INQUIRY INTO FAMILY, DOMESTIC, AND SEXUAL VIOLENCE

SUBMISSION BY THE AUSTRALIAN RESEARCH ALLIANCE FOR CHILDREN AND YOUTH

JULY 2020

WHO WE ARE

The Australian Research Alliance for Children and Youth is a national body which strives to improve the lives of all Australian children aged 0-14 by promoting evidence-based strategies for improving wellbeing, with a focus on prevention and early intervention. According to our surveys of children and young people themselves, wellbeing means: having access to material basics, feeling loved and safe, being healthy, learning, participating, and having a positive sense of identity and culture. Domestic and family violence is a pervasive problem that impacts on a child's ability to obtain wellbeing in all of these domains. ARACY would therefore like to make the following contribution to help in the evidence-based eradication of domestic and family violence.

TERMS OF REFERENCE ADDRESSED IN THIS SUBMISSION

a) Immediate and long-term measures to prevent violence against women and their children, and improve gender equality.
b) Best practice and lessons learnt from international experience, ranging from prevention to early intervention and response that could be considered in an Australian context.

TERMINOLOGY

There is variability in the literature regarding the terminology used to describe violence against women. The terminology used in this submission reflects that used by Australia's National Research Organisation for Women's Safety (ANROWS), where:

Intimate partner violence is used to describe violence occurring between people currently or previously in an intimate relationship. The literature variably includes current or previous cohabitation as part of the definition, which can affect statistical information.

Family violence includes violence between intimate partners, as well as violence between other family members such as between siblings or violence directed at parents from children.

Domestic violence is used interchangeably with intimate partner violence, with intimate partner violence being the preferred terminology. Domestic violence is used when citing literature using this term.

Violence against women encompasses intimate partner violence, sexual assault, sexual harassment and stalking. (Politoff, et al., 2019)

INTRODUCTION

Intimate partner violence is the largest contributing risk factor to the burden of disease in women, exceeding other risk factors such as cigarette smoking, alcohol use, physical inactivity and obesity (Webster, 2016). In 2019, 30% of all homicides in Australia were attributable to family and domestic violence, with 64% of victims being female (Australian Bureau of Statistics, 2020). Exposure to family violence, including intimate partner violence, has a significant negative effect on the wellbeing and development of children, and is associated with an increased likelihood of both perpetration and victimisation of violence (Campo, 2015a). Strategies that aim to prevent family violence as well as strategies aimed to reduce the negative impacts of violence are necessary to address this burden of disease for women and the flow-on effects to their children.

THE IMPACT OF DOMESTIC AND FAMILY VIOLENCE ON CHILDREN AND YOUNG PEOPLE

One in four Australian children will be exposed to domestic violence, and of all women who experience domestic violence, more than 50% have children in their care (NSW Government, 2019).

Domestic and family violence has a profound negative impact on children and young people. This is true irrespective of whether they witness the violence and even when they are not direct victims of the violence themselves. For example:

- Family violence is the **leading cause of child homelessness**, accounting for one third of presentations to accommodation assistance programs in Australia (Campo, 2015a).
- Domestic and family violence is associated with **poorer educational outcomes**, **behavioural problems**, **mental health disorders**, and increased victimisation and perpetration of **bullying** in children (Campo, 2015a).
- Domestic and family violence can **impair a child's ability to form secure attachments to their primary caregivers**, which can have lasting implications on their ability to build **future relationships** (Campo, 2015a).
- Even in utero, unborn children exposed to domestic and family violence can have **lifelong negative consequences**, for example through associations with low birthweight, preterm birth, maternal substance use, and maternal depression (Campo, 2015b).

Furthermore, exposure to domestic violence in the context of additional risk factors (such as parental mental illness, substance abuse, poverty) is associated with **increased risk of future perpetration**, contributing to the intergenerational transmission of violence (Campo, 2015a). Addressing domestic and family violence is therefore paramount to improving the wellbeing of Australian children and youth.

Key Points:

- Domestic and family violence has a profoundly negative impact on children and young people, contributing to homelessness, academic performance, behavioural and mental disorders, ability to form relationships, and an increased risk of future perpetration.

VIOLENCE AMONG ADOLESCENTS AND YOUNG ADULTS

Young women (aged 18-24) are significantly more likely to experience intimate partner violence and/or sexual violence than any other age group. A recent report by ANROWS indicates that women aged 18-24 have a higher rate of recent[1] violence than any other age group (Politoff, et al., 2019). The same report showed that rates of recent sexual violence were two times higher than average for women in the 18-24 age group, and 4 in every 10 young women had had a recent experience of sexual harassment.

