

# Moyne Health Services

Prevention of Violence against  
Women and Children Strategy

2018-2019



## 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:**

**vision**

**Our Community will have access to ongoing highest quality Health Care**

**mission**

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

**values**

- **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.

| <b>MHS and PVAW Strategic Direction</b>  | <b>Actions</b>   | <b>Who is involved and timelines</b>   | <b>Progress</b> |
|--|--|--|-----------------|
| <p data-bbox="129 355 504 467"><b>1.1 Develop partnerships with other sectors to promote collaborative action for health and wellbeing</b></p> <p data-bbox="129 555 504 643"><b>1.2 Implement Gender Equitable policies, procedures and practices</b></p> | <ul data-bbox="512 355 962 719" style="list-style-type: none"> <li data-bbox="512 355 962 523">• Meet with Partners to discuss combined working opportunities to develop and implement regional policies through the Hospital Responses to Family Violence Strategy</li> <li data-bbox="512 555 962 643">• Review MHS policies and procedures applying the lens of Gender Equity</li> <li data-bbox="512 675 962 719">• Arrange Gender Equity training for staff</li> </ul>  | <p data-bbox="978 355 1307 384">Chief Executive Office</p> <p data-bbox="978 539 1307 592">Executive Director of People and Culture, Education</p>                                 |                 |
| <p data-bbox="129 735 504 839"><b>2.1 Develop efficient and effective responses through innovation and early adoption of new service models</b></p>  | <ul data-bbox="512 735 962 983" style="list-style-type: none"> <li data-bbox="512 735 962 983">• 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</li> </ul>  | <p data-bbox="978 735 1307 788">Community Health Manager, Education</p>  |                 |
| <p data-bbox="129 999 504 1078"><b>2.2 Empower service users, consumer groups and communities</b></p>  | <ul data-bbox="512 999 962 1388" style="list-style-type: none"> <li data-bbox="512 999 962 1110">• Consult with women and children who have experienced violence on the efficacy of current responses, utilising the Advocates group</li> <li data-bbox="512 1142 962 1302">• 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</li> <li data-bbox="512 1334 962 1388">• Facilitating the distribution of social marketing messages</li> </ul> | <p data-bbox="978 999 1307 1027">Community Health Nurse</p> <p data-bbox="978 1174 1307 1203">Community Health Nurse</p> <p data-bbox="978 1350 1307 1378">Executive Assistant</p> |                 |







### Office hours

Monday to Friday, 8am - 4.30pm

### Contact Details

Phone 55 680 100

Fax 55 680 158

Email [reception@moynehealth.vic.gov.au](mailto:reception@moynehealth.vic.gov.au)

PO Box 93

Villiers Street, Port Fairy 3284