



**Public Health Association**  
AUSTRALIA

**Public Health Association of Australia  
submission on Victorian Family Violence  
and the Victims of Crime Assistance Act  
1996**

31 October 2017

## Contents

<b>Introduction.....</b>	<b>3</b>
The Public Health Association of Australia .....	3
Vision for a healthy population .....	3
Mission for the Public Health Association of Australia .....	3
<b>Preamble .....</b>	<b>3</b>
<b>PHAA Response to the consultation paper .....</b>	<b>4</b>
<b>Conclusion .....</b>	<b>5</b>
<b>References.....</b>	<b>6</b>

# Introduction

## The Public Health Association of Australia

The Public Health Association of Australia (PHAA) is recognised as the principal non-government organisation for public health in Australia working to promote the health and well-being of all Australians. It is the pre-eminent voice for the public's health in Australia. The PHAA works to ensure that the public's health is improved through sustained and determined efforts of the Board, the National Office, the State and Territory Branches, the Special Interest Groups and members.

The efforts of the PHAA are enhanced by our vision for a healthy Australia and by engaging with like-minded stakeholders in order to build coalitions of interest that influence public opinion, the media, political parties and governments.

Health is a human right, a vital resource for everyday life, and key factor in sustainability. Health equity and inequity do not exist in isolation from the conditions that underpin people's health. The health status of all people is impacted by the social, cultural, political, environmental and economic determinants of health. Specific focus on these determinants is necessary to reduce the unfair and unjust effects of conditions of living that cause poor health and disease. These determinants underpin the strategic direction of the Association.

All members of the Association are committed to better health outcomes based on these principles.

## Vision for a healthy population

A healthy region, a healthy nation, healthy people: living in an equitable society underpinned by a well-functioning ecosystem and a healthy environment, improving and promoting health for all.

## Mission for the Public Health Association of Australia

As the leading national peak body for public health representation and advocacy, to drive better health outcomes through increased knowledge, better access and equity, evidence informed policy and effective population-based practice in public health.

# Preamble

PHAA welcomes the opportunity to provide input to the Family Violence and Victims of Crime Assistance Act 1996 inquiry. The reduction of social and health inequities should be an over-arching goal of national policy and recognised as a key measure of our progress as a society. The Australian Government, in collaboration with the States/Territories, should outline a comprehensive national cross-government framework on promoting a healthy ecosystem and reducing social and health inequities. All public health activities and related government policy should be directed towards reducing social and health inequity nationally and, where possible, internationally.

## PHAA Response to the consultation paper

The consultation is an opportunity to shape how the Act can better fulfil its purpose and objectives from a public health perspective. This is an important lens given that family and domestic violence (FDV) affects the mental and physical health of victims and can cause long-term mental and physical illnesses.<sup>1</sup> For children, witnessing harmful effects of FDV are equal to direct child abuse and neglect and can cause poor health and developmental outcomes<sup>2</sup>.

The PHAA acknowledges the important role of the Victims of Crime Assistance (VOCA) scheme for survivors of FDV as a forum for recognition and validation of harms caused by FDV as well as for financial support. Financial distress, homelessness and unemployment are high among FDV survivors. A 2017 study of data collected by family violence service organisations in the Southern Metropolitan Region of Victoria showed that:<sup>3</sup>

- Three out of four women seeking family violence services are unemployed or not in the labour force, meaning they have very poor access to economic resources.
- 40% of women seeking support for family violence were relying on government payments as their source of income in the previous week
- 40% of women seeking support for family violence had no source of income in the previous week.
- Only 9% of women seeking support for family violence in this region were receiving an income from an employer in the previous week.

In Victoria, almost 2 in 5 clients (43%) sought specialist homelessness services as a result of domestic and family violence in 2015-16,<sup>4</sup> and there were more than 60,000 family violence incidents attended by Victoria Police during 2012-13 – an average of 164 every day.<sup>5</sup> Aboriginal and Torres Strait Islander females are 35 times as likely as non-Indigenous women to be hospitalised due to family violence related assaults.<sup>6</sup> Further, abuse and its subsequent effects can seriously undermine workforce participation, which is pivotal in creating a secure financial future for survivors of FDV.