Young people overall, and especially young men, are more likely to have a lower level of knowledge of violence against women and hold beliefs supportive of violence against women. A report by ANROWS (Politoff, et al., 2019) indicated that young people demonstrated a lower level of knowledge about violence against women than any other age group, and young men had significantly lower levels of understanding than young women of non-physical violence. Young men also had a poorer understanding of the prevalence of violence compared to young women, with just 57% of young men agreeing with the statement "violence against women is common" compared to 78% of young women. Young men, and in some instances young women, demonstrated concerning attitudes about gender equality. For example, twice as many young men than women (17% vs 8%) believed that men make more capable bosses than women. A striking 52% of young men agreed that "many women exaggerate how unequally women are treated in Australia", and 43% of both young men and women agreed that "it's natural for a man to want to appear in control of his partner in front of his male friends". A high proportion of young people mistrusted women's reports of violence and disregard women's right to consent. For example, almost half of young men agreed that "It is common for sexual assault accusations to be used as a way of getting back at men" and more than one quarter of young men and women agreed that "if a woman sends a nude image to her partner, then she is partly responsible if he shares it without her permission".

Young people and adolescents constitute a significant proportion of perpetrators of family violence. For example, the Victorian Royal Commission into Family Violence (State of Victoria, 2016) found that 1 in 10 police reports of family violence involved a young person as the perpetrator of violence. They also found that the number of family violence intervention order applications against adolescents aged 0-17 years has increased in Victoria since 2009 (912 to 1325). Male adolescents were the most common perpetrators of adolescent family violence, with prevalence of perpetration increasing with age. Sole mothers were the most common victim of adolescent family violence. **Risk factors for perpetration included previous experience of family violence** (59% of perpetrators) **and history of childhood trauma** (46%). Other risk factors included learning difficulties, disability (including acquired brain injury), mental health conditions, and substance use disorders (State of Victoria, 2016). Notably, this data does not include dating violence i.e. the perpetration of violence against women amongst adolescents in intimate relationships.

IMMEDIATE AND LONG-TERM MEASURES TO PREVENT VIOLENCE AGAINST WOMEN AND THEIR CHILDREN, AND IMPROVE GENDER EQUALITY.

[1] Within the last 12 months

PREVENTION AND EARLY INTERVENTION: AN OVERVIEW

Primary prevention strategies involve the prevention of violence before it takes place (Campo, Kaspiew, Moore, & Tayton, 2014). They are measures which reduce the incidence of violence within a population by addressing the root causes, such as gender inequality, stereotyped gender norms, and factors affecting individuals, communities, and society (Webster, 2016). They can be universal or targeted at groups at higher risk of experiencing or perpetrating violence. Primary prevention strategies are often cost-effective (Vos, et al., 2010), and are also compelling from an ethical standpoint by preventing violence before it occurs. A report by Webster (2016) argues that because the root causes of family violence also contribute to repeated violence and associated harms, addressing the root causes can additionally reduce the recurrence of violence and aid in recovery (Webster, 2016). The idea that primary prevention measures can also function as secondary and even tertiary prevention strategies is also considered in other literature (Campo et al., 2014). Secondary prevention measures, also referred to as early interventions, are targeted measures which are aimed at people at high risk of violence, or experiencing violence in the early stages (Campo, Kaspiew, Moore, & Tayton, 2014). In contrast, tertiary prevention aims to prevent violence recurring in people already experiencing violence, and minimise the health impacts of domestic and family violence (Webster, 2007). Tertiary prevention is also known as interventions or response measures (Campo, Kaspiew, Moore, & Tayton, 2014).

Unfortunately, evidence for the effectiveness of primary prevention strategies for domestic and family violence is limited, and current primary prevention strategies are largely theory driven (Campo, Kaspiew, Moore, & Tayton, 2014). A report by the Australian Institute of Family Studies notes that:

> *"There is widespread acknowledgement in policy frameworks that primary prevention of [domestic and family violence] should address the underlying causes contributing to violence, yet evidence regarding both the causes of DFV, and the effectiveness of various prevention strategies, is limited and very few prevention programs have been adequately evaluated".* (Campo et al., 2014, p. 30)

A review of reviews conducted by the World Bank Group identified 58 interventions globally that had been evaluated for effectiveness to reduce intimate partner violence; of these, only 15 were demonstrated to be effective and only four of the effective interventions were a primary prevention strategy (see Figure 1 of Appendix) (Arango et al., 2014). The same review found that:

> "*The interventions with the most positive findings used multiple, well-integrated approaches and engaged with multiple stakeholders over time. They also addressed underlying risk factors for violence, including social norms regarding gender dynamics and the acceptability of violence. These examples point to the imperative of greatly increasing investment both in innovative programming in primary prevention, as well as in high-quality experimental and quasi-experimental evaluations*" (Arango, Morton, Gennari, Kiplesund, & Ellsberg, 2014, p. 2)

