend that federal government takes action to dispel gender stereotypes in the media in addition to reporting guidelines for journalists to support appropriate and respectful reporting of women's experiences of violence.

Recommendations:

- **Implement regulations and strategies which promote gender equitable and fair representation of women and men in the media and dispel harmful gender stereotypes**

- **Fund initiatives such as the Eliminating Violence against Women (EVA) media awards to ensure accurate reporting of violence against women and children**
- **Fund women's health services to develop communications and social marketing campaigns that achieve consistent messaging on promoting gender equity and the primary prevention of violence against women**

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