The PHAA recognises that injury due to domestic or family violence can occur as a result of physical, sexual, verbal, psychological, economic or social abuse, which stems from an abuse of power. The PHAA also recognises that FDV occurs as a pattern of violence rather than a single event. As such, the PHAA strongly supports the proposal to update the Act's definition of 'act of violence', as consistent with the Family Violence Prevention Act 2008 (Vic). The PHAA also supports an expanded definition of injury in order to acknowledge the cumulative harm that occurs from repeated and ongoing abuse. The PHAA believes that continued failure to recognise verbal, psychological, economic or social abuse, including for children who witness FDV, obstructs women and families from accessing financial and other assistance at a time of crisis, which has significant implications for their health and wellbeing.

The PHAA has reviewed and endorsed the joint submission from Women's Legal Service Victoria and Domestic Violence Victoria, including their key recommendations to:

- Create a new specialist administrative scheme, underpinned by a case management approach with inbuilt safeguards, including independent legal advice and assistance (funded) and the right to opt into a hearing.
- Expand the definitions of 'act of violence' and 'injury', to fully account for the nature and experience of family violence;
- Include children and young people who are survivors of family violence in the primary victim category;
- Expand the definition of secondary victim to recognise kinship relationships;
- Reformulate the categories of expenses that can be claimed into one general expenses category;
- Create a new recognition payment to replace special financial assistance;
- Exclude family violence applications from perpetrator notification and mandatory refusal provisions;
- Remove of the requirement to report to and assist with police;
- Remove the time limit provisions for applications involving family violence;
- Improve information and referral pathways between support services, practitioners, and the victims of crime assistance scheme.

## Conclusion

PHAA supports the broad directions of the review of the Act. We are particularly keen that the following points are highlighted:

- Family violence is a serious and ongoing issue for Australian families;
- the Victims of Crime Assistance Act must be amended to better take account of the particular crimes and harms associated with family violence;
- PHAA supports the joint submission by the Women's Legal Service Victoria and Domestic Violence Victoria.

The PHAA appreciates the opportunity to make this submission and the opportunity to contribute to the review of the Victims of Crime Assistance Act 1996 in Victoria.

Please do not hesitate to contact us should you require additional information or have any queries in relation to this submission.



Michael Moore BA, Dip Ed, MPH  
Chief Executive Officer  
Public Health Association of Australia



Rebecca Lee  
PHAA Branch President  
Victoria

31 October 2017

## References

1. Fisher C, Hunt L, Adamsam R, Thurston WE. 'Health's a difficult beast': the interrelationships between domestic violence, women's health and the health sector. An Australian case study. Soc Sci Med. 2007;65(8):1742-50.
2. MacMillan HL, Wathen CN, Varcoe CM. Intimate partner violence in the family: considerations for children's safety. Child Abuse & Neglect. 2013;37(12):1186-91.
3. Hutcheson E. Family violence in the Southern Metropolitan Region. Report prepared by Keleher Consulting for the Southern Integrated Family Violence Executive. Available: <https://southsafe.com.au/wp-content/uploads/2016/09/Family-Violence-in-the-SMR-Summary-Document-v3.pdf>. 2017.
4. Australian Institute of Health and Welfare. Specialist homelessness services 2015-16. Victoria fact sheet. Cat. no. HOU 286. Canberra: Australian Institute of Health and Welfare; 2017.
5. Victoria Police. Crime Statistics: Family incident reports <https://d2c0ikyv46o3b1.cloudfront.net/anrows.org.au/s3fs-public/Fast-Facts---Indigenous-family-violence.pdf> 2014 [
6. Australia's National Reserach Organisation for Women's Safety. Fast facts - Indigenous family violence. Available at <https://d2c0ikyv46o3b1.cloudfront.net/anrows.org.au/s3fs-public/Fast-Facts---Indigenous-family-violence.pdf>. 2014.