Given the lack of current evidence, many primary prevention programs target factors associated with perpetration. Campo et al. (2014) identifies the following factors associated with perpetration:

- Traditional/normative beliefs about gender
- Community sanctions for gendered violence

- Idealised masculinity
- Attitudes supportive of violence
- Low education
- Substance abuse
- Childhood history of multiple forms of child abuse/maltreatment

Based on existing literature and theoretical models of domestic and family violence, primary prevention strategies should (summarised from Campo et al., 2014):

- Target multiple levels of risk
- Emphasise attitudinal change
- Include the local community context
- Be implemented at various stages across the lifespan
- Be tailored to the appropriate cultural context
- Specifically target children and young people, particularly before they reach high school before rigorous ideas around gender and violence are formed
- Be evaluated for effectiveness

Key Points:

- **Investment in primary prevention strategies to reduce domestic and family violence are likely to have a significant impact on the disease burden for women and children.**

- **There is a limited evidence base about what primary prevention strategies are effective.**

- **Based on theoretical knowledge of factors associated with perpetration, interventions that address beliefs about gender, masculinity, and violence, as well as substance use, education, and childhood trauma, are appropriate targets for primary prevention strategies.**

- **Primary prevention interventions should be tailored to meets the needs of the target audience, factoring in age, cultural context, and the local community context.**

- **It is imperative that these primary prevention strategies are evaluated for effectiveness, especially given the lack of current evidence base.**

PRIMARY PREVENTION: SCHOOL-BASED INTERVENTIONS

The impact of violence on children and young people, the prevalence and attitudes of adolescents and young people about violence make compelling arguments for primary interventions in childhood and adolescence. Interventions that occur in childhood and adolescence are largely limited to school-based programs. The evidence for this is discussed below.

There is reasonable evidence that school-based interventions are effective in changing students' attitudes towards domestic violence, gender roles, and respectful relationships in Australia (Campo et

al., 2014). Examples of these include LoveBites and Respectful Relationships. Two evaluated interventions conducted in Canada also found a reduction in dating violence following a group training program for male and female adolescents (Arango et al., 2014).

However, school based interventions in high-income countries on a global scale have not demonstrated promising results (Ellsberg, et al., 2015). Some Australian studies have also demonstrated mixed results, for example interventions that demonstrate attitudinal shifts toward domestic violence but not coercive behaviours or dating violence (Campo et al., 2014). Other issues include lack of longer-term follow-up to determine whether these attitudinal and behavioural shifts are sustained over time. Additionally, evaluated programs have largely occurred in secondary school. Insights from practitioners indicate that these interventions must start earlier i.e. in early primary school, and must take a gendered approach to domestic and family violence (despite a preference by some schools to take a gender-neutral approach) (Campo et al., 2014). The rationale for this is that views about gender are already fairly well-established by adolescence. Finally, a review of evaluated programs found that no school-based programs specifically aimed at culturally or linguistically diverse children.

School based-interventions are therefore a promising avenue for primary prevention strategies, but must specifically address gendered violence, start in the early primary schools years, consider cultural context, and be evaluated for effectiveness.

Key Points:

- **Children and young people are an ideal target for primary prevention strategies that address attitudinal shifts. School based-interventions are a promising avenue, but must specifically address gendered violence, start in the early primary schools years, consider cultural context, and be evaluated for effectiveness.**

SECONDARY PREVENTION: PERINATAL HOME VISITATION

Home visitation programs involve regular antenatal and post-natal visitation with women with the aim of improving pregnancy outcomes and infant development. Home visitation that has a focus on intimate partner violence would generally be considered a secondary prevention measure, as the intervention would be targeted at high risk families or families already experiencing violence. However, some nurse home visitation programs have been shown to improve maternal mental health (Centre for Community Child Health, The Royal Children's Hospital Melbourne), and such programs may have the potential to reduced intergenerational transmission of violence (not evaluated). This would mean nurse home visitation would also function as both a primary and tertiary measure.

A home visitation program in Hawaii (Hawaii's Healthy Starts Program, HSP) that actively aimed to reduce family violence demonstrated a reduction in intimate partner violence over the three year implementation (Duggen et al., 1999 in Arango et al., 2014). Similar outcomes have also been noted in other countries including Australia. For example, a small trial conducted in Melbourne evaluated non-professional mentor visitation to women experiencing intimate partner violence, and showed a significant reduction in Composite Abuse Scale after 12 months of the intervention (Taft, et al., 2011). Of note however, only home visitation programs that specifically aimed to reduce intimate partner violence were effective in doing so (Prosman, Lo Fo Wong, van der Wouden, & Lagro-Janssen, 2015). A

report by the World Health Organisation also notes the need for trials of home visitation that "focus on women experiencing intimate partner violence" and measure this as a "primary outcome" (World Health Organization, 2013).

