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(Youth Violence)
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A.O.C.

Inquiry into the impact of violence on young Australians



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To the House Standing Committee on Family, Community, Housing & Youth

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Introduction

Women's Health Victoria is a statewide women's health promotion, information and advocacy service. We are a non government organisation with most of our funding coming from various parts of the Victorian Department of Human Services. We work with health professionals and policy makers to influence and inform health policy and service delivery for women.

Our work at Women's Health Victoria is underpinned by a social model of health. We are committed to reducing inequities in health which arise from the social, economic and environmental determinants of health. These determinants are experienced differently by women and men. By incorporating a gendered approach to health promotion work that focuses on women, interventions to reduce inequality and improve health outcomes will be more effective and equitable.

Women's Health Victoria's vision is for a society that takes a proactive approach to health and wellbeing, is empowering and respectful of women and girls and takes into account the diversity of their life circumstances.

Women's Health Victoria's ways of working are guided by four principles:

- We work from a feminist framework that incorporates a rights based approach.
- We acknowledge the critical importance of an understanding of all of the determinants of health and of illness to achieving better health outcomes.
- We understand that the complexities involved in achieving better health outcomes for women require well-considered, forward thinking, multi-faceted and sustainable solutions.
- We commit to 'doing our work well'; we understand that trust and credibility result from transparent and accountable behaviours.

Submission

This submission focuses primarily on violence perpetrated by men against young women. This is because:

- In Australia, one in three women over the age of 15 years have experienced physical assault¹.
- Over half of all women have experienced at least one incident of physical and/or sexual violence in their lifetime².
- Although women experience violence across the lifespan, young women are at greater risk of violence than older women¹.
- Violence against women is perpetrated most often by a woman's intimate partner and most violence occurs in the home¹.

Violence against women remains a serious and pervasive issue that affects individuals, families, communities and the social fabric of our society as a whole. It is widespread, systematic and culturally entrenched³ and is recognised as one of the world's most pervasive human rights violations⁴. The nature of violence against young women and its impact of violence on the health of young women will be considered in this submission.

Violence against young women in Australia

Young women are the most common victims of intimate partner violence, rape and sexual assault⁵. Research into violence in teenage relationships is not extensive in Australia⁶, however the Australian Longitudinal Study on Women's Health showed that 24 per cent of for women aged between 18 and 23 had experienced some violence – 13 per cent had experienced non partner violence (including violence from family members, friends or casual dates), six per cent from a previous partner and five per cent had experienced recent violence from a partner. One US study found that approximately one in ten adolescent girls reported experiencing violence by a dating partner in the last year⁷. These statistics highlight how it is crucial that this inquiry into the impact of violence on young Australians includes the experiences of this population group.

Women's Health Victoria is particularly concerned with the health impacts of violence. Violence against women is the leading contributor to death, disability and illness for women in Victoria aged 15 to 44 years⁸. It also has serious implications for the sexual and reproductive health of young women. Women aged between 18 and 23 years of age who have experienced recent partner violence are:

- Almost three times more likely to report a miscarriage than women who were free from violence;
- Twice as likely to report a birth and a miscarriage;
- Five times more likely to report miscarriage and abortion only;
- Three times more likely to report ever having had herpes;
- Eleven times more likely to report Hepatitis C infection in the last four years; and
- Thirteen times more likely to report depression⁹.

This evidence shows clearly that the health impacts of violence for young women in Australia are profound and must be addressed.

Perceptions of violence and community safety among young Australians

Violence against young women in Australia is characterised by its gendered nature. Men are more likely to experience physical violence from a stranger, either in the open or at a licensed premises. Women are more likely to experience physical violence from a current or previous partner, in the home. Women are also more likely to experience sexual assault – 22 per cent of women are sexually assaulted by a stranger while 78 per cent are sexually assaulted by someone they know¹.

