FAMILY VIOLENCE PRIMARY PREVENTION:

Building a knowledge base and identifying gaps for all manifestations of family violence

CONTENTS

EXECUTIVE SUMMARY

Family violence is a prevalent and pervasive issue with far-reaching impact and consequences. Family violence takes many different forms globally, and is predominantly perpetrated by men against women and children. The health effects of family violence are profound. It can lead directly to serious injury, disability or death. Indirectly, family violence can lead to a variety of sexual and reproductive health problems, chronic disease, as well as stress-induced psychological changes, and substance use and abuse.

There are many manifestations of family violence, such as intimate partner violence (between partners of the same gender or different genders), violence against children, parents, siblings and older people. Experiences and perpetration of family violence can also be exacerbated within certain settings or communities, such as in rural, regional and remote communities.

There are also sub-populations whose experiences of family violence often go overlooked due to limited research and understanding, such as people working in the sex industry, or for people with diverse sexual orientations or gender identities. Some of these groups are at a greater risk of family violence or may experience it at increased rates. Other groups face particular barriers in seeking and obtaining help that can perpetuate harmful situations, such as newly arrived migrants who are less familiar with the health and community service system or Australian laws, or other members of culturally and linguistically diverse communities. As family violence is experienced differently by different people, it is crucial that a nuanced understanding of the complex and intersecting factors facing diverse groups is developed to inform prevention strategies and reduce the prevalence of family violence.

Purpose and objectives of the report

The Victorian Government has recognised the severe impact of family violence on Australian communities and the diversity of experiences among different populations, as highlighted by the Royal Commission into Family Violence (the Royal Commission). In response, the Victorian Government is developing a Family Violence Primary Prevention Strategy to address the underlying drivers and reinforcing factors of family violence, and to inform the design of coordinated, appropriate and effective prevention interventions in the state.

The Royal Commission highlighted that the majority of existing evidence and prevention interventions are focused on intimate partner violence, perpetrated by men against women. The Royal Commission also identified a number of diverse communities that experience a different combination and type of drivers and reinforcing factors in their experience of family violence, including:

- Aboriginal and Torres Strait Islander peoples
- Older people
- Culturally and linguistically diverse communities
- Lesbian, gay, bisexual, transgender and intersex communities
- People with disabilities
- Children – as victims in their own right
- Male victims
- Rural, regional and remote communities
- Faith communities
- Women in prison
- Women working in the sex industry

Developing a comprehensive Family Violence Primary Prevention Strategy will therefore require a thorough investigation and exploration of the drivers and reinforcing factors of other manifestations of family violence. The aim of this report is to establish the state of knowledge on the drivers and reinforcing factors of family violence among these diverse communities, and on proven and promising practices for addressing different forms of family violence, to provide a strong evidence base for the Family Violence Primary Prevention Strategy. Through a thorough scoping and analysis of available literature, this report identifies the additional and intersecting factors that contribute to experiences of family violence among these communities, existing knowledge on what works to prevent family violence with different population groups, and the key gaps in the evidence that pose substantive barriers to preventing family violence.

Summary of key gaps in evidence

This literature review has confirmed that there are substantial gaps in the evidence base on family violence and primary prevention for the communities included here. There is limited evidence on the prevalence of family violence experienced by these communities, with little to no rigorous, population-based prevalence or perpetration studies focussing on prevention. Across all communities, there is a lack of comprehensive and systematic examination of the drivers, and risk and protective factors for family violence outside of male-to-¬female intimate partner violence.

More effort is needed to explore the dynamics of alternative manifestations of family violence. We need a solid evidence base on the prevalence and patterns of family violence within the diverse communities in Australia, including a better understanding of the pathways to both victimisation and perpetration within or against these communities:

- Across all communities, previous exposure or experiences of violence is associated with subsequent victimisation for different forms of family violence. However, there is a lack of longitudinal research that could trace relationships between drivers, risk factors and victimisation or perpetration of violence. For example, longitudinal research is needed to fully understand the causal direction in the relationship between exposure to violence in childhood and later in life, in order to identify opportunities for intervention.

- Overall, research in this area needs to be more nuanced. We know that structural, community and individual factors intersect in complex ways across all manifestations of family violence, yet we do not understand the dynamics of this. The existing evidence fails to capture the diversity of experiences and identities included under the various community umbrella terms. Not all evidence will apply in the same way to all individuals or groups within the identified communities, and this needs to be better reflected in our data.

- The review has shown that across these communities, societal-level factors set the underlying social context for family violence through marginalising, discriminating, and excluding experiences outside the norm. This means family violence in these communities is made invisible and creates barriers for disclosure and help seeking, as well as creating barriers for participation in relevant primary prevention. However, we do not know how structural inequality intersects with other drivers and reinforcing factors of family violence.

- This review has highlighted that there is a limited understanding of how the intersections of membership or identification between these various communities can increase the risk of family violence. For example, while we know that gender inequality underpins violence against women and girls, there is a need to better understand how gender intersects with other sources of marginalisation, power and privilege. More research is needed to examine the interaction between these communities and 'mainstream' society, and how those unequal power dynamics can drive family violence.

- There is an overwhelming lack of research or evidence of the effectiveness of primary prevention interventions that engage with the diverse communities included in this review. The focus of most primary prevention is on male-to-female intimate partner violence and transforming the structures, norms and practices of gender inequality. While this is incredibly important work, we need to invest in and support prevention initiatives that address the drivers of other manifestations of family violence.

Recommendations

Research

- This review has recognised the overwhelming lack of evidence around the key drivers of family violence outside of male-to-female intimate partner violence among key communities. There is therefore a pressing need to conduct further qualitative and quantitative research on alternative manifestations of family violence. This research should firstly establish reliable prevalence and perpetration data, and secondly move beyond prevalence to focus on the drivers of such violence to inform primary prevention.

  > There is a need to establish consistent methodology and conceptualisation for manifestations of family violence among different communities. This will support comparability and synthesis of findings to derive key lessons on the drivers of family violence.

  > Invest in longitudinal research that monitors the incidence of violence, perpetrators, and impact and help-seeking behaviours. This includes researching pathways to victimisation and perpetration to promote better understanding of what drives manifestations of family violence in different circumstances.

  > Research should also be directed to investigating potential explanatory variables that may contextualise and explain differences detected in family violence across different settings or population groups. This should include a more comprehensive assessment of societal and community level factors.

- Research needs to be undertaken in a way that is accessible and inclusive, and that empowers individuals and communities to lead change for preventing family violence. Research into diversity should inform programming by focusing on what strategies are suitable for different communities.

- Invest in learning through creating a culture of rigorous monitoring and evaluation within primary prevention. Future funding should be dedicated to evaluation and innovative learning to build the evidence base on what works to address the drivers of family violence.

- Primary prevention of family violence targets a highly complex social issue, with multiple overlapping drivers and compounding factors. Monitoring and evaluation is therefore tasked with measuring processes of change that are rarely linear, and difficult to observe. Moreover, implementing organisations are often faced with limited resources and capacity for evaluation. However, the importance of building the evidence base around primary prevention is paramount. Prevention practitioners should be supported through funding and investment in building a strong evaluation culture.

- Evaluations are needed for existing programmes that can inform future prevention strategies and identify opportunities for scale-up.

Primary prevention

Given the lack of evidence on the effectiveness of different primary prevention interventions for diverse communities, these recommendations focus on principles for primary prevention:

Address structural factors

- All primary prevention must challenge the social norms, structures and practices that underpin all manifestations of family violence, including gender inequality, heterosexism, racism, etc. This includes promoting healthy relationships and nurturing, safe family environments both between intimate partners and the wider family unit. It also means promoting harmonious communities and challenging multiple forms of discrimination.

Increase investment

- There is a great need to increase investment in evaluation of violence prevention programmes as well as research around the drivers and reinforcing factors of violence against these key communities. More rigorous evaluation is therefore required, including longitudinal studies.

- Investment should also be made in coordinated and consistent population-level monitoring of prevalence across all manifestations of family violence. This must be undertaken in a way that is inclusive of diversity and does not stigmatise certain groups or communities as inherently more violent than others.

Implement and evaluate programmes for different populations

- As this review demonstrates, family violence affects all communities across Victoria, and Australia more broadly, and there a variety of intersecting factors that heighten their vulnerability, exposure and risk of violence. More interventions targeting these populations should be developed and evaluated. While the focus of prevention overall should be on impacting the largest number of people, more research is needed to understand the types of interventions that would be most suitable for different communities.

Multi-sectoral, holistic and coordinated

As with prevention of male-to-female intimate partner violence, holistic and multi-sectoral prevention approaches are likely to be most effective for people from diverse communities. There is a need to:

· Promote and coordinate holistic family violence prevention and response models.

· Strengthen the role of the health and justice sectors in preventing and responding to family violence and the diversity of Australian communities.

· Move beyond stand-alone awareness raising or single component communications campaigns which themselves are ineffective unless combined with other programmes to ensure a multi-level holistic approach.

· Find ways to make links between primary prevention, response, and early intervention, in order to maximise resources and avoid 'siloed' approaches that provide inadequate support to families affected by multiple sources of vulnerability and discrimination.

Settings for prevention

· Respectful relationships education in schools must be delivered in a way that is accessible and appropriate for all participants (including students, teachers and parents). However, tailored prevention initiatives need to be implemented through multiple activities across the population to ensure that everyone has an opportunity to engage.

· Positive parenting programmes that provide skills, tools, resources and support to foster healthy, non-violent and safe homes and non-violent discipline must be delivered to communities to foster healthy parent-child relationships and to better prevent the inter-generational transmission of trauma and abuse. These programmes must also include training around child participation in family decision making and raising children's awareness and knowledge on child rights and child protection services.

· Promote workforce development for prevention practitioners, including training around the intersections of various drivers of family violence that can compound risk for certain communities.

Tailor interventions

· There is no 'one-size-fits-all' approach to the prevention of family violence, nor will every initiative reach everyone. However, all primary prevention must be tailored to the specific audience in a way that is inclusive, accessible and appropriate. This will be enhanced through participatory approaches to research and planning, implementation, and evaluation.

Promote community leadership and participation

· Strengthen society-level commitments to addressing family violence through leadership and policy reform that is aimed at empowering marginalised communities. Prioritise work with groups that have until now been kept at the margins of primary prevention policy and programming.

Engage men and boys

· This review has further demonstrated that men are the primary perpetrators of violence against women. While not all men use violence, the prevalence of male violence against women reflects narratives of masculinity that rationalise and celebrate male strength, the use of violence, and men's control over women.

· Effective interventions use peer group approaches to work with teenage boys and girls to promote respectful relationships, and social norms that value, respect and empower all women and girls. These programmes must also include some focus on intersectionality.

· Programmes that work with male role models and local leaders in a long-term and comprehensive way to promote positive forms of masculinity. These types of programmes may be especially useful among faith communities, Aboriginal and Torres Strait Islander communities, as well as in rural, regional and remote communities.

Innovate

· This review only assesses evidence from existing studies and evaluations of prevention programmes. There may be many promising prevention initiatives being implemented around the world that have not been evaluated, therefore we cannot rely only on what we currently know. The field must continue to innovate, which will be supported by investment in rigorous evaluation and learning.

· Invest in long-term scale-up of existing promising practices, and establish sustainable funding sources.

INTRODUCTION

Family violence is one of the most widespread violations of human rights worldwide, affecting on average one third all women within their lifetime.[1] Family violence takes many different forms globally, and it is predominantly perpetrated by men against women, children and other vulnerable people. The health effects of family violence are profound. It can lead directly to serious injury, disability or death. Indirectly, family violence can lead to a variety of sexual and reproductive health problems, chronic disease, as well as stress-induced psychological changes, and substance use and abuse.[2] Family violence also has significant consequences around children's health and well-being. Research has indicated that children who have been exposed to violence are more likely to develop behavioural problems, and are at greater risk of alcohol or substance abuse, self-harm, or victimisation or perpetration of violence in adulthood.[3] The associated economic costs of such violence are considerable, with recent estimates placing the cost of family violence in Australia at $27.1 billion annually.[4]

Family violence is a pervasive and prevalent social problem in Australia. Current research indicates that more than half of Australian women experience physical and/or sexual violence in their lifetime: according to the Australian Bureau of Statistics, one in three women have experienced physical violence and one in five have experienced sexual violence since the age of 15. Among those women who reported having experienced violence, the majority was perpetrated by either an intimate partner, or family member or friend.[5]

The recent Royal Commission into Family Violence (the Royal Commission) recognises the severity and impact of such violence on Australian women and their children. Family violence is experienced differently by different people. While male- to-female intimate partner violence is the most prevalent form of violence, there are many other manifestations of family violence, such as violence against children, parents, siblings and older people, and intimate partner violence in same-sex relationships. Experiences and perpetration of family violence can also be exacerbated within certain settings or communities, such as in rural, regional and remote communities. There are also sub-populations whose experiences of family violence often go overlooked due to limited research and understanding, such as people working in the sex industry, or individuals who identify as lesbian, gay, bisexual, transgender or intersex. Some of these groups are at a greater risk of family violence or experience it at increased rates. Other groups face particular barriers in seeking and obtaining help that can perpetuate harmful situations, such as newly arrived migrants less familiar with the health and community service system or Australian laws, or other members of culturally and linguistically diverse communities. Family violence policy, programming and services must therefore take into consideration the diversity of the Australian population, and the distinct experiences of people from a range of communities and settings.

The Royal Commission into Family Violence

In recognition of the far-reaching impact of harm that family violence causes, and the need to invest in family violence reforms, the Victorian Government established the Royal Commission into Family Violence. The Royal Commission reflects the need for better informed policy responses to reduce the prevalence and severity of family violence. The subsequent commitment of the Victorian Government to implement each one of the 227 recommendations from the Royal Commission has led to the development of a state-wide Family Violence Primary Prevention Strategy. This Strategy provides the opportunity to ensure a comprehensive and enduring approach to ending family violence that addresses both the root causes or drivers of such violence, including gender inequality and discrimination, as well as the reinforcing factors that create increased risk for different individuals and communities. These actions form the basis of primary prevention, which is defined in more detail below.

Understanding family violence through Change the Story

The gendered drivers and reinforcing factors of violence against women

Change the Story: A shared framework for the primary prevention of violence against women and children (Change the Story) is the national prevention framework for Australia, established in 2015 by a partnership between Our Watch, ANROWS and VicHealth. *Change the Story* presents an evidence-based conceptual framework for understanding violence against women, with a focus on male-perpetrated intimate partner violence and non-partner sexual violence. The framework establishes that gender inequality sets the underlying context for violence against women, and identifies and describes the drivers and reinforcing factors of this violence. *Change the Story* emphasises the role of gendered norms, structures and practices in perpetuating the drivers of violence against women across the socio-ecological model (see below).

Change the Story confirms the evidence that factors associated with gender inequality are the most consistent predictors of violence against women; that is, they **drive** violence against women.[6] The gendered drivers of violence against women arise from discriminatory and unequal institutional, social and economic structures, social and cultural norms, and organisational, community, family and relationship practices. Taken together, these structures, norms and practices facilitate environments and relationships in which women and men are not considered equal, and violence against women is tolerated or condoned.

The drivers of violence against women often intersect with other factors associated with social marginalisation and disadvantage that, taken alone, do not predict or drive violence. This other group of factors **reinforce** the drivers in different ways, and work to increase the probability, severity or frequency of violence against women for certain individuals and communities.

Socio-ecological model for understanding family violence

Family violence is a complex issue. There

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[1] Garcia-Moreno et al. (2015).
[2] Fulu and Heise (2015); Ellsberg et al. (2001).
[3] Fulu and Heise (2015); Garcia-Moreno et al. (2015).

[4] PwC (2015).
[5] Department of Justice (2012).

[6] Our Watch, ANROWS and VicHealth (2015).

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is no single cause and no single solution; rather, family violence is caused by the interplay of multiple, interrelated factors, that operate at different levels of society. Preventing family violence therefore requires holistic, multi-sectoral strategies that address drivers and reinforcing factors across multiple levels.