Key Points:

- **Perinatal home visitation programs are a promising avenue to reducing intimate partner violence, and should be evaluated via rigorous, large scale trials for efficacy and cost-effectiveness in Australia. Current evidence indicates that such programs must be specifically dedicated to the reduction of intimate partner violence with intimate partner violence measured as a primary outcome in order to be effective.**

BEST PRACTICE AND LESSONS LEARNT FROM INTERNATIONAL EXPERIENCE, RANGING FROM PREVENTION TO EARLY INTERVENTION AND RESPONSE THAT COULD BE CONSIDERED IN AN AUSTRALIAN CONTEXT.

VIOLENCE IN AUSTRALIA: A GLOBAL CONTEXT

One in four women in Australia experience physical and/or sexual violence from an intimate partner at some time in their life. On an international scale, **44 out of 103 surveyed countries have lower rates of lifetime prevalence than Australia** (OECD, 2014).

Australia performs below expected on laws protecting women against violence. The OECD (OECD, 2014) classifies Australian legislation around sexual harassment as being "in place" but that "the law is inadequate". Legislation around domestic violence was slightly better, with the law being "adequate overall" but with "reported problems of implementation". More than half of 160 surveyed countries scored equal or better to Australia on a scale rating the legal framework protecting women from domestic violence. This is consistent with laws around coercive control[2]. Coercive control has been made a criminal offence throughout the United Kingdom since 2015, but not taken up in Australia in any state or territory aside from Tasmania despite a recommendation by the Victorian Law Reform Commission to criminalise such behaviour (It's time 'coercive control' was made illegal in Australia, 2019).

Australia performs well on a global scale in terms of women's attitudes towards violence, but this is not the case for particular subpopulations within Australia. 3.2% of Australian women believe that a husband/partner is justified in beating his wife/partner under certain circumstances compared to a mean of 27% globally (OECD, 2014). Two out of 152 countries had scores of 0% (Malta and Denmark), and 15/152 countries scored lower than Australia. However, attitudes towards violence can vary significantly based on age and gender. A recent report by ANROWS showed that a significant proportion of young people, and especially young men, held attitudes that were supportive of violence

[2] "An act or a pattern of acts of assault, threats, humiliation and intimidation or other abuse that is used to harm, punish, or frighten their victim… designed to make a person dependent by isolating them from support, exploiting them, depriving them of independence and regulating their everyday behaviour" (Women's Aid, 2019)

against women: for example, 23% of men aged 18-24 agreed that "domestic violence can be excused if, afterwards, the violent person genuinely regrets what they have done" (Politoff, et al., 2019).

Australia has a high migrant population; overseas born residents constitute almost 30% of Australia's population (Australian Bureau of Statistics, 2020). Notably, the percentage of women who agreed that beating a wife/partner was justified in certain circumstances was extremely high in many countries, reaching upwards of 50% in 29 countries and as high as 92% in the highest country. The top three countries from which residents emigrate from are England, China, and India. 10.2%, 32.7%, and 22.1% (respectively) of women surveyed in these countries agreed that a husband/partner was justified in beating his wife/partner under certain circumstances (OECD, 2014). **Although not definitive, it is possible that victims of intimate partner violence could be over-represented in migrant and refugee populations.** The evidence regarding this in Australia is mixed. While prevalence data in the Australian Personal Safety Survey suggests lower rates of domestic violence among immigrants, multiple organisations have found that this is likely underestimated, while other studies have indicated a trend in the opposite direction e.g. the overrepresentation of intimate partner homicide in culturally and linguistically diverse couples (Ghafournia & Easteal, 2018).

Key Points

- Together, this data indicates that the vast majority of Australian women do not agree that violence against women is ever justifiable, but that these attitudes are not necessarily reflective of the wider community, that violence is still occurring at an unacceptably high rate, and that legal framework protecting women against domestic violence and sexual harassment could be improved.

LESSONS LEARNT FROM INTERNATIONAL EXPERIENCE

International comparisons of violence prevalence is limited by comparability of data. There are significant discrepancies in figures, largely due to differences in definitions. For example, OECD data indicate that women in Canada have the lowest lifetime prevalence of physical and/or sexual violence from an intimate partner (6%) on a global scale (OECD, 2014). This contrasts to data provided by the Canadian Government, which indicates that 30% of women experience intimate partner violence within their lifetime (Government of Canada, 2015). Inconsistencies in Australian data are also evident, with OECD figures indicating that 25% of Australian women experience physical and/or sexual violence from an intimate partner in their lifetime (OECD, 2014), compared to ABS data which indicates that this figure is closer to 17% (Australian Bureau of Statistics, 2017). This represents a significant barrier to potentially useful comparisons between countries. **Facilitating international collaboration around prevention and early intervention for domestic and family violence may facilitate greater gains in this area.**

