

Moyne Health Services

Prevention of Violence against Women and Children Strategy 2018-2019

Violence against women and their children is a prevalent, serious and preventable human rights abuse. One woman a week is murdered by a current or former partner and thousands more are injured or made to live in fear. The social, health and economic costs of violence against women are enormous. Preventing such violence is a matter of national urgency, and can only be achieved if we all work together.



Key Messages

Women in regional, rural and remote areas are more likely than women in urban areas to experience domestic and family violence.

- Women living in regional, rural and remote areas who experience domestic and family violence face specific issues related to their geographical location and the cultural and social characteristics of living in small communities.
- There is a common view in rural communities that "family problems" such as domestic and family violence are not talked about, which serves to silence women's experience of domestic and family violence and deter them from disclosing violence and abuse.
- Fear of stigma, shame, community gossip, and a lack of perpetrator accountability deter women from seeking help.
- A lack of privacy due to the high likelihood that police, health professionals and domestic and family violence workers know both the victim and perpetrator can inhibit women's willingness to use local services.
- Women, who do seek help find difficulty in accessing services due to geographical isolation, lack of transportation options and not having access to their own income.



Rates of domestic and family violence are higher in regional, rural and remote areas. Geographical and social structures in these communities, as well as unique social values and norms, result in specific experiences of domestic and family violence. These issues also affect responses to domestic and family violence in non-urban communities, and women's ability to seek help and access services. Poor understanding of domestic and family violence by health, social and legal services in regional, rural and remote communities has been identified as a significant issue for survivors of domestic and family violence (George & Harris, 2015; Loddon Campaspe Community Legal Centre, 2015). This paper provides a brief overview for understanding the issues unique to domestic and family violence in regional, rural and remote communities.



Executive Summary

Working towards the prevention of violence against women is one of the key priorities for Moyne Health Services (MHS). MHS is committed to work both externally and internally, with a range of stakeholders, to address the key determinants of violence against women which is detailed in this strategy. MHS's approach to preventing violence against women is informed by Our Watch 'Change the story'.

Approximately one in three women in Australia are affected by violence in their lifetime and one in five experience sexual violence. The social, economic and health impact is extensive and is a leading contributor to preventable disease and premature death among Victorian women aged 15 - 44 (Vic Health 2004). Reported incidents of violence against women cost the Australian economy approximately \$21.7 billion per year (PricewaterhouseCoopers, 2015) with costs anticipated to rise unless preventable measures are taken.

Local data demonstrates that violence against women is in the unacceptable high range. Whilst it is clear that violence against women remains significantly under reported, data released through the Family Incidents Reports demonstrates a steady increase in the number of family violence incidents reported over previous years.

Research indicates that while violence against women affects all communities regardless of age, culture, social and economic status, some groups of women may be at increased risk. These include:

- Women living in rural, regional and remote locations
- Aboriginal and Torres
 Strait Islander women
- Women from Culturally and Linguistically diverse backgrounds
- Women with disabilities
- Younger women
- Women in mental health in patient care
- Pregnant women

MHS's Prevention of Violence against Women is based on our:



Our Community will have access to ongoing highest quality Health Care



To Provide an excellent, sustainable, holistic healthcare service in the Moyne Shire



- Excellence, professionalism and integrity
- Respect for the individual
- Active community involvement and consultation
- Accountability
- Equity in access to care
- · Innovation and constant learning
- Impartiality in decision making
- Kindness

While violence against women is prevalent and serious, the evidence tells us that it is preventable. MHS's PVAW strategy provides a mechanism to coordinate and integrate activities across the organisation to maximise efforts and to promote actions aimed at prevention of violence against women before it occurs (primary prevention). While violence can occur in other contexts (e.g. within same sex relationships or when men are victims), the purpose of this strategy is to address the significant and widespread issue of men's violence against women.

This strategy recognises that effective responses to end violence against women needs to address the underlying determinants of why violence occurs in the first place. In order to redress these social drivers of violence, 'Change the Story'; A shared framework for the primary prevention of violence against women and their children in Australia", there is more than the promotion of equal and respectful relationship between men and women.

The purpose of this strategy is to provide a strategic framework and key actions for MHS to undertake the prevention of violence against women across all programs and services and the communities MHS supports.

MHS and PVAW Strategic Direction	Actions	Who is involved and timelines	Progress
1.1 Develop partnerships with other sectors to promote collaborative action for health and wellbeing	Meet with Partners to discuss combined working opportunities to develop and implement regional policies through the Hospital Responses to Family Violence Strategy	Chief Executive Office	
1.2 Implement Gender Equitable policies, procedures and practices	 Review MHS policies and procedures applying the lens of Gender Equity Arrange Gender Equity training for staff 	Executive Director of People and Culture, Education	
2.1 Develop efficient and effective responses through innovation and early adoption of new service models	Develop and pilot a Family Violence Protocol including professional development, shared definitions, understanding of indicators and service responses, to guide staff responses to (mainly) women and children who experience family violence and (mainly) men who use violence against family members	Community Health Manager, Education	
2.2 Empower service users, consumer groups and communities	 Consult with women and children who have experienced violence on the efficacy of current responses, utilising the Advocates group Investigate the ability to consult with men who have used violence against family members through the Men's Behaviour Change Groups and staff who facilitate those groups 	Community Health Nurse Community Health Nurse	
	Facilitating the distribution of social marketing messages	Executive Assistant	

MHS and PVAW Strategic Direction	Actions	Who is involved and timelines	Progress
3.1 Promote the ongoing development of staff skills and their engagement with the work of MHS and support sector workforce development	Utilise learnings from Family Violence Protocol to build staff skills in the areas of Gender Equity and responding to Family Violence	Education People and Culture Manager	
	Provide professional development across MHS to enhance skills and expertise in understanding and practice of Gender Equity and responding to Family Violence	External Trainer	
3.2 Measure outcomes and effectiveness and improve our methods accordingly	Develop evaluation framework	Education	

Definitions

- · Violence Against Women -
 - Any act of Gender based violence that results in or is likely to result in physical, sexual and psychological harm or suffering to women, including threats of such acts, coercion, or arbitrary deprivation of liberty, whether occurring in public or on private life. (UN General Assembly 1993)
- Gender Equity The unequal distribution of power between men and women. Gender equity is the most significant contributing factor to levels of safety and wellbeing experiences by women, common across all societies and cultures. (Vic Health 2007)

Gender Based Violence -

Violence that is directed against a women because she is a women or that affects women disproportionately. (UNHCHR 1979)

Primary Prevention - Seeks to prevent violence before it occurs. Primary prevention strategies can focus on changing behaviour and /or building knowledge and skills of individuals. They can focus on structural, cultural and societal contexts in which violence occurs. Additionally strategies that address underlying causes of violence against women (such as gender inequity and poverty) are also primary prevention strategies. (Vic Health 2007)

Secondary Prevention -

is targeted at individuals and groups who exhibit early signs of perpetrating violent behaviour or of being subject to violence. Secondary prevention strategies can be aimed to changing behaviours or increasing skills of individuals and groups. (Vic Health 2007)

Tertiary Prevention - Is the provision of support or treatment to women and children who are affected by violence or to men who use violence. Strategies are implemented after violence occurs. (Vic Health 2007)







Office hours

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