The socio-ecological model provides the dominant conceptual framework for exploring and explaining the interplay of factors: across and within the individual and relationship, organisational and community, system and institutional, and societal levels.[7] In relation to violence against women, the socio-ecological model is used to explain how gender inequality is present in structures, norms and practices across all levels of the model, and how different factors at different levels intersect to increase or decrease the likelihood of violence. Importantly, the socio-ecological model steers the focus of analysis away from individual men's behaviours, personality or psychology and personal circumstances as a sole factor driving violence. Although individual-level factors do help explain why

some men are more likely to perpetrate violence against women, and why some women are more likely to experience such violence, those factors are also shaped by additional factors at the community, institutional and societal levels.[8]

The socio-ecological model is relevant for primary prevention because we first need to understand the factors that drive different manifestations of family violence, in order to address and change them. However, the existing global evidence base on the drivers and reinforcing factors that operate across the model is currently skewed toward research on male-to-female intimate partner violence and non-partner sexual violence, to the exclusion of other manifestations. We need to expand our understanding of the drivers identified in *Change the Story* to consider how they impact and intersect among diverse communities, and the additional factors relevant to specific forms of family violence. This is in recognition of the fact that `family violence' covers a broad range of acts beyond male-perpetrated intimate partner violence.

Defining family violence

The *Family Violence Protection Act 2008* (Vic) incorporates a broad definition of `family violence' that recognises there are many different manifestations of violence between family members, that can intimidate, control, coerce or cause harm to the victim. This definition under the Act also incorporates an expanded understanding of `family member', to reflect the diversity of familial and kin relationships in Victoria.

The Act covers violence between family members including both biological relationships and relationships arising from marriage, de facto partnerships or other intimate personal relationships. The term also covers a child who regularly resides with the other person or has previously done so (for example, a foster child), and a child who has or has had an intimate family relationship with the relevant person. `Family member' also extends to current and former intimate relationships.[9] People living in the same house, people living in the same residential facility and people

reliant on care can also be covered under this definition of `family member'. This is to include those people who are regarded, or treated as family members, such as carers for the elderly or people with a disability.[10] The Act also recognises the variations in interpretation of the term `family member' among Aboriginal and Torres Strait Islander communities. As such the definition of family member specifically includes a person who is deemed a relative, according to traditional or contemporary social practice.[11]

Given this broader conceptualisation of family violence, and the wide definition of family member, the Victorian Family Violence Primary Prevention Strategy must be similarly informed by an expanded evidence base that goes beyond intimate partner violence. This report is therefore aimed at scoping and reviewing the existing evidence on other manifestations of family violence, and at identifying key gaps and priority areas for future investment, research and action (see below).

Under the *Family Violence Protection Act 2008* (Vic), family violence is defined as:
- Behaviour by a person towards a family member of that person if that behaviour:
  > Is physically or sexually abusive;
  > Is emotionally or psychologically abusive;
  > Is economically abusive;
  > Is threatening;
  > Is coercive;
  > In any other way controls or dominates the family member and causes that family member to feel for the safety and wellbeing of that family member or another person.
- Behaviour by a person that causes a child to hear or witness, or otherwise be exposed to the effects of, behaviour listed above.

Family violence is taken to include the following behaviours:
- Assaulting or causing personal injury to a family member or threatening to do so;
- Sexually assaulting a family member or engaging in another form of sexually coercive behaviour or threatening to engage in such behaviour;
- Intentionally damaging a family member's property, or threatening to do so;
- Unlawfully depriving a family member of the family member's liberty, or threatening to do so;
- Causing or threatening to cause the death of, or injury to, an animal, whether or not the animal belongs to the family member to whom the behaviour is directed so as to control, dominate or coerce the family member.

[7] Heise (2011). For a more complete discussion of the socio-ecological model in relation to violence against women, see Element 1 in *Change the Story* (pages 18–22).

[8] *Ibid*.

[9] Neave, Faulkner and Nicholson (2016).

[10] *Ibid*.

[11] *Ibid*.

What works to prevent family violence

To prevent family violence, we need to address the underlying causes of the problem. Primary prevention is framed by the socio-ecological model (outlined above), and is targeted at addressing the drivers and reinforcing factors of violence across all levels of society. While primary prevention remains a relatively new and evolving sector, there is emerging evidence from around the world on different strategies and approaches that are showing some impact on the drivers of violence.

> Primary prevention is distinguished from early intervention (secondary prevention) and response (tertiary prevention) to violence in that it is targeted at stopping violence before it starts, by addressing the underlying drivers and reinforcing factors for different manifestations of violence. Primary prevention adopts holistic, whole-of-population initiatives that are implemented as part of coordinated, comprehensive and multi-a approaches to violence.
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> Primary prevention complements work undertaken in the early intervention and response sectors. As primary prevention targets the whole population, it inevitably reaches those who are already experiencing or perpetrating violence, or who are at an increased risk of experiencing violence. It can therefore enhance early intervention and response initiatives by helping to reduce recurrent violence, and transforming violence-supportive structures, norms and practices that may be present within support and justice services.

Given the complexity of the drivers of violence, primary prevention interventions aim to address specific factors either individually or in combination. For example, they may be targeted at changing experiences of violence and abuse in childhood, relationship dynamics, household and community structures, social norms, access to resources, gender roles, and the relative power of men versus women. This is in recognition of the fact that there is no single cause of violence, nor is there a single pathway to perpetration.

Existing evidence is focused on assessing the effectiveness of primary prevention interventions targeted at intimate partner violence and other forms of violence against women.[13]

This research indicates that the most effective interventions are multi-component, and are implemented through a strong gender transformative approach. They focus on transforming gender norms and work across multiple levels, and when carefully implemented through a clear theory of change, can significantly reduce women's experience of violence within a relatively short period of time, for example over two to three years. These interventions often have strong community mobilisation elements that specifically engage both women and men, rather than adopt single-sex activities or key messages. In contrast, international experience shows that stand-alone interventions like awareness raising and national advocacy campaigns, combined with legislative measures, do not achieve statistically significant results in changing the root causes of violence.

According to a global review of evidence on what works to prevent violence against women, the following interventions have been identified as the most effective: relationship-level interventions; micro-finance strategies combined with gender-transformative approaches; community mobilisation interventions to change social norms; parenting programmes; and interventions that primarily target men and boys (with women and girls) through group education combined with community mobilisation. Although there is limited evidence of the effectiveness of alcohol reduction strategies in low- and middle-income settings, there is some promise from high-income countries, however harmful alcohol use must be considered as a reinforcing factor alongside the gendered drivers of violence.[14]

Purpose and objectives of the report

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The Royal Commission highlighted that the majority of existing evidence and prevention interventions are focused on intimate partner violence, perpetrated by men against women. The Royal Commission also identified a number of diverse communities that experience a different combination and type of drivers and reinforcing factors, including:

- Aboriginal and Torres Strait Islander peoples
- Older people
- Culturally and linguistically diverse communities
- Lesbian, gay, bisexual, transgender and intersex communities
- People with disabilities

- Children – as victims in their own right
- Male victims
- Rural, regional and remote communities
- Faith communities
- Women in prison
- Women working in the sex industry[15]

Developing a comprehensive Family Violence Primary Prevention Strategy will therefore require a thorough investigation and exploration of the drivers and reinforcing factors of other manifestations of family violence. The aim of this report is to establish the state of knowledge on the drivers and reinforcing factors of family violence among these diverse communities, and on proven and promising practices for addressing different forms of family violence, to provide a strong evidence base for the Family Violence Primary Prevention Strategy. Through a thorough scoping and analysis of available literature, this report identifies the additional and intersecting factors that contribute to experiences of family violence among these communities, existing knowledge on what works to prevent family violence with different population groups, and the key gaps in the evidence that

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[12] Heise (2011); Our Watch, ANROWS and VicHealth (2015).

[13] Fulu and Kerr-Wilson (2015); Arango et al. (2014).

[14] Fulu and Kerr-Wilson (2015).

[15] This review does not include violence experienced by transgender or male sex workers. There are significant structural and social factors and barriers that heighten the risk of violence among these groups as well as increase their vulnerability to HIV infection.

pose substantive barriers to preventing family violence.

The evidence presented in this report is framed by the concept of intersectionality, as it aims to identify the different forms of power and privilege that intersect to shape experiences of family violence among diverse communities. The gendered drivers and reinforcing factors of violence against women, identified in *Change the Story*, intersect with additional factors that reflect specific patterns of power and privilege, and drive different manifestations of family violence for diverse communities.

> Intersectionality is a conceptual framework that looks to uncover the dynamics of different factors that make up an individual's or group's identity. This can include the intersections of sexual orientation, gender identity, age, ability, Aboriginality, cultural background, religion, race or ethnicity, or socio-economic status. Taking an intersectional approach to family violence means identifying how these intersections can be associated with different sources of oppression and discrimination, or power and privilege, and how those intersections can lead to increased risk, severity, and/or frequency of experiencing different forms of violence. It means that these various factors cannot be isolated or considered alone, and are integral to ensuring primary prevention initiatives are effectively and appropriately tailored to the target population.
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> This review combines a socio-ecological model of family violence with an intersectional analysis in order to map existing evidence on the complex norms, structures and practices that are relevant for understanding the differences in vulnerabilities and experiences of family violence across certain communities.

While gender inequality is a necessary condition for violence against women, it is not the only, nor the most prominent factor, in every context of family violence. A range of factors and contexts influence the ways in which attitudes towards violence and gender norms and relations are formed, including attitudinal support for other forms of oppression such as racism, heterosexism, homophobia and transphobia, ageism, ableism, and religious intolerance.[16] For example, family violence experienced within lesbian, gay or bisexual relationships, or by people with disabilities, are not adequately explained by gender inequality alone. Similarly, different forms of abuse perpetrated against children reflect gender inequality in some circumstances, however are also driven by other reinforcing,

often contextual factors, associated with the family environment, social norms within the wider community, and the personal experiences of the perpetrator. This report therefore considers gender inequality alongside other drivers and reinforcing factors as identified during the review process.

As outlined above, *Change the Story* provides a strong evidence base and conceptual framework for preventing male-to-female intimate partner violence and non-partner sexual violence, and this work already provides an important foundation for Victoria's Family Violence Primary Prevention Strategy. To avoid duplication of effort, these forms of violence, and their associated drivers and reinforcing factors, are beyond the scope of this review and are not included in this report.

[16] VicHealth (2014); Aosved and Long (2006).

Terminology used in this report

To support a coordinated approach to primary prevention in Victoria and in Australia more broadly, this report adopts the terminology and conceptual framework established by *Change the Story*. As outlined above, *Change the Story* identifies and explains the **drivers** and **reinforcing factors** of male-perpetrated intimate partner violence.

The evidence presented here should be understood within the framework of drivers and reinforcing factors. However, as the evidence on drivers and reinforcing factors of alternative manifestations of family violence is significantly weaker compared with intimate partner violence, this report conceptualises the factors presented here as risk factors for specific forms of violence. This reflects a public health approach (which the socio-ecological model sits within), in which a risk factor can be understood as any attribute, characteristic or exposure of an individual that increases the likelihood of that person experiencing or perpetrating violence. While the report uses the language of drivers and reinforcing factors as far as possible, the available research on the communities discussed here is limited and lacks the same degree of conceptual development and clarity as evidenced by Change the Story. Factors are presented, where possible, across the societal, community/organisational, and individual/relationship levels of the socio-ecological model. They are discussed as risk factors or drivers of family violence, but should not be understood to hold the same level of rigorous evidence or conceptual development as those identified by Change the Story. The report emphasises the need for further research to address this conceptual gap, and build the evidence base on the drivers and reinforcing factors of other forms of family violence.

> Drivers are the underlying root causes of violence. They relate to the specific structures, norms and practices that create the necessary conditions in which violence is condoned, tolerated or justified. Drivers of violence must always be considered in the context of additional forms of social marginalisation and disadvantage.
>
> Reinforcing factors are those that become significant when they intersect with the drivers of violence. These are factors that do not predict or underpin violence in and of themselves, however when they interact with the drivers they can increase the probability, frequency or severity of violence that occurs.

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of violence. This reflects a public health approach (which the socio-ecological model sits within), in which a risk factor can be understood as any attribute, characteristic or exposure of an individual that increases the likelihood of that person experiencing or perpetrating violence. While the report uses the language of drivers and reinforcing factors as far as possible, the available

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The report concludes by summarising the key evidence gaps that have been identified as common to all or most communities. Based on the review and analysis of available evidence, the report provides key recommendations that identify priority areas to address these evidence gaps, and to inform the development of Victoria's Family Violence Primary Prevention Strategy.

Methodology

This report was compiled following a comprehensive literature review and analysis of national and international research on different forms of family violence, and on primary prevention interventions. The literature for this report was identified through multiple electronic/academic databases and grey literature, backwards referencing through key literature, as well as web searches using Google and Google Scholar, and reviews of clearinghouse databases including Sexual Violence Research Initiative (SVRI), Australia's National Research Organisation for Women's Safety (ANROWS), Australian Institute of Family Studies (AIFS) and Australian Institute of Criminology (AIC). It included qualitative and quantitative studies, reviews and systematic reviews, and evaluations of violence interventions. The literature review and analysis focused on the intersection between family violence and each individual community. As such, a range of search terms were used to identify available literature.

The search was open to any timeframe; the temporal boundaries of this review acknowledged the need to have a broad timeframe to ensure the review was comprehensive, and inclusive of early as well as current literature on family violence and intersectionality.

There were no geographic restrictions on the origin of the papers, although only papers and reports that were written in English were included due to language competencies of the research team.

Over 300 reports and journal articles were analysed for the purposes of this review. The final reference list includes only cited references, and reflects the diversity of literature sourced.

Report structure

The remainder of the report presents the results of the comprehensive literature review for each of the communities identified by the Royal Commission. Each section provides: an overview of patterns of family violence within the community, including prevalence data where available; a summary of existing evidence on the drivers and other reinforcing factors of family violence relevant to that community; notes on the intersectionality of different communities; evidence of key principles for primary prevention interventions with the community; and a summary of key gaps in the existing evidence on family violence and primary prevention for the community.

1.
ABORIGINAL & TORRES STRAIT ISLANDER PEOPLES

1.1. Introduction

Family violence in Aboriginal and Torres Strait Islander peoples is complex. These communities have a unique history of colonisation, trauma and violence, that continues to have a long-lasting and cumulative impact, and informs contemporary drivers and compounding factors that put Aboriginal and Torres Islander peoples at an increased risk of experiencing family violence. Indigenous women are more likely to experience domestic violence than non-Indigenous women (perpetrated by both Indigenous and non-Indigenous men).[17] Aboriginal and Torres Strait Islander peoples are also less likely to use mainstream services and have access to culturally competent primary prevention programmes. Primary prevention with this community must understand the distinctive character of violence in Aboriginal and Torres Strait Islander communities, and ensure that program delivery is accessible and community-driven.[18] In this section, the terms 'Aboriginal and Torres Strait Islander' and 'Indigenous' will be used interchangeably.

In previous evaluations, drug and alcohol issues, institutionalised racism, poverty and unemployment have been cited as causal factors in family violence.[19] However, these must be further understood in the context of historical factors including colonisation, intergenerational trauma and loss of land and culture. Stemming from these historical factors, Aboriginal and Torres Strait Islander peoples face increased vulnerability and socio-economic challenges as compared to the non-Indigenous population. This social marginalisation and disadvantage has subsequent consequences for experiences of family violence among these communities.

1.2. Patterns and prevalence of family violence and Aboriginal and Torres Strait Islander peoples

The term 'family violence' is particularly relevant to Aboriginal and Torres Strait Islander communities because it is understood to encompass extended kinship relations and the wider community context in which violence can occur within Indigenous communities.[20] Family violence can include physical, sexual, emotional and economic abuse, as well as inter- and intra-group violence, and lateral violence (damaging behaviours from within a particular group).[21] Studies have also described family violence as including 'dysfunctional community syndrome', which refers to a self-perpetuating 'toxic' environment that leads to community and familial disharmony.[22]

These forms of violence among the wider kinship group or community reflect histories

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[17] Olsen and Lovett (2016).

[18] Blagg et al. (2015).

[19] See Olsen and Lovett (2016) for a review of evidence.

[20] Stanley et al. (2003); Blagg et al. (2015).