Fortunately, trends in violence within countries can still provide insights into potentially useful international practices. For example, Canada has demonstrated a reduction in annual rates of intimate partner violence over the last decade, where Australian rates have plateaued. In Canada, self-reported spousal violence within the past 5 years decreased by 41% (from 6.6% to 3.9%) between 2004 and 2014 (Burczycka, Section 1: Trends in self-reported spousal violence in Canada, 2014, 2016). This is supported

by police reports, which also declined between 2009 and 2014, although numbers have stagnated since this improvement (see Figure 2 of Appendix) (Burczycka, 2019). Australian rates of partner violence that occurred in the last 12 months slightly increased between 2005 and 2016 from 1.5% to 1.7% (Australian Bureau of Statistics, 2017). Again, these numbers are not directly comparable, but such trends may provide clues as to the efficacy of public health measures which may be adaptable to Australia.

A systematic review of 58 impact evaluations found 15 that reduced intimate partner violence (Arango, Morton, Gennari, Kiplesund, & Ellsberg, 2014). Of these, four demonstrated efficacy in high-income countries. Two were based in Canada and focused on reducing dating violence, and two were based in the United States (Hawaii: a perinatal home visitation program that reduced intimate partner violence, and California: a clinic-based intervention that reduced reproductive coercion). These also represent sources of potential international collaboration to build on the sparse evidence base of effective strategies in comparable countries.

Key Points

- **International comparisons of domestic and family violence rates are limited, impeding the ability to learn lessons from international experience. Facilitating international collaboration around prevention and early intervention of domestic and family violence may facilitate greater gains in this area, especially given the lack of evidence around effective primary interventions.**

- **Canada could be a useful starting point for international collaboration given the cultural comparability to Australian and the declining incidence of violence against women over the past decade, which is in contrast to Australian figures.**

- **Both Canada and the United States have implemented interventions that effectively reduced intimate partner violence within the study. Both countries have cultural overlaps with Australia, and are a source of potential international collaboration to build on the sparse evidence base of effective strategies.**

SUMMARY OF KEY POINTS & RECOMMENDATIONS

- **Intimate partner violence is the number one contributing risk factor to disease burden in women, exceeding other risk factors such as substance use, obesity, and physical inactivity.**

- **Domestic and family violence has a profoundly negative impact on the wellbeing of children and young people, including significantly contributing to homelessness, educational outcomes, mental and behavioural issues, future relationships, and the risk of intergenerational transmission of violence.**

- **Adolescents and young adults are both victims and perpetrators of intimate partner and family violence. They are also at greater risk of holding attitudes supportive of violence, of having a lower level of knowledge of what constitutes violence, and for young women, of experiencing**

violence. Prevention and early intervention strategies should therefore include adolescents and young adults.

- **Investment in primary prevention strategies to reduce domestic and family violence are likely to have a significant impact on the disease burden for women and children, but there is a limited evidence base about what primary prevention strategies are effective. Based on theoretical knowledge of factors associated with perpetration, interventions that address beliefs about gender, masculinity, and violence, as well as substance use, education, and childhood trauma, are appropriate targets for primary prevention strategies.**

- **Primary prevention interventions should consider the age, cultural and the local community context of the target population, and must be evaluated for effectiveness given the lack of current evidence base.**

- **Children and young people are an ideal target for primary prevention strategies that address attitudinal shifts. School based-interventions are a promising avenue, but must specifically address gendered violence, start in the early primary schools years, consider cultural context, and be evaluated for effectiveness**

- **Perinatal home visitation programs are a promising avenue to reducing intimate partner violence, and should be evaluated via rigorous, large scale trials for efficacy and cost-effectiveness in Australia. Current evidence indicates that such programs must be specifically dedicated to the reduction of intimate partner violence with intimate partner violence measured as a primary outcome in order to be effective.**

- **International comparisons of domestic and family violence rates are limited, impeding the ability to learn lessons from international experience. Facilitating international collaboration around prevention and early intervention of domestic and family violence may facilitate greater gains in this area, especially given the lack of evidence around effective primary interventions.**

- **Both Canada and the United States could be useful starting points for international collaboration given they have cultural overlaps with Australia, and have made demonstrable gains in violence prevention.**

- **Australia underperforms on a global scale in terms of prevalence of violence and laws protecting women from violence.**

- **International data indicates that that victims of intimate partner violence may be over-represented in migrant and refugee populations and underrepresented in the literature.**

REFERENCES

Arango, D. J., Morton, M., Gennari, F., Kiplesund, S., & Ellsberg, M. (2014). *Interventions to prevent or reduce violence against women and girls: A systematic review of reviews.* World Bank Group, Women's Voice and Agency Research Series 2014 No.10. Retrieved July 20, 2020, from https://ds2-test.atmire.com/bitstream/handle/10986/21035/927130NWP0Wome00Box385382B00PUBLICo.pdf?sequence=1&isAllowed=y