Fear of violence alone can alter women's behaviours, negatively affect their feelings of personal safety and autonomy and limit their ability to fully participate in society in the same way men do. For example, in comparison to men, women report a significantly greater fear of crime and are more likely to feel unsafe walking alone or being in their homes alone at night¹⁰. This has the potential to impact on both mental health and wellbeing, and physical health through a reduction in physical activity.

Links between illicit drug use, alcohol abuse and violence among young Australians

Excessive alcohol consumption is a complex and pervasive issue in Australian culture. An interrogation of the cultural context in which drinking occurs in Australia, and the impact on women, is needed. This must take into account wider cultural factors that dictate community, 'mateship', sport, parties, celebration, and other national identity markers.

Research has shown a strong association between alcohol and interpersonal violence¹¹. It has been found that 22 per cent of aggression has been reliably attributed to alcohol misuse with 50 per cent of male aggression attributed to alcohol and 13 per cent of female aggression¹¹. Men are more likely to perpetrate physical and sexual violence, while women are at greater risk of victimisation. Contributing factors for both risk of perpetration and victimisation include:

- Young age;
- Socio-economic disadvantage;
- Aboriginal or Torres Strait Islander descent; and
- Having co-morbidities, including illicit drug abuse or psychiatric disorders¹¹.

Intimate partner violence is associated with both chronic and binge drinking and alcohol consumption by perpetrators is likely to increase the severity of partner violence¹¹.

Rates of drinking among young women are increasing¹². When intoxicated women are more likely than when sober to have unprotected sex¹³ and are at increased risk of violence and sexual assault¹⁴. Thirty eight per cent of sexually active female secondary students in Australia report experiencing unwanted sex¹². The most common reasons for this are 'my partner thought I should' (22 per cent), 'too drunk' (19 per cent), and 'too high' (3 per cent). Twenty per cent of young women and 34 per cent of young men were drunk or high at the time of their last sexual encounter¹².

These factors impact on the sexual and reproductive health of young women. American studies have found that adolescent girls who have experienced intimate partner violence or 'dating violence' are less likely to use condoms consistently and are approximately twice as likely than girls free from violence to report having been pregnant⁷. Young women with a history of unwanted sex are more likely to engage in risk-taking behaviours and are more likely to report greater numbers of sexual partners,

have a younger age of first sex, are more likely to use drugs and alcohol at their last sexual encounter and less likely to use condoms than women with no history of forced sex¹⁵.

The VicHealth review of the links between and interventions to reduce alcohol-related interpersonal violence has made a number of recommendations, some of which are listed here¹¹:

- Both population and targeted approaches are needed to address the association between alcohol abuse and violence.
- Targeted approaches should focus on youth, particularly Aboriginal and Torres Strait Islander youth and youth from socially and economically disadvantaged backgrounds.
- Early interventions, such as those in schools, can reduce the development of alcohol misuse and intimate partner violence.
- Gender-focussed alcohol and intimate partner violence prevention research and initiatives are needed.

Social and economic factors that contribute to violence by young Australians

Gender must be considered when examining the factors that contribute to violence for young Australians. While the causes of violence against women are varied and complex, it is widely agreed to be closely linked to gender inequality¹⁶. Violence takes place within a broad social context where traditional gender roles are supported and perpetuate male power and control¹⁷.

There are societal norms within Australian culture that encourage a tolerance of violence against women and discourage perpetrators from taking responsibility for their violence. These encompass collective attitudes that favour conservative gender roles, trivialise violence and its effects, blame the victims, deny that violence has occurred and encourage the sexual objectification of women¹⁸. It is important that these contributing factors are acknowledged, addressed and incorporated into policies and programs that address violence in Australia. Women's Health Victoria welcomes the Committee's willingness to engage with the social and economic factors that contribute to violence by young people.

Factors that contribute to violence against young women by their male partners include young age, low education level, unpaid or disabled status, living in a de facto relationship, being separated or divorced and coming from an Indigenous background^{9,5}. The group most supportive of violence in relationships have been found to be young men who have witnessed parental domestic violence¹⁹.