[21] Healing Foundation (2014).

[22] Wundersitz (2010); Memmott et al. (2001).

of oppression and colonialism leading to internal conflict, where some people may turn on each other out of fear or anger.[23] However, these patterns do not apply to all Aboriginal and Torres Strait Islander communities, nor are they experienced in the same way by different individuals. It is important to avoid deterministic descriptions of lateral violence and dysfunctional communities, as this denies individual agency and the potential for transformation of community-led prevention interventions.

The prevalence of family violence among Aboriginal and Torres Strait Islander communities is difficult to determine due to underreporting, accessibility of services, inaccurately identifying Indigenous people, and unreliable or incomplete data.[24] It should be noted that most data on violence among Aboriginal and Torres Strait Islander

peoples is either generalised at the population level, or taken from a specific region and are not representative of the experiences of all Indigenous peoples in Australia.[25] In particular, little is known about patterns of family violence among Torres Strait Islanders.[26]

The National Aboriginal and Torres Strait Islander Social Survey contains recent data on violence in the Indigenous population. In 2014-15, 13 per cent of Indigenous people over the age of 15 had experienced physical violence in the previous year, and 68 per cent of those stated that alcohol or other substances had been a contributing factor in the incident. In addition, 96 per cent of the women who had experienced violence in the previous year knew the perpetrator. In most instances, this person was either a partner or another family member.[27]

1.3. Review of evidence: Drivers and reinforcing factors of family violence and Aboriginal and Torres Strait Islander peoples

1.3.1. Societal level

History of colonisation and racial discrimination

Violence against and within Aboriginal and Torres Strait Islander communities must be understood in the context of a history of colonisation and racial discrimination. The gendered drivers of violence against Indigenous women, and the dynamics within Aboriginal and Torres Strait Islander families and communities, cannot be understood without reference to this broader framework.[28] These societal-level factors contribute to significantly higher rates of

violence among Indigenous families, and against Indigenous women in particular.

This history is embodied by ongoing structural discrimination and marginalisation of Indigenous peoples across Australian society. Societal-level factors that may reinforce the risk of violence include racial discrimination, intergenerational trauma, collective dispossession, the forced removal of children, and the ongoing and cumulative economic exclusion experienced by many Aboriginal and Torres Strait Islander communities across the country.[29] These factors are a product of the history of colonisation in Australia, and reflect the ongoing unequal power relations between Indigenous and non-Indigenous society. Violence in Aboriginal and Torres Strait Islander communities is normalised,

justified and tolerated.[30] This societal-level discrimination and marginalisation also prevents uptake of mainstream response and support services due to distrust and negative past experiences, which can perpetuate harmful environments.[31]

Some research suggests that this history of colonial violence, and continued racial discrimination, have also led to the interruption of cultural structures, norms and practices that could mitigate against interpersonal violence. Factors such as dispossession of land, and disproportionately high rates of criminalisation and institutionalisation (reflected in disproportionate incarceration rates for Indigenous and non-Indigenous populations), create insecurity and instability for families and communities.[32] See Section 11 for a discussion of incarceration and Indigenous women. The loss of culture and kinship practices, and associated intergenerational trauma, have been consistently highlighted as an important factor underpinning family violence in Indigenous communities.[33] Each of these factors contributes to the wider family, community and society contexts in which family violence is experienced by Aboriginal and Torres Strait Islander peoples, and must be addressed to prevent such violence from happening.

1.3.2. Community/organisational level

Lateral violence

In relation to Aboriginal and Torres Strait Islander peoples, the term 'lateral violence' is used to describe various behaviours that are understood to result from the intersection of historical, cultural and social dynamics, by which anger is directed sideways or within the group, rather

than toward the underlying sources of oppression.[34] Behaviours may include backstabbing, bullying, physical violence, social exclusion, family feuds, shaming, and threats and intimidation.[35]

Lateral violence is understood as a form of internalised colonialism that arises from the ongoing experiences of colonial violence and racial discrimination targeted at Aboriginal and Torres Strait Islander peoples.[36] That is, this factor is a product of other societal-level factors that underpin family violence in Indigenous communities.

Lateral violence remains an under-researched area, however evidence indicates that it occurs within Indigenous organisations as well as families and communities. The impact of lateral violence is felt across the social group as a collective form of trauma, and weakens social solidarity.[37] This highlights the importance of adopting an expanded definition of 'family violence' and 'family member' when working to address violence within Aboriginal and Torres Strait Islander communities.

Intergenerational trauma

Intergenerational trauma refers to trauma associated with historical and contemporary experiences, that is passed across generations. Survivors of the initial experience, who due to ongoing oppression, disadvantage and lack of culturally-appropriate services have not healed, may pass on their trauma to later generations.[38] Aboriginal and Torres Strait Islander peoples are affected by intergenerational trauma resulting from the history of colonial violence, dispossession, and the forced removal of children.

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[25] *Ibid.*

[26] Memmott et al. (2009).

[27] Australian Bureau of Statistics (2016).

[28] See Cripps (2010) for a model for these interconnected factors that attempts to explain the complex nature of family violence in Aboriginal and Torres Strait Islander communities.

[29] Blagg et al. (2015).

[30] Olsen and Lovett (2016).

[31] *Ibid.*

[32] Blagg et al. (2015).

[33] Day et al. (2012).

[34] Healing Foundation (2014); Blagg et al. (2015).

[35] *Ibid.*

[36] Blagg et al. (2015).

[37] *Ibid.*

[38] Healing Foundation (2014); Atkinson, Nelson and Atkinson (2010).

Intergenerational trauma is therefore a product of other community and societal-level factors, including previous government policy towards the Stolen Generation, and of a lack of culturally-appropriate support services. This compounding factor highlights the importance of addressing other forms of violence and trauma in order to prevent family violence within Aboriginal and Torres Strait Islander communities.

1.3.3. Individual/relationship level

Alcohol and substance abuse

Research suggests that alcohol and substance abuse is a significant compounding factor in explaining the disproportionately high prevalence of family violence in Aboriginal and Torres Strait Islander communities.[39] The National Aboriginal and Torres Strait Islander Social Survey showed that alcohol or substance abuse was involved in over two-thirds of violent incidents reported in the preceding twelve months.[40] However, as with violence experienced within other families, alcohol and substance abuse is not a driver of family violence in and of itself, but intersects with other risk factors to increase the risk of violence occurring. This is important to note because interventions that only target alcohol and substance abuse may reduce alcohol-related incidents of violence, but will not provide a complete solution to preventing family violence. Existing literature suggests that the higher rates of alcohol and substance abuse in Indigenous communities, and associated higher rates of family violence, may be related to histories of colonial violence and trauma, inadequate health and social services for rural and remote communities, and other sources of marginalisation and discrimination.[41]

Socio-economic factors

Individual-level stressors include housing,

education, health and employment can operate as risk factors for an increased risk of perpetration or victimisation of family violence.[42] The National Aboriginal and Torres Strait Islander Social Survey found that Indigenous people who had experienced violence in the previous 12 months were more likely to live in a household that had difficulty paying bills and affording basic living expenses. They were also likely to have high levels of psychological distress, and live with a disability or chronic health condition.[43]

As with other factors underpinning family violence among Aboriginal and Torres Strait Islander peoples, these individual-level risk factors are often associated with other experiences and societal-level factors, including racial discrimination and social exclusion. Social inequality can lead to greater vulnerability and marginalisation, that put Indigenous Australians at greater risk of violence and disadvantage, compared with non-Indigenous Australians.

1.3.4. Intersecting issues

· Violence against Indigenous women cannot be explained without reference to the intersections of both race- and sex-based discrimination and inequality.[44] Aboriginal and Torres Strait Islander women are more likely to be exposed to family violence compared with non-Indigenous women,[45] and are up to 34 times more likely to be hospitalised for injuries related to interpersonal violence.[46] The structures, norms and practices that drive violence against women in Australia are compounded by the societal, community and individual-level factors discuss above to place Indigenous women at greater risk for experiencing family violence. Primary

prevention with these communities therefore needs to address both race- and gender-based drivers and reinforcing factors.

· There is some evidence that some Aboriginal and Torres Strait Islander communities may hold more conservative attitudes towards Indigenous individuals who identify with a diverse sexual orientation or gender identity. See section 4 on family violence experienced by lesbian, gay, bisexual, transgender and intersex communities for more detail.

· Geographical isolation can create further barriers to support and can perpetuate harmful family environments.[47] There is evidence that Indigenous women living in rural and remote areas are 45

times more likely to experience family violence than other women in similar regions.[48] Poor access to services in rural and remote settings can also hinder efforts to prevent family violence, and the provision of culturally-appropriate support services for those experiencing or at risk of violence.[49] See Section 6 for more detail on family violence in rural, regional and remote communities.

· There is evidence that Aboriginal and Torres Strait Islander communities also have higher rates of disabilities, however there is a significant lack of evidence around this intersection. See Section 7 for more detail on how disability can be a compounding factor for experiences of family violence.

1.4. Review of evidence: Proven and promising practices for primary prevention and Aboriginal and Torres Strait Islander peoples

Programmes that successfully engage with Aboriginal and Torres Strait Islander peoples take a holistic approach, promote structural change, and target the underlying drivers of family violence in Indigenous communities (as discussed above).[50] They are fundamentally community-led, culturally-sensitive and integrate healing to address intergenerational trauma and lateral violence. All primary prevention interventions should begin by identifying the nuances and dynamics of family violence within specific communities, as 'family violence' and 'family member' will have specific meanings that reflect the diversity

of Aboriginal and Torres Strait Islander communities.

Box 1.1. highlights a number of key principles that have been compiled from available evidence, and should inform primary prevention interventions with Aboriginal and Torres Strait Islander peoples. These principles are drawn from existing evidence, however there are limited evaluations of primary prevention interventions in Indigenous communities, as these initiatives are often implemented on a smaller-scale, with low resources for evaluation.

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[39] Macklin and Gilbert (2011); Blagg et al. (2015).
[40] Australian Bureau of Statistics (2016).
[41] Olsen and Lovett (2016).

[42] Memmott et al. (2009).
[43] Australian Bureau of Statistics (2009).
[44] UN Indigenous Women's Forum (2006).
[45] Olsen and Lovett (2016); Chan and Payne (2013).
[46] Australian Productivity Commission (2014).

[47] Sandberg (2013).
[48] Blagg et al. (2015).
[49] Hogg and Carrington (2006).
[50] Munns (2010); Olsen and Lovett (2016); McKendrick et al. (2012); Healing Foundation (2015); Secretariat of National Aboriginal and Islander Child Care (2014); Flaxman et al. (2009); Taylor et al. (2004).

[51] Blagg et al. (2016).

1.5. Key gaps in evidence

· Existing research on family violence is disproportionately skewed towards the general population, and this is reflected in a lack of evidence of prevention programming with Aboriginal and Torres Strait Islander communities. The focus of available literature is primarily on Indigenous women and girls as victims of violence. More research is needed into perpetration against and within this community, and on men and boys as victims of violence.

· This research should be informed by a strong understanding of the structural factors that drive marginalisation and discrimination against Aboriginal and Torres Strait Islander peoples within Australia. It should further seek to gain a better understanding of how societal-level inequality shapes factors across other levels, and how these compound to increase the risk of violence in different situations.

· There is a need for much greater investment in evaluating primary prevention interventions that engage Aboriginal and Torres Strait Islander peoples, to address the lack of comprehensive evaluation research.[55] Part of this investment should include building the capacity of Indigenous organisations and communities to conduct evaluations, and on ways to develop culturally-sensitive and appropriate research methodologies. Mainstream evaluations should also incorporate a specific focus on assessing inclusivity to evaluate their capacity for accessible implementation and awareness of diversity.

[55] See Olsen and Lovett (2016) for an extensive review of existing evaluation and community reports relating to work on violence against Aboriginal and Torres Strait Islander women.

2.1. Introduction

Recognition of and response to family violence against older people is significantly lacking compared with policy and practice on intimate partner violence and child abuse. The focus of existing research on intimate partner violence has been on people of reproductive age, without supplementary studies with older people. As a result, violence experienced by this community lacks conceptual coherency and has been inconsistently researched and measured.[56]

The Royal Commission highlights that there may be some difference conceptually between 'family violence' and 'elder abuse'. Elder abuse includes physical, sexual, emotional or financial abuse, as well as neglect, and occurs within a relationship where there is "an expectation of trust which causes harm or distress to an older person", which could include a carer or friend.[57] Elder abuse may constitute family violence under the *Family Violence Protection Act 2008* (Vic) where the perpetrator could be regarded as being like a family member. The terms elder abuse and family violence are also often used interchangeably in policy documents and statistics. While this section uses the term 'family violence', the evidence presented here is drawn from studies that also use 'elder abuse'.

2.2. Patterns and prevalence of family violence and older people

There is a lack of strong population-level prevalence data on family violence experienced by older people. Inconsistent approaches to conceptualising violence against older people has led to substantial difficulties collecting data and establishing reliable prevalence rates, including different age categories and measures of abuse.[58] However, existing studies suggest that as people age, their experiences of violence shift from physical and sexual forms of abuse, to emotional and financial abuse.[59] Studies with older people have also reported specific forms of social abuse or neglect, including restricted movement and contact with family or friends, controlling medical care or medication, or manipulation via Power of Attorney.[60] Older women generally report higher rates of abuse compared with older men, reflecting patterns of family violence for other age groups.[61] Abuse against older people is perpetrated by partners as well as children, grandchildren, other relatives and carers, and may occur in the home or in community or institutional care, or residential services.[62]

[56] Clare et al. (2011); Crockett et al. (2016).

[57] State of Victoria (2016). *Royal Commission into Family Violence: Report and recommendations*, Vol V. Parl Paper No 132 (2014–2016).

[58] Policastro et al. (2013).

[59] Bartels (2010); Clare et al. (2011); Vrantsidis et al. (2016); Joosten et al. (2015); Crockett et al. (2015).

[60] Clare et al. (2011); Vrantsidis et al. (2016); Crockett et al. (2015).

[61] Miszkurka et al. (2016).

[62] Bartels (2010); Mann et al. (2014); Joosten et al. (2015).

2.
OLDER PEOPLE

2.3. Review of evidence: Drivers and reinforcing factors of family violence and older people

2.3.1. Societal level

Ageism

Family violence against older people is underpinned by the marginalisation of and discrimination against aging at the societal-level. 'Ageism' refers to public attitudes and practices that see older people as inherently less valuable, and that views aging as a negative process associated with decline, loss and frailty.[63] Ageism is evident in a lack of respect for the elderly, and a denial of their agency and self-determination.[64] These attitudes towards older people mean that they are seen as vulnerable and dependent and that assumption places other family members in assumed positions of power and authority over the older person.[65] This societal-level factor contributes to family violence against older people by creating a wider environment in which abuse, manipulation and exclusion of older people is condoned, justified or excused.

The focus of research into family violence on either women of reproductive age or children reflects the marginalisation of older people from policy, advocacy and programming. The resulting lack of awareness and understanding of family violence experienced by older people creates circumstances for abuse to occur without recourse, and reflects a view that older people are less valued in the public sphere.[66]

2.3.2. Community/organisational level

Invisibility of family violence against older people

Older people are more likely to experience less visible forms of violence such as neglect, emotional and financial abuse. The gap in research on family violence against older people also reflects ageist attitudes that older people do not have sexual relationships, or that a diminished mental capacity means they are not as severely affected by abuse that does happen.[67] Attitudes that reject women's sexuality, and in particular older women's sexuality, prevent an awareness of older women's risk for partner violence and sexual health issues including HIV.[68] These attitudes minimise or deny the existence of family violence against older people, and can prevent the recognition of abuse when it does occur. This leads to an invisibility of family violence against older people, a factor that creates subsequent barriers to disclosure and perpetuates abusive situations.