Australian Bureau of Statistics. (2017, November 8). *4906.0 - Personal Safety, Australia, 2016*. Retrieved July 14, 2020, from abs.gov.au: https://www.abs.gov.au/AUSSTATS/abs@.nsf/productsbyCatalogue/017E326331F0C315CA2581D1000C2EA8?OpenDocument

Australian Bureau of Statistics. (2020, April 28). *3412.0 - Migration, Australia, 2018-19*. Retrieved June 30, 2020, from abs.gov.au: https://www.abs.gov.au/ausstats/abs@.nsf/lookup/3412.0Media%20Release12018-19

Australian Bureau of Statistics. (2020, July 7). *4510.0 - Recorded Crime - Victims, Australia, 2019*. Retrieved from abs.gov.au: https://www.abs.gov.au/AUSSTATS/abs@.nsf/productsbyCatalogue/B57A463B90DA0434CA25859F0021B767?OpenDocument

Burczycka, M. (2016, January 21). *Section 1: Trends in self-reported spousal violence in Canada, 2014*. Retrieved from Statistics Canada: https://www150.statcan.gc.ca/n1/pub/85-002-x/2016001/article/14303/01-eng.htm

Burczycka, M. (2019, December 12). *Section 2: Police-reported intimate partner violence in Canada, 2018*. Retrieved from Statistics Canada: https://www150.statcan.gc.ca/n1/pub/85-002-x/2019001/article/00018/02-eng.htm

Campo, M. (2015a). *Children's exposure to domestic and family violence: Key issues and responses (CFCA Paper No. 36).* Melbourne: Child Family Community Australia information exchange, Australian Institute of Family Studies. Retrieved July 20, 2020, from https://aifs.gov.au/cfca/publications/childrens-exposure-domestic-and-family-violence

Campo, M. (2015b). *Domestic and family violence in pregnancy and early parenthood: overview and emerging interventions.* Melbourne: Australian Institute of Family Studies. Retrieved July 20, 2020, from aifs.gov.au: https://aifs.gov.au/cfca/publications/domestic-and-family-violence-pregnancy-and-early-parenthood

Campo, M., Kaspiew, R., Moore, S., & Tayton, S. (2014). *Children affected by domestic and family violence: A review of domestic and family violence prevention, early intervention, and response services.* Australian Institute of Family Studies. Retrieved from https://aifs.gov.au/publications/children-affected-domestic-and-family-violence

Centre for Community Child Health, The Royal Children's Hospital Melbourne. (n.d.). *right@home*. Retrieved from rch.org.au: https://www.rch.org.au/ccch/research-projects/right-at-home/

Ellsberg, M., Arango, D. J., Morton, M., Gennari, F., Kiplesund, S., Contreras, . . . Watts, C. (2015). Prevention of violence against women and girls: what does the evidence say? *The Lancet, 385*(9977), 1555-1556. Retrieved from https://doi.org/10.1016/S0140-6736(14)61703-7

Ghafournia, N., & Easteal, P. (2018). Are Immigrant Women Visible in Australian Domestic Violence Reports that Potentially Influence Policy? *Laws, 7*(32). Retrieved from https://www.mdpi.com/2075-471X/7/4/32/pdf

Government of Canada. (2015, November 24). *Snapshot of Family Violence in Canada - Infographic*. Retrieved July 14, 2020, from Canada.ca: https://www.canada.ca/en/public-health/services/health-promotion/stop-family-violence/snapshot-family-violence-canada-infographic.html

McGorrery, P., & McMahon, M. (2019, April 30). It's time 'coercive control' was made illegal in Australia. *The Conversation*. Retrieved from https://theconversation.com/its-time-coercive-control-was-made-illegal-in-australia-114817

NSW Government. (2019, October 211). *The effects of domestic and family violence on children and young people*. Retrieved from facs.nsw.gov.au: https://www.facs.nsw.gov.au/domestic-violence/about/effects-of-dv-on-children

OECD. (2014). *Gender, Institutions and Development Database 2014*. Retrieved July 7, 2020, from oecd.stat: https://stats.oecd.org/viewhtml.aspx?datasetcode=GIDDB2014&lang=en

Politoff, V., Crabbe, M., Honey, N., Mannix, S., Mickle, J., Morgan, J., . . . Webster, K. (2019). *Young Australians' attitudes to violence against women and gender equality: Findings from the 2017 National Community Attitudes towards Violence against Women Survey (NCAS).* Sydney: ANROWS Insights, Issue 01.

