

Women's Health Symposium

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Health Impacts of Violence Against Women and Girls Priority

What is happening that can be built on?

- Three research projects that Dr Patricia Cullen and her colleagues are undertaking
 - Dr Cullen will present on this shortly
- The Fourth Action Plan of the [National Action Plan to Reduce Violence against Women and their Children 2010-2022](#)
 - Consider 'what comes next' with the Fourth Plan and link it with the NWHS
- The following programs could all be adapted for other priority population groups or expanded into other areas:
 - [The Orange Door](#) family violence intake service available in parts of Victoria
 - [Imperfect Allies](#) program being trialled through Waminda Aboriginal Women's Health Corporation in Nowra
 - [In Touch](#) specialist multicultural family violence service
- Existing women's health centres that provide [flexible models of care](#) to address DFV to 'meet the woman where she is at' should be could be replicated

What can't be done without collaboration?

- Cross-sector engagement focusing on primary prevention to deliver better support and resources for coordinated and responsive advocacy and DFV support services
- Define a primary prevention approach to addressing DFV
- [Our Watch](#) and [ANROWS](#) are key to progressing this work
- We need whole-of-population initiatives – changing norms, behaviours, attitudes – stopping violence before it occurs
- recognising that broad-based gender equality underpins every social and economic determinant
- Collaboration between physical and mental health services around trauma and integrated care
- for example, early intervention with young girls to identify trauma and recognise the impact it will have. Then work to improve health outcomes

What actions can we take now?

- Working with health care providers to improve trauma informed care and understanding of the gendered drivers of domestic and family violence
 - Utilise **Our Watch** resources
- Adapt existing training programs and family violence resources produced by the **RACGP** and the **AMA**
 - provide training for all health care providers
 - include voices of those with lived experience as part of early training for medical students and other health professionals
- Create a map of services, with a place-based focus that is easy for women to access
 - Consider app development – ‘**Find My Place**’
- Increase visibility of other forms of violence against women and girls
 - **Good Shepherd** and their work on forced marriage
 - **Harmony Alliance** – working to increase awareness of issues such as dowry abuse
 - **Marie Stopes** and their White paper on reproductive coercion

Who else needs to be involved?

- Primary health networks
- Aboriginal Medical Services and ACCHOs
- Women’s Health Services
- Multicultural Centre for Women’s Health/Refugee Health Services
- Alcohol and other drug services
- Cross-sector – education, justice, criminal system, housing
- Aged care
- Relevant Centres for Research Excellence
- People with lived experience

Health impacts of violence against women and girls – strong messages from the Symposium Session

- Violence against women takes many forms and is present at all ages and stages of women’s lives. It is coercive, it is abusive, it can be subtle as well as visible and physical
 - It particularly affects the current and future health of young women through the new media that has substantial influence
 - It affects reproductive health of women and their rights to make choices for their own health
 - It leaves intergenerational and lifetime impacts
 - All areas of the health system have to know, understand and respond appropriately
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