Social isolation

Social isolation associated with aging and aged care can be a contributing factor for experiences of family violence for older people. Diminished independence and limited employment or other opportunities can drive social isolation.[69] Living alone or living with an adult child, especially when coupled with poor health or limited mobility, increases the risk of isolation and the opportunities for abusive or controlling behaviours.[70] Inadequate support services for older people, and the dependency that can be associated with aging, prevents disclosure and contributes to the silence

surrounding family violence against older people.[71]

A representative study of people aged 50-87 years in New Zealand found that people who experienced elder abuse had a higher level of loneliness and poor economic wellbeing, were more likely to experience depression and had poorer mental health, and the experience of abuse had a significant impact on satisfaction with life.[72] Social isolation is a product of the societal-level marginalisation and cultural devaluation of older people, perpetuates the invisibility of elder abuse, and intersects with individual-level factors associated with older people's experiences of family violence.

2.3.3. Individual/relationship level

Family relationships

Family and relationship factors may intersect with societal-level age-based discrimination to create increased risk of violence against older people, however these factors have not been consistently established.

Aging can lead to increased tension or conflict within a changing home and family environment. Stressors on the family environment have been described as 'caregiver burden', such as time and financial pressures on caregivers or family members that can lead to conflict and a breakdown of trust.[73] Perpetrator behaviours like substance abuse and gambling have also been found to be associated with abuse in some studies.[74]

A recent study from the USA of police reports on cases of physical elder abuse found that common trigger events included the victim attempting to leave or preventing the abuser from entering, the threat that the victim would involve the authorities,

confrontation over financial exploitation, and disputes over other household issues.[75]

Some studies have also emphasised that privileging of the family unit can prevent disclosure or help seeking, due to the importance placed on maintaining and protecting the family.[76] Older people may also be physically restricted from reporting to the authorities.[77] This can reflect community norms around family structure and practices like inheritance that may be exploited, and ideas about family loyalty can translate into silence about such abuse.[78]

Previous exposure to or experience of violence and trauma

As with family violence experienced in other age groups and communities, previous exposure to or experience of violence can be associated with subsequent experiences of abuse within the family. This may be particularly important for older people, for whom risk factors accumulate over the life course and who have had more time to be exposed to other forms of violence or abuse.[79] Some research shows that older women experience higher rates of abuse, and women with histories of childhood abuse or partner violence are at increased risk of violence in later life.[80] Exposure to violence over time can normalise abusive behaviour within the family, and can also be associated with perpetration later in life.[81]

However, as with other age groups and communities, the evidence is unclear on how experiences of violence during childhood and other life stages leads to experiences of abuse during older age. There is a lack of longitudinal research that could

[63] Mann et al. (2014); Peri et al. (2009).

[64] Mann et al. (2014); Crockett et al. (2015); Killick et al. (2015).

[65] Clare et al. (2011); Utech and Garrett (1992).

[66] Crockett et al. (2016).

[67] Mann et al. (2014); Vrantsidis et al. (2016); Bartels (2010).

[68] Cooper and Crockett (2015).

[69] Bartels (2010).

[70] Crockett et al. (2016); Bartels (2010); Joosten et al. (2015).

[71] Vrantsidis et al. (2016); Mann et al. (2014).

[71] Vrantsidis et al. (2016); Mann et al. (2014).

[72] Yeung et al. (2015).

[73] Policastro et al. (2013); Peri et al. (2009); Clare et al. (2011); Chokkanathan (2014); Killick et al. (2015).

[74] Joosten et al. (2015).

[75] Rosen et al (2016).

[76] Mann et al. (2014); Clare et al. (2011).

[77] Rosen et al. (2016).

[78] Clare et al. (2011); Peri et al. (2009); Killick et al. (2015).

[79] Miszkurka et al. (2016); Vrantsidis et al. (2016).

[80] Crockett et al. (2016).

[81] Killick et al. (2015).

identify potential pathways to victimisation and perpetration of family violence over the life course.

2.3.4. Intersecting issues

- As noted above, older women experience higher rates of abuse. Ageism intersects with sexism and gender inequality to underpin sexual assault and other form of abuse against older women.[82] Aging is a gendered process that disproportionately impacts women, for example in terms of lower pension or superannuation funds, housing, and access to services.[83] Older women also experience the ongoing and cumulative impact of gender inequality such as diminished opportunities for economic security and education throughout their lifetime, which can increase risk of abuse.[84]

- There are higher proportions of disability among people over age 65, which can further marginalise older people and create tension within families. This may

be age-related disability or lifelong disabilities that have led to accumulated risk over the life course, that can make older people with disabilities more vulnerable to abuse.[85] See Section 7 for more detail on family violence and people with disabilities.

- Older people are also members of other communities discussed in this report, for example they may identify as Aboriginal or Torres Strait Islander (see Section 1) or with diverse sexual orientations or gender identities (see Section 4), reside in rural, remote or regional communities (see Section 6), or come from a culturally and linguistically diverse background (see Section 3). Culture shapes how people age, and can intersect with age-based discrimination to perpetuate abuse and controlling behaviours against older people.[86] However, there is little to no evidence on these intersecting factors, due to the lack of research on family violence that includes older people.

2.4. Review of evidence: Proven and promising practices for primary prevention and older people

There is very limited evidence of primary prevention initiatives or policy that target older people. This reflects the marginalisation and exclusion of older people from the main body of research on intimate partner violence and the invisibility of family violence experienced by people in later life.

Box 2.1. highlights a number of key principles that have been compiled from available evidence, and should inform primary prevention interventions with older people.

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[82] Mann et al. (2014).

[83] Mann et al. (2014); Joosten et al. (2015).

[84] Crockett et al. (2016).

[85] Clare et al. (2011); Crockett et al. (2016); Bartels (2010).

[86] Crockett et al. (2016); Steiber Roger et al. (2015).

Box 2.1. Summary of key principles for primary prevention of family violence and older people

- **Address social and structural inequalities:** Just as prevention of family violence requires a focus on gender, prevention of family violence against older people also needs to expose and address ageism. As long as older people are viewed as less capable and dependent, and are not valued for their contribution to our community, this form of abuse will continue. This includes removing discriminatory attitudes from service providers and other organisations that perpetuate the belief that older people do not experience abuse.[87]

- **Address violence across the life course:** Given the impact of cumulative exposure to violence, prevention policies and programmes should aim to break the circle of abuse in the earliest possible stages.[88] However, they should be implemented in a way that is inclusive of older people who will also benefit from participation. Policy-level interventions should be inclusive of all experiences of family violence regardless of age.[89]

- **Promote women's leadership:** Prevention should aim to provide access to social and other forms of empowerment, and involve older women and men in the development and implementation of strategies to ensure they articulate and protect their rights.

- **Partnerships and participation:** Work with existing community organisations with established relationships with older people and who can place older people in positions of leadership. Involve community leaders including religious leaders, to engage in challenging the attitudes and community norms that perpetuate ageism, sexism, and other forms of discrimination that impact older people.[90]

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[87] Crockett et al. (2016); Mann et al. (2014).

[88] Miszkurka et al. (2016).

[89] Peri et al. (2009).

[90] Crockett et al. (2016).

3.
CULTURALLY & LINGUISTICALLY DIVERSE COMMUNITIES

3.1. Introduction

'Culturally and linguistically diverse' is an umbrella term that includes a wide range of groups including international students; first-, second- or third-generation migrants; newly-arrived migrants and diasporic communities; refugees and asylum seekers; and migrants from various temporary or permanent visa categories, etc. It also covers people from a range of countries and ethnic and cultural groups, including those born in Australia and overseas. There is incredible heterogeneity within any community or group referred to as culturally and linguistically diverse, and the evidence presented here should not be considered as applying equally to all such communities.

Given the immigrant background and multicultural history of Australia, it is more accurate to see the wider Australian population as a culturally and linguistically diverse community. Moreover, family violence is prevalent across all Australian communities.[91] Experiences of family violence within or across culturally and linguistically diverse communities are mediated by multiple, intersecting factors that are specific to an individual's, family's or community's position within wider society.[92] However, our understanding of how those factors intersect to create greater vulnerability to violence is severely limited.

This has implications for prevention policy and programming, as *all* strategies must be tailored to ensure they are culturally appropriate and relevant for the target group; there is no 'one-size-fits-all' approach. Taking such an intersectional approach to the primary prevention of family violence acknowledges the intersections of gender, race and ethnicity, class and other factors. It means conducting further in-depth research to identify how family circumstances are shaped by social, economic and political processes, across all families and communities.[93] Such an approach avoids inadvertently reinforcing rigid stereotypes of some communities as more violent than others.

The evidence presented in this section has been drawn primarily from smaller-scale, qualitative studies with newly arrived migrants and refugees. The factors discussed here will therefore not be generalizable to experiences of family violence amongst other types of culturally and linguistically diverse communities. This again emphasises the importance of conducting formative research before developing and implementing primary prevention interventions.

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[91] Murdolo and Quiazon (2016).

[92] Poljski (2011); Lacey et al. (2013).

[93] Vaughan et al. (2015); Pease and Rees (2008).

VICTORIA

THE EQUALITY INSTITUTE

3.2. Patterns and prevalence of family violence and culturally and linguistically diverse communities

There is limited and inconsistent data on the prevalence of different types of family violence within culturally and linguistically diverse communities. There is no consistent measurement or categorisation for 'culturally and linguistically diverse' in survey questionnaires. While some studies include varied questions on race, ethnicity, language, country of birth, or cultural background, many do not. Small-scale, qualitative studies usually focus on specific communities and results are not generalizable beyond the research population. There is no survey data on the prevalence of violence for or within individual birthplace groups in Australia.[94]

There is some evidence that patterns of family violence are similar across culturally and linguistically diverse communities, reinforcing the point that family violence can manifest in all family and cultural environments.[95] However, it is not clear whether rates of violence vary between or within groups, for example whether newly arrived migrants, refugee families or established diaspora communities experience different rates of violence.

There is also no evidence that specific cultural or ethnic groups experience higher rates of family violence.

Research does suggest that people from some culturally and linguistically diverse communities may experience some forms of violence that are specific to a community's, family's or individual's circumstances and background. For example, research with immigrant and refugee women suggests some women experience emotional abuse and controlling behaviours by their partner or extended family on the basis of immigration or visa status.[96]

Prevalence of family violence within immigrant and refugee communities is likely to be mediated by the contexts of both country of origin and of resettlement, and by the length of time in the country of resettlement.[97] People from different backgrounds will also have distinct concepts of what constitutes family violence, reflecting personal experiences, family histories and sociocultural attitudes.[98] These factors are discussed in more detail below.

3.3. Review of evidence: Drivers and reinforcing factors of family violence and people from culturally and linguistically diverse communities

3.3.1. Societal level

Racism and anti-immigration attitudes
Discriminatory attitudes against people from different backgrounds contribute to a broader environment where racially-

motivated violence and harassment are tolerated, justified or minimised. In Australia, Islamophobia, racism and other systemic inequalities perpetuate rigid stereotypes about different cultural or ethnic minorities, and prevent meaningful communication and harmony across society.[99]

This has been described as 'unsettled multiculturalism', with inconsistent support for multiculturalism within institutions, and reflected in social norms and attitudes.[100] For example, popular culture and media content that use stereotyped and negative depictions of migrant men, women, families and communities as other/outside the 'mainstream,' and possessing a 'traditional' culture that supports or perpetuates family violence.[101] These factors lead to condoning of or weak sanctions against race-based discrimination and aggression, and intersect with gender inequality to compound the risk of violence within different communities.[102]

3.3.2. Community/organisational level

Sociocultural factors
Community-level norms can reinforce the gendered drivers of violence against women, as well as contribute to broader manifestations of family violence. These norms are shaped by a number of sociocultural and individual factors, for example for migrant communities, this may include cultural background, migration experiences, and degree of acculturation (transition into the host culture) or length of time in the country of resettlement.[103] Community-level norms and practices can represent a source of continuity and certainty within shifting environments or a hostile host society, that can provide a basis for family and community organisation.[104] One study emphasised that for refugee communities, the importance of sociocultural norms and practices can be reinforced by histories of conflict, displacement and ongoing trauma.[105]

Immigration and settlement in a new country can lead to the breakdown or weakening of cultural norms and practices that support respectful relationships or sanction against the use of violence. For example, it may lead to diminished respect for community and family elders, or traumatic migration experiences may act as a stressor on family relations.[106] Challenges to previous power dynamics within the family may include barriers to men's access to wage labour, women's increasing economic independence, and changes to women's rights in marriage.[107] The degree of acceptance or exclusion by the settlement society/community can also influence resistance or backlash to social norm change, which highlights the interaction of societal, community and family level factors.[108]

Rigid community-level gender norms, which overlap with the dominant gender order, reinforce certain structures, norms and practices that can underpin family violence, and in particular violence against women. For example, community-level norms and practices can determine gendered family relations and power dynamics, attitudes that justify or condone wife-beating, and expectations around marriage that support controlling behaviours.[109] The 2013 National Community Attitudes towards Violence Against Women Survey found that individuals born in a country in which the main language is not English are more likely than Australian-born individuals to have higher levels of endorsement for violence-supportive attitudes, and lower support for gender equality.[110] See Section 3.3.4. for more on the intersections of gender and culture in relation to family violence.

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[94] VicHealth (2014).

[95] AMES Australia (2016); Bartels (2010); Menjívar and Salcido (2002); Pease and Rees (2008); Polsjki (2011); Ben-Porat (2010); Fisher (2013); Morash et al. (2007).

[96] Polsjki (2011); Vaughan et al. (2015).

[97] AMES Australia (2016).

[98] Vaughan et al. (2015).

[99] AMES Australia (2016); Vaughan et al. (2015).

[100] Vaughan et al. (2015).

[101] Murdolo and Quiazon (2016).

[102] AMES Australia (2016).

[103] AMES Australia (2016); Vaughan et al. (2015); Poljski (2011).

[104] Vaughan et al. (2015).

[105] *Ibid.*

[106] AMES Australia (2016); Department of Social Services (2015).

[107] Vaughan et al. (2015).

[108] AMES Australia (2016).

[109] Morash et al. (2007); Vaughan et al. (2015); Tayton et al. (2014);

[110] VicHealth (2014).

Similarly, sociocultural values that prioritise family unity and community can serve as barriers to divorce or disclosing violence and make family violence a taboo subject.[111] Some qualitative studies with specific culturally and linguistically diverse communities have emphasised the importance of the extended family in reinforcing rigid gender and family norms. This can mean increased risk of family violence from a wider range of perpetrators, but can also be protective where women or other victims have a wider social network to seek support from.[112] However, this factor is not consistent across communities and will include other factors, such as an individual's independence or social isolation.[113]

While family violence is prevalent across all communities in Australia, community attitudes and social norms do not perpetuate violence in the same way, nor do they drive violence in and of themselves. Moreover, the evidence is inconsistent across various types of culturally and linguistically diverse communities. For example, the type and influence of cultural norms will vary between newly arrived migrants, refugee and asylum seeker families, and established migrant communities. These dynamics are not consistently clear in the evidence, and are often blurred by the use of a homogenous 'culturally and linguistically diverse' (or 'CALD') label.

These norms may also be present in non-migrant communities. Primary prevention interventions must therefore be based on formative research that has identified specific community-level factors that support family violence in different contexts.

Social isolation

Social and cultural isolation can perpetuate family violence within some culturally and

linguistically diverse communities. This is particularly relevant for individuals or families that are more dependent on dominant family members. For example, asylum seekers, 'marriage migrants' (who are brought to the host country for the purposes of marriage), or other individuals whose visa status is uncertain or dependent on other family members.[114] For these groups, limited English language skills, and limited contact with family, friends or communities in the country of origin can create situations of dependency. Social isolation may both enable situations for family violence to occur, and create barriers to accessing services and seeking support.[115]

There is also some evidence that international students are also exposed to specific vulnerabilities and isolation that can contribute to potentially abusive intimate relationships, such as visa status, exploitation of lack of accommodation and employment opportunities, financial abuse, lack of support from education institutions, and control over their mobility.[116]

Social isolation may be exacerbated by uncomfortable or unfriendly relationships with the wider community, highlighting the role of societal-level factors in contributing to a broader environment in which harassment or violence against people from different backgrounds is tolerated or excused. Racism or anti-immigrant sentiments may lead to social and economic exclusion of culturally and linguistically diverse families from 'mainstream' community activities and services. This discrimination can impact individuals' sense of self and status within the community, and lead to family conflict.[117]

Insecurity

There is some evidence suggesting that some culturally and linguistically diverse communities, in particular immigrant and refugee households, also experience specific forms of insecurity and vulnerability that can lead to conflict in the family. This insecurity may be in relation to limited access to resources including housing, income and education; a lack of familiarity with laws and available support services; changing socioeconomic status; and uncertain or temporary visa status or fear of cancellation.[119]

The length of time in the resettlement country can also impact or heighten these individual stressors, as can the degree of acculturation or acceptance into the host community.[120] Some qualitative studies focusing on intimate partner violence among specific communities have emphasised that experiences of migration and insecurity impact on men's gender identities and sense of self. For example, participants in one study with refugee-background communities highlighted men's perceived loss of breadwinner role and status, and shifting financial independence with female partners, as creating tension in the family.[121]

Male participants in another study with refugee communities suggested that government interventions to address 'family conflict' can be seen to undermine male authority and family cohesiveness.[122] This highlights the importance of tailoring interventions for different communities through a participatory approach, to ensure cultural-sensitivity and mitigate against backlash.