Prosman, G. J., Lo Fo Wong, S. H., van der Wouden, J. C., & Lagro-Janssen, A. L. (2015). Effectiveness of home visiting in reducing partner violence for families experiencing abuse: a systematic review. *Family Practice, 32*(3), 247-256. Retrieved from https://doi.org/10.1093/fampra/cmu091

State of Victoria. (2016). *Royal Commission into Family Violence: Summary and Recommendations.* Parlimentary Paper No 132. Retrieved from http://rcfv.archive.royalcommission.vic.gov.au/MediaLibraries/RCFamilyViolence/Reports/RCFV_Full_Report_Interactive.pdf

Taft, A. J., Small, R., Hegarty, K. L., Watson, L. F., Gold, L., & Lumley, J. A. (2011). Mothers' AdvocateS In the Community (MOSAIC) - non-professional mentor support to reduce intimate partner violence and depression in mothers: a cluster randomised trial. *BMC Public Health, 11*(178). Retrieved July 7, 2020, from https://doi.org/10.1186/1471-2458-11-178

Vos, T., Carter, R., Barendregt, J., Mihalopoulos, C., Veerman, J., Magnus, A., . . . Wallace, A. (2010). *Assessing Cost-Effectiveness in Prevention (ACE-Prevention): Final Report.* University of Queensland and Deakin University. Retrieved from https://public-health.uq.edu.au/files/571/ACE-Prevention_final_report.pdf

Webster, K. (2007). *Preventing violence before it occurs: A framework and background paper to guide the primary prevention of violence against women in Victoria.* Victoria: Victorian Health Promotion Foundation. Retrieved July 21, 2020, from https://www.vichealth.vic.gov.au/~/media/ProgramsandProjects/DiscriminationandViolence/PreventingViolence/framework%20web.ashx

Webster, K. (2016). *A preventable burden: Measuring and addressing the prevalence and health impacts of intimate partner violence in Australian women.* Sydney: ANROWS Compass, Issue 7. Retrieved from https://www.anrows.org.au/publication/a-preventable-burden-measuring-and-addressing-the-prevalence-and-health-impacts-of-intimate-partner-violence-in-australian-women-key-findings-and-future-directions/

Women's Aid. (2019). *What is coercive control?* Retrieved July 23, 2020, from womensaid.org.uk: https://www.womensaid.org.uk/information-support/what-is-domestic-abuse/coercive-control/

World Health Organization. (2013). *Responding to intimate partner violence and sexual violence against women: WHO clinical and policy guidelines.* Geneva: World Health Orgnanization. Retrieved from https://www.who.int/reproductivehealth/publications/violence/9789241548595/en/

Table 4. Effectiveness of Intervention Strategies to Reduce VAWG, According to Current Evidence Base

