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## JOINT MEDIA RELEASE - COMMUNIQUE

### FAMILY, DOMESTIC, AND SEXUAL VIOLENCE – A PERSPECTIVE FROM THE FUTURE

A perhaps unlikely alliance of organisations has hosted a [unique webinar](#) to explore Australia's 'shadow pandemic' of family, domestic and sexual violence.

The event imagined an Australia ten years from now, where the country had successfully responded to the trauma suffered by survivors of family, domestic and sexual violence, and we asked how we got there.

Hosted by University of Sydney's Dr Clare Cooper, and supported by Médecins Sans Frontières/Doctors Without Borders, the NSW Branch of the Royal Australian and New Zealand College of Psychiatrists (RANZCP), the Illawarra Women's Health Centre and the Accountability Matters Project, this 'futuring' webinar attracted more than 300 registrations, from medical practitioners and social workers, to educators, survivor advocates and frontline FDSV workers.

In the webinar, four extraordinary speakers envisaged a vastly improved and holistic approach to survivor-centred health and trauma recovery in 2031. Psychiatrist Dr Karen Williams; Sally Stevenson AM, General Manager of the Illawarra Women's Health Centre; First Nations frontline domestic violence worker, Ash Johnstone, and Accountability Matters Project's Lula Dembele reflected on the decisions that had been taken, the resources that had been allocated, and approaches that had been adopted.

Looking back from 2031, the journey to this better Australia started to take shape with the [National Summit on Women's Safety](#) in September 2021, which led to an all-encompassing and uncompromising 10 Year **National Plan to Reduce Violence against Women and Children**, implemented with multi-partisan support by Australian governments at local, state and federal levels.

The webinar was followed by in-depth workshops, which concluded that the shared vision of this vastly improved approach to trauma recovery in 2031 could only be achieved through transformative changes, led by governments in genuine collaboration with communities, survivors, health practitioners, service providers, media and educators.

### Recommendations

Reflecting on the presentations and workshops, our organisations make the following recommendations to inform the next **National Plan to Reduce Violence against Women and Children**:

That governments at federal and state levels:

1. Recognise trauma behaviour as a natural response to violence and abuse and treat it as an injury.
2. Fund the first National Prevalence Study of Perpetration, which recognises this as a men's violence issue, quantifies the prevalence of perpetrators who use violence against women and children and identifies the personal, social and structural drivers for that violence, as a first step in a proactive approach to reduce violence.
3. Fund meaningful and mandatory trauma education and training programs for all health and justice qualifications.

4. Embrace First Nations healing knowledge to address trauma and invest in community-controlled responses to domestic, family and sexual abuse.
5. Fund Women's Trauma Recovery Centres that offer one-stop wrap-around health, wellbeing and justice services to women and children impacted by family, domestic and sexual violence. Starting with a multi-site five-year community-based pilot project, then rolling out the successful model nationally.
6. Integrate family, domestic and sexual violence in emergency planning and disaster response frameworks; and increase support, education and training for the health, welfare and emergency frontline workers
7. Work with the Royal Australian New Zealand College of Psychiatrists and other professional associations to ensure access to affordable evidence-based individual and group therapies under the Medicare Benefits schedule (MBS) for those with trauma-related conditions.
8. Adopt a long-term (20 year) multi-partisan **National Plan to Reduce Violence against Women and Children** and ensure the plan is underpinned by a dedicated and properly resourced budget, and appropriate targets and accountability mechanisms.

We also refer governments to the RANZCP's [Position Statement on Family Violence and Mental Health](#).

## Speakers

Each of our webinar speakers focused on different aspects of how we achieved a 2031 vision which has much better approach to survivor centred health and trauma recovery and how we got there.

For **Lula Dembele (Accountability Matters Project)**, the key was an understanding that “at a systemic level, while violence is a problem for victims, it is not a victim’s problem – but a perpetrator’s problem”. Our approach needed to shift from a reactive one to a proactive one “focused on targeted prevention and early intervention against abusive behaviours”.

By quantifying the level of violence perpetrated by men, we were able to map “the personal, social and structural motivators and drivers of violence at an individual and group level” and support recovery by “lessening stigma and shame experienced by victims”. For Lula, by 2031:

- *.... A focus on perpetration reduced the subtle communal victim blaming, such as the question ‘why didn’t she leave?’ and instead focused attention on the question ‘how do we stop people abusing their partners?’*

For **Sally Stevenson AM (General Manager, Illawarra Women’s Health Centre)**, government investment in social housing, universal childcare, a living wage for all Australians and other social initiatives made for a kinder country. In 2031, we have 20 Women’s Trauma Recovery Centres rolled out around Australia. Communities expected access to such centres much like their access to fracture clinics and cancer clinics. For Sally:

- *... Investment in Trauma Recovery Centres was “not just the compassionate thing to do... but a strategic and cost-effective intervention”. Investment in “a dedicated, specialised wrap around, one stop shop service that supported women from the trauma of violence and abuse”.*
- *Centres that say “what happened to you?” rather than “what is wrong with you?”*

**Dr Karen Williams (Psychiatrist, RANZCP fellow and member of the Family Violence Network)** highlighted the lack of medical training in focusing on domestic violence in 2021 – despite it being the biggest cause of mortality and morbidity in women. A culture of victim blaming is a direct result of lack of understanding around coercive control. Unlike police officers, first responders or soldiers, survivors of domestic violence are treated for their depression and anxiety, not for their Post-Traumatic Stress Disorder.

Karen’s model towards a better future is one of three levels of prevention. Primary prevention through a range of social measures in education, childcare, and early identification of at-risk families; secondary prevention through mandatory trauma-informed training for police and embedded family violence experts for police; and

tertiary prevention through psychological and psychiatric care that recognises and treats trauma. For Karen, in 2031:

- *.... What we treat now is the Post Traumatic Stress Disorder – women traumatised by violence are finally recognised as experiencing an injury”.*

We see a reduction in trauma because:

- *... Children are seen as people in their own right – who are believed when they express fear, have a right to safety which trumps the right of an abuser to see them. They are now given psychological and educational support throughout their childhood to reduce the impact of intergenerational trauma.*

Speaking as a **First Nations Dughutti woman, Ash Johnstone (Women Illawarra)** saw a future that fully embedded First Nations knowledge and voices in government and society, and First Nations healing knowledge is used to address family, domestic and sexual violence. In 2031:

- *There are easily accessible Indigenous healing programs and community-controlled responses... By focusing on FDSV as a community health issue... we see less involvement overall of the criminal justice system.*

Learning from the social impacts of natural disasters and the COVID-19 pandemic ten years ago, governments started to recognise broader social and environmental drivers of family, domestic and sexual violence. They addressed these as part of a holistic strategy. And:

- *...immediate access to public housing for domestic violence victims meant that in 2031 no person has no safe place to sleep.*

And in 2031:

- *...we actually have the power to build for ourselves communities that work for us, that are safe and sustainable, that provide equal opportunities and that support all of our people to achieve healthy and happy lives.*

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