Previous exposure to or experience of violence and trauma

As with all other communities, an individual's previous experiences of violence or trauma can be a risk factor for both perpetration and victimisation of violence. However, individuals from some culturally and linguistically diverse communities are more likely to have experienced certain types of abuse or trauma, which may be associated with subsequent family conflict or unrest. For example, refugee or asylum seeker families may be affected by conflict-related trauma, exposure to violence within refugee camps or traumatic experiences of seeking asylum, in addition to uncertain visa status.[123] There may also be a history of pre-migration family violence that continues in the country of resettlement.[124] As with other communities, experiences of violence during childhood has been found to be associated with violent or anti-social behaviour during adulthood.[125]

Individual exposure to violence can intersect with gender norms and other factors to normalise the use of violence in response to insecurities, or as an acceptable source of discipline within families.[126] However, it is not clear how this association works, nor does it apply in the same way across different families or communities. Previous experiences can also be a barrier to help seeking or leaving abusive relationships where there is a mistrust of police and other authorities, which contributes to further social isolation.[127]

3.3.3. Intersecting issues

1. Members of culturally and linguistically diverse communities will also be affected

[111] Murdolo and Quiazon (2016); Department of Social Services (2015).
[112] Department of Social Services (2015); Joyce et al. (2016).

[113] Vaughan et al. (2015).
[114] Menjívar and Salcido (2002); Department of Social Services (2015); AMES Australia (2016); Tayton et al. (2014).
[115] Vaughan et al. (2015).
[116] Forbes-Mewett and McCulloch (2016).
[117] AMES Australia (2016).

[119] AMES Australia (2016); Department of Social Services (2015); Vaughan et al. (2015); Tayton et al. (2014); Joyce et al. (2016); Menjívar and Salcido (2002); Morash et al. (2007); Fisher (2013); Forbes-Mewett and McCulloch (2016); Murdolo and Quiazon (2016).
[120] Poljski (2011).
[121] Fisher (2013).
[122] Pease and Rees (2008).

[123] AMES Australia (2016).
[124] Vaughan et al. (2015).
[125] Ethnic Communities Council of Victoria (2009); Vaughan et al. (2015); AMES Australia (2016); Bartels (2011).
[126] Vaughan et al. (2015).
[127] Menjívar and Salcido (2002).

by other cross-cutting issues including different age groups, socio-economic status, location and access to resources, disability, etc. For example, a study in rural Victoria found that rural location and cultural values intersect to compound barriers for immigrant and refugee women to seek help for abusive relationships, by emphasising and reinforcing the preservation of marriage and stigma against divorce.[128] Taking an intersectional approach to family violence and culturally and linguistically diverse communities means examining how different forms of discrimination mediate experiences of violence.[129]

2. Gender is always informed by culture, and masculinities and femininities reflect the interaction of gendered social norms from different communities and societies.[130] This means that the drivers and reinforcing factors of violence against women in culturally and linguistically diverse communities intersect with prevailing societal-level gender norms and relations from 'mainstream' society, as well as with community-level gender norms and relations.

3. Experiences of immigration and resettlement shape individual's self-

identification as female, male, or other, however we have very limited understanding of how these experiences are negotiated and how they can impact on experiences of violence.[131] To understand family violence within culturally and linguistically diverse communities, we therefore need to look at how patriarchy operates both across and within different cultural contexts, and intersects with other factors.[132]

4. In addition, some families or communities may hold more conservative views around gender and sexuality, that can support or reinforce discriminatory attitudes or violence against lesbian, gay, bisexual, transgender and intersex people.[133] These views may render such violence invisible if there is an outright rejection of lesbian, gay, bisexual, transgender and intersex people, as well as creating additional pressure around the threat of 'outing'. See Section 4 or more detail.

5. Religious institutions and leaders also influence gender attitudes and norms, both in terms of perpetuating unequal gender norms and promoting healthy family relationships, across all religions.[134] See Section 10 on faith communities for more information.

interaction with other sectors of society in Australia, and what these dynamics bring to family and community relationships.[136] This diversity needs to be actively incorporated into primary prevention of family violence among all communities. There also needs to be a clear message that family violence is prevalent in all communities and is not unique to specific cultural or ethnic groups.

As noted in *Change the Story*, all primary prevention must be tailored for the specific

audience and context.[137] This is particularly important in ensuring interventions are appropriate, accessible and inclusive for our culturally and linguistically diverse communities across Australia. Box 3.1. highlights a number of key principles that have been compiled from available evidence, and should inform primary prevention interventions in the acknowledgement that all communities in Australia possess incredible diversity.

3.4. Review of evidence: Proven and promising practices for primary prevention and culturally and linguistically diverse communities

There is a lack of comprehensive evidence on prevention with culturally and linguistically diverse communities, and evaluations of 'mainstream' interventions

lack nuance around issues faced by these communities.[135] However, some existing research illustrates the broad diversity of communities in their responses to the challenges of migration, acculturation, and

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Box 3.1. Summary of key principles for primary prevention of family violence and culturally and linguistically diverse communities

· **Culturally-sensitive content:** Providing appropriate, culturally-sensitive information means tailoring key messages about sensitive topics like family violence, safe sex and consent. This may require a 'soft entry point' such as discussions around respectful relationships, rather than directly talking about 'violence'.[138] Participation in intervention design, implementation and evaluation will support the provision of culturally-sensitive content. Where program facilitators come from outside the target community, they should be provided with cultural awareness training on the specific community's norms and practices, and perceptions of family violence. This training would ideally be delivered by or developed alongside members of the target community to promote leadership and avoid stereotyping.[139]

· **Accessibility:** Barriers to access and participation including language, location,

availability of childcare services, and awareness of available programmes mean that 'mainstream' approaches that are intended to have universal reach are ineffective. Understanding the unique needs of specific communities is integral to developing culturally competent, meaningful and effective interventions, and for ensuring the community can actually engage with content, or participate in planned activities.[140]

· **Ownership and participation:** Community involvement and ownership are essential for changing community-wide attitudes and gender norms, such as those related to family roles and marriage, and justifications for the use of violence as family discipline.[141] Transforming gender norms and addressing the sociocultural factors that underpin family violence within culturally and linguistically diverse communities requires careful consultation and communication, use of community dialogue and participation, involving multiple sectors and stakeholders.[142]

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[128] Vaughan et al. (2015).

[129] Sokoloff and Dupont (2005); Vaughan et al. (2015); Poljski (2011); Flood (2013); Murdolo and Quiazon (2016); AMES Australia (2016); Malley-Morrison and Hines (2007).

[130] Connell and Messerschmidt (2005).

[131] Flood (2013); Murdolo and Quiazon (2016); Mejia-Canales and Leonard (2016).

[132] Sokoloff and Dupont (2005).

[133] Department of Social Services (2015); Mejia-Canales and Leonard (2016).

[134] Department of Social Services (2015); Vaughan et al. (2015).

[135] Vaughan et al. (2015).

[136] Poljski (2011); Murdolo and Quiazon (2016); Vaughan et al. (2015).

[137] See Element 3 in *Change the Story* (pages 36-37).

[138] Joyce et al. (2016); Tayton et al. (2014); Vaughan et al. (2015); Poljski (2011); Murdolo and Quiazon (2016); Flood (2013); Gómez et al. (1999); Bartels (2011); Tayton et al. (2014).

[139] Joyce et al. (2016).

[140] Poljski (2011); Murdolo and Quiazon (2016); Tayton et al. (2014); Joyce et al. (2016).

[141] Arango et al. (2014).

[142] Fulu and Kerr-Wilson (2015); Poljski (2011).

Box 3.1. Continued

- **Women's leadership:** Women's leadership should be a primary focus. Prevention initiatives are generally implemented by migrant or women's organisations that have existing close connections with the target community. However, their work is often faced with limited funding and resources, and subsequent barriers to sustainability.[143] Mainstream organisations should only engage through leadership of culturally appropriate organisations or representatives.[144] Men and boys should be engaged through the leadership and guidance of women to avoid reinforcing patriarchal gender norms and male privilege.[145]

- **Address structural factors:** To facilitate long-term change, prevention strategies should be informed by, and aim to address, the structural factors that can perpetuate violence within and against families from different cultural and ethnic backgrounds, such as systemic racial discrimination and anti-immigrant sentiment. They must also address intersecting issues such as gender inequality through a holistic approach that promotes respect for diversity, and equality for everyone.

[144] Poljski (2011).

[143] Vaughan et al. (2015); Poljski (2011); Tayton et al. (2014).

[145] Vaughan et al. (2015); Flood (2013); Murdolo and Quiazon (2016); Poljski (2011).

3.5. Key gaps in evidence

- The term 'culturally and linguistically diverse' covers a broad range of families and communities that includes intersections of migrants and non-migrants, refugees and asylum seekers, and migrants from various temporary and permanent visa categories. As discussed above, this means that there will be multiple vulnerabilities and insecurities impacting individual and family circumstances covered by the term. However, the existing evidence does not currently adequately capture this diversity and nuance. Further research should move away from this homogenous label to more accurately describe experiences of specific communities.

- Most of the evidence presented here is drawn from small-scale studies with newly arrived migrant and refugee communities, to the exclusion of second- and third-generation migrant families, non-migrants, and other forms of culturally and linguistically diverse communities. More research is needed on experiences of family violence in these other communities. Large-scale quantitative studies, like the National Community Attitudes Survey and the Personal Safety Survey, should also develop a consistent categorisation of 'culturally and linguistically diverse', such as country of birth or ethnic identity.

- There is a need for better cross-cultural studies of family violence that examines variations in the drivers of violence both within and across diverse communities, and 'mainstream' society. This includes exploring the formation and meanings of community attitudes, and the way that different sociocultural factors are shaped by a diversity of views and beliefs between and within communities. This research should also examine how different community-level social norms and practices interact with factors at other levels, and whether or how this contributes to different rates of family violence between communities.

4.

LESBIAN, GAY, BISEXUAL, TRANSGENDER AND INTERSEX COMMUNITIES

4.1. Introduction

Existing research on family violence is overwhelmingly focused on the prevalence, patterns, and drivers of violence perpetrated by men against women within heterosexual relationships or families. This has resulted in a significant lack of comprehensive evidence on family violence experienced by individuals who identify as lesbian, gay, bisexual, transgender, or intersex.[146] As *Change the Story* has indicated, there are strong reasons for the feminist emphasis on a gender-based model of intimate partner violence and sexual violence as violence perpetrated by men against women.[147] However, we need to develop stronger understandings of other manifestations of family violence that are inclusive of the experiences and identities of people with diverse sexual orientations and gender identities.[148]

4.2. Patterns and prevalence of family violence and lesbian, gay, bisexual, transgender and intersex communities

The focus of existing evidence on the prevalence of family violence experienced by lesbian, gay, bisexual, transgender and intersex people has primarily been on intimate partner violence within lesbian, gay, or bisexual relationships, to the exclusion of both other types of family violence and other groups included under the umbrella term.

The comparability of data is also limited due to inconsistent categorisation or measurement of participants' sexual orientation and/or gender identity, for example whether defined by a person's self-reported identification (for e.g. 'bisexual'), or by reported behaviours (for e.g. 'men who have sex with men' or MSM).[149] Using terms like 'same-sex', or only describing a person's sexual identity, fails to capture a person's gender identity, which has contributed to the lack of research on transgender, intersex, queer or other communities.[150]

In general, prevalence of victimisation for intimate partner violence and child abuse

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[146] Although transgender and intersex communities are often grouped together with gay, lesbian, bisexual communities, it is important to recognise that the umbrella term 'lesbian, gay, bisexual, transgender and intersex communities' does not adequately capture the full range of diverse sexual orientations and gender identities included within these communities.

[147] See Element 1 of *Change the Story* (pages 19-20).

[148] 'Sexual orientation' refers to an individual's sexual attraction to other people, for example someone who identifies as gay, lesbian, or bisexual. 'Gender identity' refers to an individual's identification as a woman, man, or other expression of gender. 'Cisgender' refers to someone who identifies with the gender they were assigned at birth. 'Heteronormative' refers to attitudes, norms, structures, or practices that promote heterosexuality as the normal or ideal sexual orientation and basis of relationships, and that suppress alternative sexualities and relationships.

[149] Badenes-Ribera et al. (2016).

[150] Calton et al (2016).

has generally been found to be the same or higher among lesbian, gay and bisexual groups when compared with prevalence rates for heterosexual individuals.[151] Female-identified participants tend to report higher rates of violence compared with male-identified participants, however some of these studies also include non-partner violence outside of the family, meaning data is not always comparable.[152] Victimisation estimates for transgender individuals are very rare, however available evidence suggests that violence is prevalent and requires substantially more research to identify patterns and prevalence.[153] There is virtually no data that specifies rates of family violence experienced by intersex peoples.

Individuals who identify as lesbian, gay, bisexual, transgender or intersex are exposed to different forms of family violence that are specific this community. These include 'outing' or threats of disclosing the person to their family, social networks,

workplace or government agencies; isolating the person from the wider community and restricting their movements; and exerting pressure to stop the person expressing their sexual orientation or gender identity.[154] These forms of violence reflect the specific vulnerabilities that stem from discrimination against lesbian, gay, bisexual, transgender and intersex communities, and the perpetrator's use of these vulnerabilities to dominate and control.[155]

There is also evidence of a higher risk of negative health and other impacts of violence among lesbian, gay and bisexual communities who have experienced violence. These include substance abuse, sexually transmitted illnesses, and poor mental health outcomes, however these results are not consistent across different studies or communities.[156] This indicates that there are other variables or risk factors that are not currently captured by existing methodologies or approaches.

4.3. Review of evidence: Drivers and reinforcing factors of family violence and lesbian, gay, bisexual, transgender and intersex communities

4.3.1. Societal level

Gender norms, roles and relations

Patriarchal structures and rigid gender norms discriminate against people with diverse sexual orientations and/or gender

identities. The dominance and control associated with masculinity and with male violence in many sociocultural settings extends to punishment and sanction against individuals or groups who transgress prevailing sexual and gender norms.[157] The use of violence in intimate and family relationships reflects a patriarchal culture that condones, justifies and excuses violence as a strategy for one person to dominate and control another.[158] However, the dynamics of power and control will be different across all

abusive relationships (intimate or between other family members), regardless of gender identity or sexual orientation.[159]

Studies suggest that rigid gender norms perpetuate violence-supportive attitudes toward lesbian, gay, bisexual, transgender and intersex communities. For example, a study of young men who have sex with men (MSM) explored how gender stereotypes and dominant sexual scripts (learned guidelines for appropriate or acceptable sexual behaviour and relationships) can support violence among MSM in some relationships.[160] These include the condoning of violence between young men in solving problems through physical aggression (for e.g. `boys will be boys'), and the belief that male sexual desire means that men cannot be raped (for e.g. men are `always up for sex').[161] The gendered patterns of violence against these communities are also evident in the trend of higher victimisation rates for female-identified individuals.[162]

These attitudes are part of a broader gender order that define masculinity and femininity in binary terms and heterosexuality as the norm, and that therefore shape the formation of non-hetero or non-cisgender identities.[163] They indicate that gender inequality is still a root cause of much violence experienced by people within lesbian, gay, bisexual, transgender and intersex communities, however a broader understanding of gender inequality is required that is inclusive of non-binary gender identities. More research is needed into the specific ways that rigid gender roles and stereotypes operate among lesbian, gay, bisexual, transgender and intersex communities to drive or reinforce violence,

and to explain the gendered patterns of victimisation and perpetration among LGBTI people.