Strategies to reduce violence and its impact on young Australian women

Strategies and policies that are based on understandings of the social construction of gender, and the impact this has on young women, are needed⁶. Gender inequality can be addressed by implementation of policies and early education. In the Victorian context, VicHealth is a leader in the push to prevent violence against women. It has done extensive work on promoting an understanding of the costs and effects of violence, and developing a plan of action for Victoria. This plan to prevent violence against women²⁰ has three themes:

- Promoting equal and respectful relations between men and women;

- Promoting non-violent social norms and reducing the effects of prior exposure to violence; and
- Promoting access to resources and systems of support²¹.

These 'themes for action' are important as they clearly identify gender inequality and its consequences (such as sexist stereotypes and lack of access to support services) as the foundation of both the problem and subsequent prevention strategies. Ending violence will inevitably require tackling the root causes of that violence, such as inequality and discrimination.

For young people in particular, strategies that enhance the ability to prevent violence and sexual coercion are important^{7, 15}. The promotion of healthy, respectful relationships through sexuality education in schools is one example of this. Sexuality education must be connected to the real issues and choices that young people face. It should encompass activities that address social influences, develop communication and negotiation skills, encourage openness and equip young people with the skills to decode media messages²². These issues are covered by the *Catching On* program in the Victorian curriculum for sexuality education.

The CASA House Sexual Assault Prevention Program for Secondary Schools (SAPPSS) is a good practice example of a violence prevention program within schools. CASA House uses its own advocates to conduct workshops with students from Years 9, 10 and 11. Between three and five sessions are delivered that cover an introduction to sexual assault and harmful behaviours; the meaning of consent and social pressures that influence communication; the impact of sexual assault on male and female victims; and social action strategies to prevent sexual assault in society. The program is tailored to the school and, where possible, sexual assault education is incorporated into other programs. The SAPPSS program²³:

1. Uses a whole school approach which 'sends a clear message that young people are not solely responsible for addressing the issue of sexual assault'.
2. Includes ongoing staff training which was found to result in better policies and procedures within the school.
3. Holds separate classes for girls and boys until the final session where girls and boys debate their opinions with each other.
4. Has an open debate about how to differentiate between sex and sexual assault and how to communicate consent.
5. Discusses the impact of media representations of violence, sex and sexuality.
6. Includes local police officers at key points to reinforce that sexual assault is both harmful and criminal.

Sex & Ethics: the sexual ethics education program for young people is another example of a school-based strategy to address the issue of negotiating sexual relationships and preventing violence against women²⁴. It is structured around the following four steps:

1. *Caring for myself*: is this what I want? Am I safe?
2. *Being aware of the other person's needs*: how do my desires and needs impact on the other person, how do I know what they want?
3. *Negotiating and asking*: using both verbal and non-verbal skills to explore what both people want.

4. *Reflecting*: during and after the sexual encounter – what am I doing or what happened and how could it be different, what was my role in this and what was the other person's role?

This program acknowledges how gender is a major influence on the conceptualisation and experience of sex for young people²⁵. It actively engages young men as well as young women in challenging dominant masculine ideologies and addressing male violence against women, particularly sexual violence and coercion. It also considers how alcohol can affect ethical behaviour and sexual encounters.

Other considerations to note relate to the impact of violence on the health of young women. For example, young women presenting to health services with sexual and reproductive health issues, including unintended pregnancy, should be assessed by health professionals to ascertain whether they are victims of intimate partner violence. Appropriate support should then be provided^{5,7}.

Conclusion

Violence against young women is a serious issue in Australia and one which has a considerable impact on the health of young women. Policies and strategies need to challenge the social and economic factors that contribute to violence, particularly gendered power relations that perpetuate violence against women. The impact on young women in Australia is too great for this to be overlooked in any consideration of violence against young Australians.

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