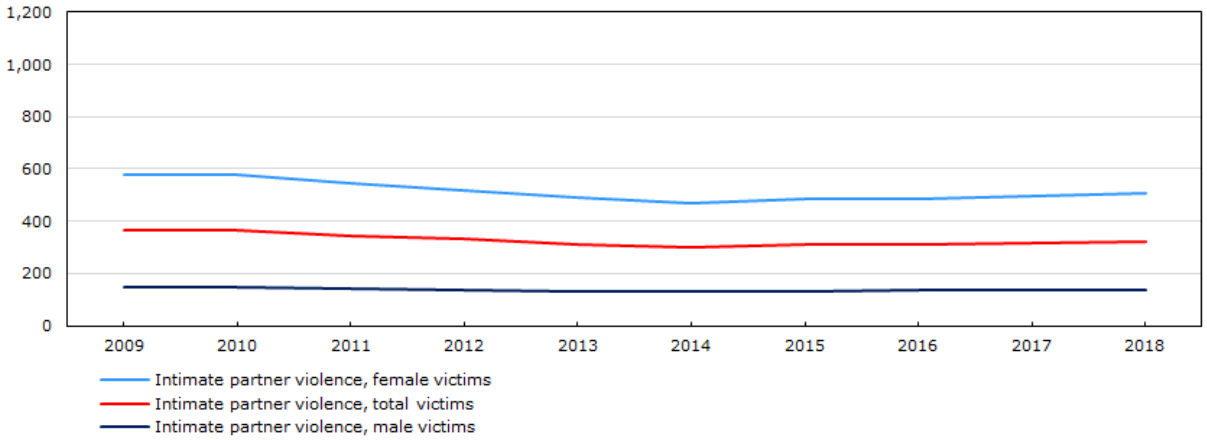
Intervention strategy [a]	Example	Type of violence	Evidence level	
			High-income countries	Low- and middle-income countries
Response to Violence against Women				
Women-centered programs for survivors*	Psychosocial counseling, post-exposure prophylaxis and emergency contraception as needed, risk assessment, referrals, safety planning	IPV, NPSA	Conflicting	Insufficient evidence
Perpetrators programs*	Interventions for men who assault their female partners	IPV	Conflicting	Insufficient evidence
One-stop crisis centers	Multidisciplinary crisis centers (community or hospital based)	IPV, NPSA	N/A or no evidence	Insufficient evidence
Shelters	Safe accommodations that provide short-term refuge and other services	IPV	Insufficient evidence	Insufficient evidence
Women's police stations	Specialized police services for survivors of VAW, can include psychosocial counseling and referrals	IPV, NPSA	N/A or no evidence	Insufficient evidence
Victim Advocacy*	Case management, connection to legal services and information	IPV	Promising	Insufficient evidence
ICT services	National emergency hotlines or mobile applications	IPV, NPSA	Insufficient evidence	Insufficient evidence
Population-based Prevention				
Community mobilization*	Participatory projects, community-driven development engaging multiple stakeholders and addressing gender norms	IPV, NPSA, FGM/C, CM	N/A or no evidence	Promising
Awareness-raising campaigns*	One-off information or media efforts, billboards, radio programs, posters, television advertisements	IPV, NPSA, FGM/C, CM	Ineffective	Ineffective
Social marketing campaigns or edutainment plus group education*	Long-term programs engaging social media, mobile applications, thematic television series, posters, together with interpersonal communication activities	IPV, NPSA, FGM/C, CM	Insufficient evidence	Insufficient evidence
Group-based Training or Workshops for Prevention of Violence against Women and Girls				
Empowerment training for women and girls*	School or community programs to improve women's agency. Can include other components such as safe spaces, mentoring, life skills or self-defense training	IPV, NPSA, FGM/C, CM	Insufficient evidence	Promising
Men and boys norms programming*	School programs and community workshops to promote changes in social norms and behavior that encourage VAWG and gender inequality	IPV, NPSA	Insufficient evidence	Conflicting
Women and men*	School or community workshops to promote changes in norms and behavior that encourage VAWG and gender inequality	IPV, NPSA	Insufficient evidence	Promising
Alternative rites of passage	Training for girls in life skills culminating in a ceremony without FGM/C	FGM/C	N/A or no evidence	Insufficient evidence
Economic and Livelihoods				
Economic empowerment and income supplements*	Microfinance; vocational training or job placement; cash or asset transfers (for example, land reform)	IPV, NPSA, FGM/C, CM	N/A or no evidence	Conflicting
Economic empowerment and income supplements plus gender-equality training *	Microfinance; vocational training or job placement; cash or asset transfers (for example, land reform); plus gender equality/violence prevention training	IPV, NPSA, FGM/C, CM	N/A or no evidence	Promising
Retraining for traditional excisors	Microfinance or vocational training	FGM/C	N/A or no evidence	Ineffective
System-wide Approaches				
Screening*	Universal IPV screening among nurses and doctors at all visits	IPV, NPSV	Ineffective	N/A or no evidence
Home visitation and health worker outreach*	Visits by community health workers or nurses to households	IPV	Promising	Insufficient evidence
Justice and law-enforcement interventions	Mobile courts, increased enforcement, second response	IPV, NPSV	Ineffective	N/A or no evidence
Personnel training*	Sensitization, identification or response training with institutional personnel (for example teachers, police officers, first responders, health professionals)	IPV, NPSA, FGM/C, CM	Ineffective	Ineffective
Infrastructure and transport	Improving the safety of public transport, street lighting	NPSA	Insufficient evidence	Insufficient evidence

[a] Programs will often incorporate multiple components and overlaps reflecting more than one intervention type.
* Classification based on trials including randomized controlled trials (RCTs) or quasi-experimental trials with comparison groups.

Figure 1: Taken from Elsberg et al., 2015 in Arango et al., 2014.
VAWG = violence against women and girls; IVP = intimate partner violence; NPSA = non-partner sexual assault; FGM/C = female genital mutilation/cutting; CM = child marriage

Victims of police-reported intimate partner and non-intimate partner violence, by sex and year, Canada, 2009 to 2018

rate per 100,000 population



Note: Rates are calculated on the basis of 100,000 population aged 15 to 89 years. Populations based upon July 1st estimates from Statistics Canada, Demography Division. Victims refer to those aged 15 to 89 years. Victims aged 90 years and older are excluded from analyses due to possible instances of miscoding of unknown age within this age category. Excludes victims where the sex or the age was unknown or where the accused-victim relationship was unknown. Based on the Incident-based Uniform Crime Reporting Survey, Trend Database, which, as of 2009, includes data from 99% of police services in Canada. As a result, numbers may not match those presented elsewhere in the report.
Source: Statistics Canada, Canadian Centre for Justice Statistics, Incident-based Uniform Crime Reporting Survey, Trend Database.

Figure 2: Adapted from Burczycka, 2019