Heterosexism, homophobia and transphobia

Acts of violence against lesbian, gay, bisexual, transgender and intersex communities are supported by heterosexism, homophobia and transphobia that manifest at all levels of society. Heterosexism is the system of discriminatory norms, structures and practices that privilege heterosexuality, and reject or exclude non-heterosexual and non-cisgender sexual orientations and gender identities.[164] Heterosexism incorporates the rigid belief that sex and gender are fixed at birth, that sexuality is gendered along heteronormative lines, and that society is built on this division in reproducing the nuclear family. Homophobia and transphobia are discrete forms of discrimination that stigmatise lesbian, gay, bisexual, transgender and intersex communities, and perpetuate violence supportive attitudes, such as the harmful belief that homosexuality is 'immoral' or wrong and should be punished or controlled.[165]

These factors contribute to a societal-level stigma against lesbian, gay, bisexual, transgender and intersex communities. This stigma is supported by institutionalised privileging of heterosexuality, for example through discriminatory legislation that defines marriage as between a man and a woman, or parental leave policies that discriminate against same-gender parents.[166] This stigma is also reinforced by social and cultural norms and practices, for example as reflected in community-level attitudes that privilege the nuclear family unit, and in rigid

[151] See, Badenes-Ribera et al. (2016); Balsam and Szymanski (2005); Campo and Tayton (2015a); Donovan et al. (2006); Goldberg and Meyer (2013); LGBTIQ Domestic and Family Violence Interagency and the Centre for Social Research in Health (2014); Martin-Storey (2015); Rohrbaugh (2006); Walters et al. (2013); Woodyatt and Stephenson (2016); Waldner-Haugrud et al. (1997).

[152] Balsam et al. (2005); Fileborn (2012).

[153] Langenderfer-Magruder et al. (2016).

[154] Horsley (2015); Another Closet (2014); Campo and Tayton (2015a); Crehan and McCleary-Sills (2015); LGBTIQ Domestic and Family Violence Interagency and the Centre for Social Research in Health (2014).

[155] Yerke and DeFeo (2016); Another Closet (2014); Frankland and Brown (2014); Donovan et al. (2006).

[156] Blondeel et al. (2016); Buller et al. (2014); Coker et al. (2010); Dysart-Gale (2010).

[157] Alexander-Scott et al. (2016).

[158] Calton et al. (2016); Rohrbaugh (2006).

[159] Kubicek (2016); Langenderfer-Magruder (2016).

[160] Kubicek (2016).

[161] Fileborn (2012).

[162] Fileborn (2012); Donovan et al. (2006); Balsam et al. (2005).

[163] Connell and Messerschmidt (20015); Webster and Flood (2015); Donovan (2006); Crehan McCleary-Sills (2015).

[164] Leonard et al. (2008); Fileborn (2012); Crehan and McCleary-Sills (2015).

[165] Fileborn (2012); Leonard et al. (2008); Calton et al. (2016); Kubicek (2016).

[166] Leonard et al. (2008); Fileborn (2012); Constable et al. (2011); LGBTIQ Domestic and Family Violence Interagency and the Centre for Social Research in Health (2014); Lewis (2016).

gender and sex roles as discussed above.

Stigma and institutionalised discrimination support attitudes that condone violence and harassment against these communities. For example, attitudes that minimise or deny the use of 'corrective' violence to 'straighten' someone, that shift blame for victimisation away from the perpetrator, or justify abuse and harassment for those as transgressing accepted gender and sexual norms.[167]

4.3.2. Community/organisational level

Invisibility of violence in lesbian, gay, bisexual, transgender and intersex communities

Existing literature suggests that family violence experienced by lesbian, gay, bisexual, transgender and intersex communities is largely invisible, due to social myths that such communities do not or cannot experience abuse. This is perpetuated by the current heteronormative bias of research and advocacy that focuses on male perpetrators and female victims in intimate relationships. Studies also highlight attitudes and beliefs in the wider community that lesbian, gay, bisexual, transgender and intersex communities do not experience intimate partner violence, which is understood narrowly as male-to-female violence.[168] For example, the belief that lesbian or bisexual women do not perpetrate violence, or that gay or bisexual men are not victimised, leads to a wider denial of intimate partner violence within lesbian, gay or bisexual relationships.

This invisibility can lead to increased risk of violence where an individual does not recognise acts against them as constituting family violence, thereby perpetuating harmful relationships, and can create barriers to reporting violence. Participants in some qualitative studies emphasised that

they believe they will not be taken seriously, or will be further abused or discriminated against by health and justice services, due to prevailing homo/transphobic attitudes.[169]

Social isolation

Research highlights the social and familial isolation experienced among some lesbian, gay, bisexual, transgender and intersex communities. This may contribute to risk of abuse by creating family tension, disrespect or other environments in which an individual does not feel safe to express their sexual orientation or gender identity. This factor is a product of societal-level heterosexist discrimination and violence or aggression that creates unsafe (real or perceived) communities and households. It has been described as a 'locked door', in which individuals fear coming forward about their sexual orientation or gender identity, and disclosing experiences of violence, due to anticipated discrimination, harassment or violence.[170]

Some studies show that lesbian, gay, bisexual and transgender communities commonly hide their sexual orientation or gender identity in different settings or contexts. The 2011 Private Lives 2 study, a national survey of lesbian, gay, bisexual and transgender Australians, found that 44 per cent of respondents had hidden their sexuality or gender identity in public for fear of violence or discrimination, and 37 per cent when accessing services. Bisexual-identified participants were more likely to report hiding their sexuality or gender identity with family members compared with lesbian or gay-identified participants. Young people under age 24 were most likely to report hiding their sexuality or gender identity at the listed locations.[171]

Social isolation can also be a potential source of abuse. The literature describes 'outing' as a specific form of violence against lesbian, gay, bisexual, transgender and intersex communities, where the perpetrator uses the threat of revealing a person's sexual orientation or gender identity to restrict their mobility and interaction with others.[172] This controlling behaviour also reflects the societal-level stigma against lesbian, gay, bisexual, transgender and intersex communities.

4.3.3. Individual/relationship level

Internalised homophobia

There is some evidence of a significant association between internalised homophobia and lifetime victimisation within same-gender relationships.[173] Internalised homophobia has been described as a form of 'minority stress', whereby an individual internalises negative attitudes and beliefs about themselves or their relationship that reflect societal-level heterosexist, homophobic or transphobic discrimination. This can lead to a person justifying, downplaying or excusing acts of violence or aggression that they experience. Internalised homophobia may also be a risk factor for perpetration of intimate partner violence within same-gender relationships. However, there is no established measurement for internalised homophobia and the nature of this association is not yet clear.

It should be stressed that this factor stems from societal and community-level norms and attitudes against lesbian, gay, bisexual, transgender and intersex communities, and from individuals' experiences of abuse and discrimination in that context. This means that prevention interventions targeted at changing those wider discriminatory norms

and values will also address internalised homophobia at the individual level.

First same-gender relationships

First same-gender relationships can present particular circumstances that increase the risk of violence and controlling behaviours. Participants in a study from the United Kingdom with lesbian, gay, bisexual and heterosexual individuals identified a number of these circumstances: the person's investment in wanting a same-gender relationship in confirming their own identity; lack of contact or embeddedness in a supportive queer network; and a lack of awareness or confidence in what behaviours are acceptable within safe and healthy same-gender relationships.[174]

This relationship-level factor is related to poor societal recognition of 'healthy' relationships in both heterosexual and non-heterosexual intimate relationships. It also reflects the societal stigma against, and associated social isolation of, non-heterosexual and non-cisgender communities, and individual experiences with internalised homophobia.

Family relationships

Homophobia and transphobia have contributed to traumatic experiences of coming out to family and friends for some people within lesbian, gay, bisexual, transgender and intersex communities. These experiences in turn can contribute to further social or familial isolation, internalised homophobia, or create circumstances for harmful and controlling behaviours where a person is rejected or punished, or where they are not supported to leave abusive relationships.[175] It should be stressed that these experiences are not necessarily the norm and depend on the

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[167] Crehan and McCleary-Sills (2015); Fileborn (2012).
[168] Calton et al. (2016); Balsam et al. (2005).

[169] Another Closet (2014); Calton et al. (2016); Leonard et al. (2008); Leonard et al. (2012); LGBTIQ Domestic and Family Violence Interagency and the Centre for Social Research in Health (2014).
[170] Leonard et al. (2008).
[171] Leonard et al. (2012).

[172] Another Closet (2014); Fileborn (2012); LGBTIQ Domestic and Family Violence Interagency and the Centre for Social Research in Health (2014).
[173] Balsam and Szymanski (2005); Balsam et al. (2005); Langenderfer-Magruder et al. (2016); Kubicek (2016); McDonald (2012).

[174] Donovan et al. (2006). See also McDonald (2012) for a discussion of first same-gender relationships among queer women in North America.
[175] McDonald (2012); Balsam and Szymanski (2005); Balsam et al. (2005).

attitudes and beliefs of a person's family and wider community, as well as other contextual factors.

Previous experiences of and exposure to violence and trauma

Conservative family or community environments can create an unsafe household for people with diverse sexual orientations or gender identities. As with all other communities discussed in this report, experiences of abuse during childhood is a risk factor for victimisation and perpetration during adulthood. They can also lead to other risk behaviours (see below) however the evidence is inconsistent, indicating the interaction of multiple different factors.[176] As with other communities, there is a lack of evidence on pathways between experiences of child abuse and victimisation or perpetration later in life among lesbian, gay, bisexual, transgender and intersex communities.

There is some evidence that children who identify as lesbian, gay, bisexual, transgender or intersex are more likely to be victimised by parents, caretakers or other family members when compared with non-LGBTI siblings.[177] One study suggests that in a family context, societal-level homophobic and transphobic attitudes can manifest as abuse or control of children who identify as non-heterosexual or non-cisgender in an attempt to 'normalise' them.[178]

Other risk factors

Studies have found inconsistent associations between victimisation and reports of other behaviours or experiences, such as: substance abuse, depression or poor mental health outcomes, homelessness, risky sexual behaviours, and HIV/AIDS status.[179] More research is needed to further explore

these individual factors across larger study populations, as well as to understand how individual risk factors interact or reflect societal-level drivers such as those discussed above.

4.3.4. Intersecting issues

1. While the evidence presented in this section has grouped lesbian, gay, bisexual, transgender and intersex communities together, the evidence presented here does not relate to all individuals or groups in the same way. The umbrella term 'LGBTI' incorporates intersections of physical or biological sex, sexual orientation, gender identity, and sexual practices; for example someone may identify both as homosexual or bisexual and as non-binary gender, and the term 'men who have sex with men' can include individuals who identify as heterosexual, gay, bisexual, and/or transgender. Current research practices do not adequately capture this diversity, perpetuating the lack of comprehensive evidence on family violence experienced by these communities.

2. Homophobia and transphobia can be more prevalent or powerful within conservative community groups, organisations or institutions. This can reflect cultural or religious backgrounds, and has been noted to be problematic for lesbian, gay, bisexual, transgender and intersex communities in rural, remote or regional settings (see Section 6).[180] However, these conservative attitudes are not restricted to any specific community or setting. In terms of programming for prevention, it is therefore important to explore how society-level drivers of heterosexism, homophobia and transphobia manifest within the target community, organisation or institutional context.

3. Lesbian, gay, bisexual, transgender and intersex communities can be subjected to different forms of family violence over their life course (see Section 2 on family violence against older people, and Section 9 on children as victims).[181] Age can also be relevant in terms of stronger discriminatory beliefs or attitudes among family and social networks, or greater social isolation in older age. Some studies highlight that people may not identify as lesbian, gay, bisexual, transgender or intersex, or have their first same-gender relationship, until later in life.[182] However as noted above, the Private Lives 2 study also found that young people under the age of 24 were most likely to report concealing their sexuality or gender identity compared with other age groups.[183] These findings indicate that age is important, but its impact and significance varies.

4. Disability, across all age groups, can also create additional sources of vulnerability

for lesbian, gay, bisexual, transgender and intersex communities, however there is very limited evidence on this issue.[184] See Section 7 for more on family violence and people with disabilities.

5. Stigma against lesbian, gay, bisexual, transgender and intersex communities intersects with other social inequalities and forms of discrimination including sexism, racism and classism.[185] Identification as Aboriginal or Torres Strait Islander may also contribute to heightened risk of family violence among more conservative communities or in regional settings, however there is limited evidence on this intersection.[186] See Section 1 on Aboriginal and Torres Strait Islander communities for more information on family violence in this community.

4.4. Review of evidence: Proven and promising practices for primary prevention and lesbian, gay, bisexual, transgender and intersex communities

This literature review found very limited evidence of primary prevention programming that targets any manifestation of family violence experienced by lesbian, gay, bisexual, transgender and intersex communities, or that specifically engages these communities. This reflects both the heteronormative bias of most literature on family violence and intimate partner violence, and indicates a bias of existing programming as focusing on traditional family structures.

Box 4.1. highlights a number of key principles that have been compiled from available evidence, and should inform primary prevention interventions with lesbian, gay, bisexual, transgender and intersex communities. Primary prevention with these communities must be informed by a strong understanding of the diversity of both identities and relationships that fall under this umbrella term.

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[176] Balsam and Szymanski (2005); McDonald (2012); Kubicek (2016).
[177] Balsam et al. (2005); Crehan and McCleary-Sills (2015).
[178] Crehan and McCleary-Sills (2015).

[179] McDonald (2012); Goldberg and Meyer (2013); Badenes-Ribera et al. (2016); Kubicek (2016); Coker (2010).
[180] Fileborn (2012); Leonard et al. (2012).

[181] Kubicek (2016); Lewis (2016).
[182] McDonald (2012).
[183] Leonard et al. (2012).
[184] Leonard et al. (2008); Leonard et al. (2012); Fileborn (2012).
[185] Hill et al. (2012); Meyer (2012).
[186] Fileborn (2012); Leonard et al. (2008).

Box 4.1. Summary of key principles for primary prevention of family violence and lesbian, gay, bisexual, transgender and intersex communities

· **Address structural factors:** Transforming the discriminatory structures, norms and practices of heterosexism, homophobia and transphobia is vital. As highlighted in this section, these societal-level factors underpin violence by condoning, justifying, trivialising and shifting blame for abuse against lesbian, gay, bisexual, transgender and intersex communities. As root causes of violence against these communities, they also contribute to risk factors at other levels of the social ecology, and should therefore be addressed as a priority. Further, promoting gender equality should incorporate an expanded understanding of gender as non-binary.

· **Promote leadership and participation:** Primary prevention interventions should be community-driven, and promote the leadership of people from within lesbian, gay, bisexual, transgender and intersex communities throughout planning, implementation, and evaluation. Acknowledging that some people do not identify as lesbian, gay, bisexual, transgender or intersex until later in life, community-based prevention initiatives should target people of all ages and all backgrounds.[187] This will ensure the use of inclusive and appropriate language around gender and sexuality, tailored for specific cultural context, however it may require caution among conservative communities or organisations to avoid perpetuating harmful attitudes.

There are some existing approaches that could be expanded to be inclusive of lesbian, gay, bisexual, transgender and intersex communities:

· Respectful relationships education curricula should incorporate awareness of what constitutes a healthy relationship regardless of sexuality or gender, and homophobia and transphobia should be included in anti-bullying and anti-violence whole-of-school initiatives.[188]

· Bystander training interventions should take a broader view of violence and discrimination to encourage people to intervene in potentially abusive situations regardless of a person's sexuality or gender, and to challenge any sexism, heterosexism, homophobia, or transphobia.[189]

· Community mobilisation, awareness raising and education must be carried out alongside legislative and policy reform that addresses institutionalised heterosexism, homophobia and transphobia (for e.g. discriminatory marriage laws), at the same time challenging the social and cultural manifestations of such discrimination at the community and relationship levels.

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[187] Crehan and McCleary-Sills (2015); Walters et al. (2013); Kubicek (2016).

[188] Fileborn (2012); LGBTIQ Domestic and Family Violence Interagency and the Centre for Social Research in Health (2014).

[189] Potter, Fountain and Stapleton (2012).

by respondents who may not be comfortable disclosing their sexual orientation or gender identity within the survey format.

· While there is consensus in the literature that rigid gender norms, and societal-level heterosexism, homophobia and transphobia set the underlying context in which family violence is perpetrated against lesbian, gay, bisexual, transgender and intersex communities, there is limited understanding of how these factors work in practice. As not all individuals who identify as lesbian, gay, bisexual, transgender or intersex will experience violence, more research is needed to identify and examine the other factors that increase risk, or mitigate pathways to victimisation.

· There is also a need to better distinguish between intimate partner violence experienced within non-heterosexual

and non-cisgender relationships, as well as on other forms of family violence specific to lesbian, gay, bisexual, transgender and intersex communities. This further research should move beyond measuring prevalence to capture more information on risk and protective factors, and on pathways to victimisation. This research is vital as primary prevention must be based on a strong understanding of how and why specific communities experience various forms of violence, and the dynamics of that violence. Interventions that are blind to diverse sexual orientations and gender identities may fail to address family violence against lesbian, gay, bisexual, transgender and intersex communities, and even inadvertently reinforce harmful and discriminatory norms, structures and practices.

4.5. Key gaps in evidence

· The evidence presented here has been drawn primarily from research on lesbian, gay and bisexual communities, due to the substantial lack of research with transgender and intersex communities. This gap is in part due to

sampling methods or survey questions, which may exclude or miss people from these other communities, for example by including fixed-answer multiple choice questions on gender or sexuality. It is also likely to reflect under-reporting

5. MALE VICTIMS

5.1. Introduction

While all violence is unacceptable, regardless of the sex of the victim or perpetrator, there are distinct differences in the ways in which men and women perpetrate and experience violence. The vast majority of violent acts – whether against men or women – are perpetrated by men.[190] Men are more likely to experience violence by other men in public places, while women are more likely to experience violence from men they know, often in the home.[191] Research from Australia indicates that family and sexual violence is overwhelmingly committed by men against women. According to the 2012 Personal Safety Survey, one in six Australian women had experienced physical or sexual violence by a current or former intimate partner since the age of 15, compared with one in nineteen men.[192] In general, perpetrators of violence are more likely to be male.[193] Women are also more likely to require medical attention from intimate partner violence and more likely to report fearing for their lives.

Violence perpetrated against men and women, whether in public spaces, or in the privacy of the home, is driven by different factors. Violence perpetrated against women is rooted in factors that relate to gender inequality and gendered power imbalances. The evidence supporting this is significant, and emphasises the heavily gendered nature of violence perpetrated by men against women, and the severe impact of this violence on women and their children.[194]

Nevertheless, while less common, men can also be victims of intimate partner violence and other manifestations of family violence. However, compared to the extensive body of literature on male- to-female violence, rigorous research on the perpetration of intimate partner violence against men by their female partners remains limited. As a result, while we know it is a less common form of violence than female to male intimate partner violence, there is little consensus around what drives this particular form of violence. There is some evidence suggesting a gendered dimension of female- to-male intimate partner violence relating to gendered stereotypes of power and control.[195] Other research emphasises mutual aggression, and often problematically disregards the gender-based framework that underpins international consensus of intimate partner violence against women as fundamentally driven by gender inequality.[196]

The lack of nuanced, comprehensive evidence highlights the need for further research on men as victims to avoid undermining the global evidence base that establishes intimate partner violence as driven by gender inequality. Better research on male victims will inform a holistic and comprehensive primary prevention strategy that addresses all forms of family violence.

This section discusses violence perpetrated against men in heterosexual relationships. For information about violence perpetrated within non-heterosexual relationships see Section 4.

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[190] Our Watch, ANROWS and VicHealth (2015).
[191] Our Watch, ANROWS and VicHealth (2015).
[192] ANROWS (2015).
[193] *Ibid.*

[194] Garcia-Moreno et al. (2005); Fulu et al. (2013); Heise and Kotsadam (2015); Ellsberg et al. (2001).
[195] Follingstad et al. (1991); Harned (2001); Makepeace (1986).
[196] Reed et al. (2010).

5.2. Prevalence and patterns of family violence and male victims

Literature on the experiences of male victims of violence is scarce. Global evidence suggests that men are more likely to experience violence perpetrated by another man. Within the context of the family, men are most likely to experience violence by a male relative such as a father, step-father or brother. There is growing interest, however, in the prevalence of female perpetrated intimate partner violence.

Due to the limited research around the prevalence and patterns of male victims of intimate partner violence it is difficult to ascertain its true extent or motivations. While there are some studies that claim similar patterns of risk factors for intimate partner violence perpetration by women and men,[197] we know from extensive and thorough international research that this is inaccurate. We also know that intimate partner violence is predominantly perpetrated by men against women.

Available research further suggests that men are less likely to be injured, or report being scared for their safety. Men are less likely to experience coercive control including sexual coercion, and they are less likely to experience stalking. They are also less likely to be vulnerable to abuse by an ex-partner, and are more likely to have financial and social independence that can support leaving an abusive partner.[198] These points reinforce the gendered nature and dynamics of intimate partner violence.

5.3. Review of evidence: Drivers and reinforcing factors of family violence and male victims

5.3.1. Societal level

Rigid gender roles and stereotyped constructions of masculinity and femininity

Available evidence suggests that rigid gender roles and stereotypes underpin male victimisation. In patriarchal societies, men are assumed or expected not to be abused by women; hegemonic masculinity strongly censures male victimisation by women. Rigid gender roles can lead to men who experience violence being 'feminised' or otherwise emasculated, reinforcing stereotypes relating to female weakness, vulnerability and passivity, and male strength, invincibility and aggression.[199] For example, a study from India found that men were less likely than women to report family violence, as female- to-male violence is seen as a threat to male superiority and masculinity.[200]

Studies that examine the types of violence perpetrated by women against their male partners found that male victims were often ridiculed and belittled by their partners for not embodying the characteristics defined by hegemonic masculinity, relegating them to subordinate masculinities. Sexist and homophobic language was also common in verbal abuse.[201] Other research suggests that male victims of intimate partner violence are often unemployed, suggesting that violence may reflect backlash against male partners

who are perceived as failing to meet traditional gender roles.[202]

Power and control

While the literature on intimate partner violence overwhelmingly demonstrates that men use violence against women as a means of power and control, there is some evidence that some women also perpetrate intimate partner violence for this same reason.[203] Studies indicate that women use emotional abuse as well as controlling behaviours as an attempt to exert power and control over male partners. Physical and sexual abuse are less common, and studies indicate that men seldom find women's physical violence powerful or intimidating.[204]

5.3.2. Individual/relationship level

Previous experiences of and exposure to violence and trauma

As with all individuals, men's experiences of violence during childhood can be a risk factor for victimisation and for engaging in various anti-social behaviours during adulthood, which may also be subsequent risk factors in themselves. There is an extensive body of literature on child abuse and intimate partner violence, including the findings of the 2013 UN Multi-country Study on Men and Violence in Asia and the Pacific. This ground-breaking study found extremely high rates of violence against male children in the Asia-Pacific region, and indicated severe consequences including perpetration of violence against women, as well as men's depression and low life satisfaction, poor health, gang membership, involvement in fights with weapons, substance abuse, and engaging in transactional sex.[205] However, there is a lack of research that investigates the various pathways between child abuse and experiences of violence and trauma

during adulthood, in particular relating to men's victimisation.

Retaliation

Several studies indicate that retribution for real or perceived wrongdoing is a common motivator of women's abusive behaviour. Overall, these studies claim that women more frequently use violence in retaliation for being emotionally hurt, as a result of stress, jealousy or communication difficulties, using minor physical violence as a form of retribution.[206] A study from the US suggests that while retaliation or anger are more common motivators for women's use of violence, this is often overlooked due to rigid gender roles that make it more acceptable for men to experience and express anger and aggression.[207] Due to the limited evidence, it is unclear how retaliation and anger differ in male- to-female violence and female- to-male violence, and more research is needed that examines this gendered pattern.

Self-defence

One of the most commonly-cited motivators for female-perpetrated violence is self-defence. While male-perpetrated violence usually stems from the desire to exert power and control over their partners, the evidence suggests that women are more likely to be violent in self-defences or in response to previous victimisation.[208] One study found that women who felt low fear and high anger in response to a partner's abuse were more likely to use violence to control a partner, whereas women who wanted to escape abuse were more likely to use violence in self-defence.[209] The literature suggests that the use of violence in self-defence does not accommodate the intent to systematically intimidate or

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[197] Cascardi and Vivian (1995); Medeiros and Straus (2007); Straus (2008).

[198] Flood (1998); Swan (2008); Swan and Snow (2002); Swan et al. (2005).

[199] Allen-Collinson (2008).

[200] Kumar (2012).

[201] Nyberg (2016).

[202] Hines (2007).

[203] Bair-Merritt et al. (2010); Straus (2014); Cascardi and Vivian (1995); Follingstad et al. (1991).

[204] Nyberg (2016).

[205] Fulu et al. (2013).

[206] Swan (2008); Miller and Meloy (2006); Bair-Merritt et al. (2010); Straus (2005); Balabhuka et al. (2016).

[207] Nyberg (2016).

[208] Malloy et al. (2002); Alifanoviene (2013).

[209] Bair-Merritt et al. (2010).

consolidate power over a partner.[210] Women in some studies have described the use of physical self-defence in response to, or to prevent further emotional abuse, highlighting the significant impact that emotional intimate partner violence can have on women.[211] The use of violence in self-defence demonstrates the complexity of some men's experiences of violence, and emphasises the importance of examining contextual factors of both perpetration and victimisation, by both women and men.

5.3.3. Intersecting issues

· Men's experiences of family violence can differ according to their marital status, history of childhood abuse, sexuality, cultural identity, socio-economic status, and many other contributing factors. However, the current limited research on male victims fails to adequately analyse the role of these intersections in shaping men's experiences of victimisation.

· Men who identify as Aboriginal or Torres Strait Islander are at higher risk of experiencing different forms of family violence compared with non-Indigenous men.[212] While there is growing evidence on violence against Aboriginal and Torres Strait Islander women, there is very little research with male victims of family violence. Studies from Canada have suggested that in North America, Indigenous men are two to three times more likely to experience intimate partner violence compared with non-Indigenous men. Unemployment was identified as the most important risk factor, which is consistent with other studies that highlight the role of social and economic stressors contributing to

violence in both Indigenous and non-Indigenous communities. [213]

· As with other genders, men's experiences of violence vary according to the wider cultural context. In some settings, men will be less likely to report victimisation due to rigid gender norms and stereotypes of masculinity. Some research indicates that men are likely to underreport their victimisation because they fear ridicule while many others do not recognise the violence as intimate partner violence, for both cultural reasons and because the injuries are perceived as less severe.[214] For example, a study from Hong Kong found that male victims of intimate partner violence were more likely to report abuse to the police, however they were highly reluctant to consult social support services.[215] The nature and influence of gender norms will vary between communities, highlighting the need for evidence-based, tailored approaches to primary prevention.

· Most studies on men's experiences of violence focus on intimate partner violence within heterosexual relationships, however sexual orientation and gender identity can be associated with increased risk of victimisation for some forms of family violence. See Section 4 for more detail on family violence and lesbian, gay, bisexual, transgender and intersex communities.

[210] Cascardi and Vivian (1997).

[211] Jewkes (2010); Meekers et al. (2013); Coker et al. (2000).

[212] Blagg et al. (2015).

[213] Brownridge (2010); Balabukha et al. (2016); Blagg et al. (2015); Olsen and Lovett (2016).

[214] Carmo et al. (2011).

[215] Kumar (2012).

5.4. Review of evidence: Proven and promising practices for primary prevention and male victims

The literature on female- to-male violence is extremely limited, and highly disputed. There is virtually no evidence on proven or promising primary prevention strategies targeted at male victimisation, or female

perpetration. Box 5.1. therefore highlights a number of key principles that have been compiled from available evidence from other violence prevention settings that could be adapted to address male victimisation.

Box 5.1. Summary of key principles for primary prevention of family violence and male victims, based on available evidence from other violence prevention settings

· Global evidence shows that community-based approaches are the most effective at changing rigid gender norms and reducing associated rates of violence.[216] Whole-of-community approaches support holistic change, and engage both women and men to promote respectful and non-violent relationships. As with all primary prevention, work to address male victimisation must be tailored to be appropriate for the specific context and audience.

· Relationship-level interventions have been shown to be promising for their impact on addressing male- to-female violence against women, for example peer-group workshops on respectful relationships and gender norms.[217] These should promote respect within intimate relationships regardless

of gender, and could include modules on building effective communication skills, negotiation and compromise, and self-esteem. They should also be informed by a gender transformative approach that aims to identify and challenge prevailing rigid gender norms.

· Interventions should consider bidirectional violence. However, caution must be taken to avoid over-emphasising female perpetration, and under-emphasising the significantly higher rates of male-perpetrated violence against women. Content on the drivers, severity and frequency, and impact of male violence should be included alongside content on bidirectional violence.

[216] Fulu and Kerr-Wilson (2015).

[217] Ibid.

5.5. Key gaps in evidence

· Overall the evidence on male victims of family violence is conflicting, and primarily limited to intimate partner violence. Addressing the lack of comprehensive and nuanced research on male victimisation is crucial, to prevent the undermining of established evidence on violence against women, and to understand what drives female perpetration. For example, it is

important to understand the different types of abuse that men may face, such as emotional abuse, compared with women and the differing impacts of such abuse.

· There are many methodological challenges in this field of research, including lack of conceptual development in comparison to female victimisation. There needs to be more

quantifiable data that examines the drivers and risk factors for both men's and women's perpetration of intimate partner violence. Efforts should also be made to improve consistent measurements to support comparability between female and male-focused studies.

· Further research should better examine the gendered dynamics of family violence. We need a more nuanced understanding of how rigid gender norms and stereotypes drive violence against both women and men, for example how the dynamics of power and control can lead to violence within different relationships, and other factors that interact with gender norms to increase the risk of violence. This should also involve further investigation to distinguish between retaliation and self-defence, as current literature is inconsistent and fails to adequately explain these factors. This is particularly important considering retaliation and self-defence are often raised in court proceedings, and judgments on family violence reflect gendered norms and attitudes. Further research would contribute to removing gendered bias and addressing myths within the justice system.

6.
RURAL, REGIONAL AND REMOTE COMMUNITIES

6.1. Introduction

Family violence is prevalent across all communities in Australia, including in rural, regional and remote settings. It is important to also note that rural, regional and remote communities are incredibly diverse and the terms 'rural', 'regional' and 'remote' indicate three distinct settings.[218] An examination of family violence within these settings must recognise the diverse cultural, socio-economic and geographical dynamics that will influence manifestations of family violence within specific rural, regional and remote communities.

Overall, the nature of family violence in rural, regional and remote communities is under-researched and therefore the drivers and reinforcing factors specific to these settings is not well understood.

The analysis presented here is not exhaustive, and there are clear gaps in how we understand and interpret family violence in these communities. However, the available evidence does highlight the need for comprehensive, holistic and population-wide primary prevention interventions that are aimed at addressing rigid and harmful gender norms, and that address the shortage of services that can exacerbate or perpetuate abusive family environments and relationships. The unique characteristics, geographical and social structures of life in non-urban communities and the social norms and values of rural communities are central to understanding the specific experience of family violence in these communities.[219]

6.2. Prevalence and patterns of family violence among rural, regional and remote communities

Available data suggests that the prevalence of family violence in rural, remote or regional settings is considerably high, and women in these communities are more likely to experience violence in comparison to their urban counterparts. Studies from Australia indicate that women in regional,

rural and remote communities experience greater severity of physical abuse, greater frequency of violence, and remain in abusive relationships longer than urban women, largely because of the lack of available resources and the distance from comprehensive services.[220] Research from the US further demonstrates that rural women are much more likely to experience a higher frequency of physical violence and sexual assault than urban women, compounded by limited access to resources

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[218] 'Rural' generally refers to farming and agricultural communities, and is characterised by a low differentiation in social structure. 'Regional' refers to towns that are relatively urbanised but are geographically distant from major cities. 'Remote' is taken to refer to smaller populations that are spread over great distances and with very limited availability of services. See Will and Statheopolis (2012).

[219] Campo and Tayton (2015b).

[220] Wendt et al. (2015); Balogun et al (2012); Wendt and Zannettino (2015).

and services.[221] Women may also experience controlling behaviours such as being denied access to transport or communication.[222] Under-reporting may also be a greater issue in rural, regional and remote communities where there may be a stronger stigma against disclosing violence.

6.3. Review of evidence: Drivers and reinforcing factors of family violence and rural, regional and remote communities

As rural, regional and remote communities are understood as a setting, the following section considers only the reinforcing factors of violence within this context, as geography itself cannot cause violence, however it can contribute to increased probability, severity or frequency of violence.

6.3.1. Community/organisational level

Rigid gender norms

Across much of the literature on family violence in rural, remote and regional communities, there has been considerable discussion of the relationship between masculine identity and rurality, and its impact on a 'rural gender order'. The literature maintains that this gender order is visible in terms of employment patterns, division of labour, property inheritance, and engagement in public and civic life, which in rural settings is heavily dominated by men.[223]

Within this context, the literature suggests that male violence is justified or accepted as a way to enforce social boundaries, exercise or demonstrate power, assert honour and reiterate status. There is also the suggestion that where the dominant masculinity emphasises male strength, courage and domination, there may be a

higher tolerance of gendered violence.[224] Patriarchal community and family structures may reinforce men's control and abuse, with violence tolerated or justified as part of men's dominant role as head of the household.[225]

Some research further suggests that in these settings, the perpetration of violence represents the perceived fragility of patriarchal power, control and power over others, and a response to the destabilisation of traditional forms of manhood.[226] In agricultural and mining communities in Australia, studies have shown that violent expressions of hyper-masculinity are in part a reaction to lack of employment opportunities, financial stress, seasonal volatility, and the gradual break-down of traditional communities as a result of transitional phasing and unpredictable resource markets.[227]

Social isolation

Women living in regional, remote or rural communities are often geographically and/or socially isolated. Geographic isolation intensifies experiences of family violence and perpetrators can exploit this as a form of control. Studies from Australia indicate that women are isolated in several ways: they are denied access to a telephone or

not permitted to have a phone connected; their mobility is restricted by limited, or no, access to public transport, which ensures that women remain in the household; and that women are kept constantly busy by combining farm and business responsibilities with normal household and child rearing responsibilities which keep women on the property and away from social and family gatherings.[228] Women living in remote mining communities often experience isolation, solely caring for children and managing households for long periods of time, as a result of their partner's shift work and long-distance rostering of work.[229]

Women also experience social isolation associated with geographic location, for example due to greater distances from friends, leisure activities, and employment. This social isolation can position women as dependent on male partners, which reinforces patriarchal family structure and can increase women's vulnerability to abuse.

Lack of perpetrator accountability

Silencing and invisibility of family violence has resulted in a distinct lack of perpetrator accountability in rural, regional and remote communities.[230] Research suggests that in tight-knit communities, survivors of violence are often not believed and/or shamed for disclosing their experience. The community may seek to protect the perpetrator, especially where they are of high-standing or have visible roles in the community.[231]

Qualitative studies in Victoria have found that women felt that their community was complicit in the continuation of family violence, as perpetrator behaviour was rarely challenged and there was a general indifference to it, effectively facilitating its normalisation. For example, continual

breaches of intervention orders that are not taken seriously by police, and the indifference of magistrates to the safety concerns of mothers.[232] In these situations, inadequate or unsympathetic police or justice responses contribute to lack of perpetrator accountability, and reinforce norms around the acceptability of violence.

Self-reliance and privacy

Available research suggests that stoicism and self-reliance are two heavily ingrained social norms prevalent in rural, regional and remote communities that impact individual experiences of family violence. Maintaining a sense of family harmony is considered very important in many non-urban settings, leading to a belief that family problems should be kept quiet, or within the family.[233]

Several studies indicate that these norms deter women from seeking help or leaving abusive environments, and serve to minimise the issue of family violence itself.[234] This emphasis on maintaining family privacy acts as an informal social control that strongly discourages women from discussing family violence. Studies have indicated that women who have disclosed their experiences to friends or family members have been ostracised, while other women reported that their disclosure was treated with disbelief, embarrassment, or encouragement to put more effort in to their relationship. In many non-urban settings, traditional or conservative views on marriage discourage women from disclosing violence or leaving violent relationships.[235] Conversely, a perceived lack of privacy is also cited as a factor contributing to ongoing family violence where women are reluctant to disclose for fear of gossip.[236]

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[221] Logan et al: (1984); Carrington and Scott (2008).
[222] Loxton (2003).
[223] Carrington and Scott (2008); Edwards (2015).
[224] Carrington and Scott (2008).

[225] Wendt (2009).
[226] Plummer (2005); Gadd (2002).
[227] Carrington and Scott (2008); Carrington et al. (2013).

[228] Wendt et al. (2015); Loxton (2003).
[229] Iverson and Maguire (2000).
[230] Loddon Campaspe Community Legal Centre (2015); Wendt (2009).
[231] Campo and Tayton (2015b).

[232] George and Harris (2015).
[233] Owen and Carrington (2014); Campo and Tayton (2015b).
[234] Loddon Campaspe Community Legal Centre (2015); Loxton et al. (2003); Owen and Carrington (2014); Wendt (2009).
[235] Loxton et al. (2003).
[236] Campo and Tayton (2015b).

6.3.2. Individual level

Financial arrangements and financial dependency

Women living in rural, regional or remote settings who have experienced family violence often find it difficult to leave abusive environments due to complex financial arrangements or financial dependency. In farming communities, money is often tied up in assets or trust funds such as the family farm, that are controlled by male household heads such as fathers or husbands, and so women are often denied or prevented from accessing their own income stream.[238] Farming and agricultural businesses sometimes rely on women's and children's labour to sustain its operation, and research indicates that women are usually reluctant to disclose violence for fear of bankrupting the family farm, or leaving children without economic security.[239]

Other research indicates that perpetrators use victim's attachment to the property to exercise control; for example, by threatening to destroy the farm or harming animals if a woman tries to leave.[240] Among those women who do chose to leave, they often experience a lower standard of living and difficulty gaining employment after leaving. Moreover, women are usually forced to leave the areas they have been living, often leaving behind personal assets.

Gun ownership

People living in rural, remote or regional communities are much more likely to own a firearm than their counterparts in urban centres. Higher rates of firearm ownership in these settings has been identified as a concern regarding family violence,

especially because perpetrators often use them to threaten victims directly, to threaten self-harm or harm to a victim's children.[241] Studies from the US have shown that acceptance of gun ownership for hunting and agricultural purposes provides perpetrators with another potential way to intimidate and frighten their intimate partners.[242] Although gun ownership is less common in Australia, knowing an abuser has access to a gun can evoke fear and powerlessness in complex ways. Within the context of geographic isolation, perpetrators are often able to exploit their gun ownership by threatening its use, particularly when neighbours are not close by for women to seek help.[243] Social and geographical isolation needs to be considered in how it shapes high rates of gun ownership and the culture associated with it in Australia.

6.3.3. Additional factors

Natural disasters

Research from around the world indicates that women and children are at greater risk of experiencing family violence during or following a natural disaster.[244] In Australia, such vulnerability can increase among women in rural, regional or remote communities during or following bushfires, droughts or flooding. Increased prevalence during natural disasters is attributed to the increase of external stressors related to the event, such as financial instability or loss of income, loss of possessions, and loss of the family home. These stressors are not a cause of family violence, but rather are believed to increase or exacerbate existing family violence or tension. These factors are closely linked to power and control within families in that, during and following natural disasters, perpetrators may experience greater stress resulting from loss of control

over multiple aspects of life, and respond with violence against their family.[245]

Social and geographic isolation can also be exaggerated by natural disasters, because many people do not return to their communities, communication systems can fail or be infrequent, and social support and networks can be lost or weakened over time as people recover from trauma. This is particularly in the case of drought in Australia, where it is common and severe, and can reduce farm output, causing subsequent negative consequences for agricultural employment. There is also a follow-on effect on other agriculture-dependent businesses such as machinery, fertiliser, fuel and seed suppliers. Drought can therefore also impact local economies and the livelihood of non-urban communities, and may further result in people moving away, affecting local and ongoing support networks.[246] Natural disasters therefore create instability and insecurity across communities, which can contribute to manifestations of family violence.

6.3.4. Intersecting issues

· As with urban communities, in rural, regional or remote communities, diversity in the local population will shape the community-level social norms, structures and practices. These can work to create local social hierarchies, leading to social exclusion and isolation in some cases. Some rural, regional and remote communities in Australia also have significant migrant or refugee populations, and women from culturally and linguistically diverse backgrounds can face further barriers to support seeking due to lack of culturally sensitive services, or fear of rejection due to racial or xenophobic discrimination. See Section 3 for more detail on family violence and culturally and linguistically

diverse communities.

· Nearly 70 per cent of Australia's Aboriginal and Torres Strait Islander peoples live in rural, regional or remote settings. The nature and context of family violence among Indigenous communities varies greatly across settings, and is different from the violence experienced by non-Indigenous populations in these same communities. The effect of social and geographical isolation is particularly significant for Aboriginal and Torres Strait Islander peoples, and their capacity to disclose, report, seek help, and receive appropriate interventions.[247] See Section 1 for more detail on family violence among Aboriginal and Torres Strait Islander peoples.

· Literature suggests that lesbian, gay, bisexual, transgender and intersex communities may face stronger conservative attitudes towards sexuality and gender in rural, regional and remote settings, including from social support services, as well as greater social isolation compounded by geographic isolation.[248] See Section 4 for more detail on family violence experienced by lesbian, gay, bisexual, transgender and intersex communities.

· Financial insecurity or poverty is a severe consequence of family violence that impacts some women in rural, regional and remote settings. Many women have difficulty finding work and supporting children after leaving abusive relationships, and can be dependent on casual or informal employment or social security payments. Evidence from research with rural women in the US found that women experienced cycles of abuse, which inhibited their ability to accumulate human and social capital, and exacerbated financial insecurity.

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[237] Owen and Carrington (2014); Wendt and Hornosty (2010); Wendt et al. (2015).

[238] Wendt (2009).

[239] Campo and Tayton (2015b); Wendt and Hornosty (2010).

[240] George and Harris (2015); Wendt and Hornosty (2010).

[241] Campo and Tayton (2015b).

[242] Hall-Sanchez (2016).

[243] George and Harris (2014).

[244] UN Women (2013); Fulu and Miedema (2015).

[245] Wendt et al. (2015).

[246] *Ibid.*

[247] Wendt et al. (2015); Campo and Tayton (2015b).

[248] Horsley (2015); Wendt et al. (2015).

The compounding effects of social and geographical isolation, poverty, and single parenting severely impacted these women's ability to access necessary services. Due to economic instability, they were also found to be much higher represented among welfare recipients, and have higher rates of substance abuse and mental health problems.[249] The intersection of poverty, social and geographical isolation, and family violence is central to policy and programming within rural, regional and remote settings, and requires further research to identify differences with urban settings.

· People with disabilities in rural, regional or remote communities are more at risk of experiencing family violence, compared with the general population.[250] People with disabilities also experience additional barriers to accessing support services, for example where their mobility is restricted, which can exacerbate social isolation or reliance on an abusive carer. The severe lack of services available in non-urban communities creates a double disadvantage for women with disabilities who are reliant on their abuser for transport or travelling long distances for specialist appointments. At present, there is virtually no research in the Australian context that explicitly examines the effects of geographic and social isolation on the intersecting nature of disability and family violence among women in these communities. Addressing this gap should be a priority for research and advocacy. See Section 7 for more detail on family violence experienced by people with disabilities.

6.4. Review of evidence: Proven and promising practices for primary prevention and rural, regional and remote communities

Overall, this review has found very limited evidence of primary prevention strategies for family violence in rural, regional and remote community settings. Box 6.1. highlights a number of key principles that have been compiled from available evidence, and should inform primary prevention interventions with rural, regional and remote communities.

Box 6.1. Summary of key principles for primary prevention of family violence and rural, regional and remote communities

· **Tailor interventions to context:** Interventions in non-urban settings must be tailored to the specific context, and their respective stages of readiness to address family violence. For example, there are stark differences between gourmet food and wine towns, mining communities, and seaside backpacker hubs; the subtle cultural differences in these communities must therefore be taken into consideration when planning and designing interventions for rural, regional and remote settings. Communities will also have drastically different demographic characteristics. Policy makers and planner must also think about potential impacts on the target community, and consider how to adapt

[249] Farber and Miller-Cribbs (2014).
[250] Hague et al. (2011); Plummer and Findley (2012).

Box 6.1. Continued

prevention approaches to different contexts across Australia.[251]

· **Invest in support services:** In addition, interventions should not be implemented without first investing in improved response and support services. Primary prevention can increase the demand for support services as stigma against disclosing violence is addressed, and care must be taken to ensure adequate services are available to ensure the intervention does not inadvertently cause further harm.

· **Provide culturally sensitive content:** Appropriate language and cultural consideration and sensitivity are crucial in the implementation of prevention strategies. It is important not to stereotype rural, regional and remote communities as 'backward', or assume that rural identity is stable and fixed. Rural, regional and remote communities are exposed to many of the same gendered cultural discourses prevalent in urban centres, and discriminatory or biased assumptions overshadow the nuances and complexities of gender relations and identities in non-urban contexts.[252] This is particularly important for work with Aboriginal and Torres Strait islander peoples.[253]

· **Address social and geographic isolation:** Approaches that have been effective in these settings address the issue of geographic isolation and the lack of services, by creating regional networks between services and programmes. These have occurred informally in the past but are increasingly being formalised and recognised as an effective way to maximise prevention and early intervention programmes.[254] Women's health services are often well-placed to develop and coordinate regional prevention strategies due to experience in the sector and existing community relationships.

· **Multi-sectoral, coordinated whole-of-community strategies:** Coordinated whole-of-community approaches, that involve a range of stakeholders at all levels of the community, are key to prevention interventions in rural, regional and remote communities. Community development approaches can be used as a holistic approach to addressing many of the other factors that contribute to family violence, such as poverty, natural disasters and unemployment, and as a tool to facilitate open discussion of barriers to services and social or cultural taboos around family violence.[255]

· **'Hub and Spoke' models** have shown some success in rural, regional and remote settings. Hub and Spoke models promote local, community-owned infrastructures and increase the credibility and relevance of specialist services, ultimately improving and increasing their use by local populations. They have the potential to strengthen service coordination and are especially useful for integrating visiting specialist services into a community. To increase their effectiveness more time must be invested in capacity building among frontline staff to improve their ability to consult with locals on issues related to family violence.[256]

[251] Wendt et al. (2015).
[252] Campo and Tayton (2015b).
[253] Tayton et al. (2014).
[254] Wall and Stathopolis (2012); Campo and Tayton (2015b).
[255] Wendt et al. (2015).
[256] Tayton et al. (2014).

6.5. Key gaps in evidence

· While there is a considerable body of literature on the prevalence and patterns of family violence within the context of non-urban communities, there is little research on the differences in perpetration in urban and non-urban

settings. There is also a lack of research on women's coping strategies. Research emphasises that women in rural, regional and remote settings experience particular barriers to support seeking that can perpetuate abusive situations, however more attention is needed to identify how this impacts on family violence.

· There is limited evidence from evaluations of different models for addressing and preventing family violence in rural, regional and remote settings. Investing in evaluation should be a priority to gain a better understanding of what works in urban and non-urban settings.

· Overall, research in this area needs to be more nuanced with greater attention to the dynamics and demographic characteristics of different settings, including variability within locale type. Rural, remote and regional communities are incredibly diverse. There must be more of an effort to include explanatory variables to help contextualise differences detected in family violence across different settings, as well as more comprehensive assessment of community level variables. For example, the current body of literature has a strong focus on agricultural and farming and mining communities. More research is needed to understand the factors that contribute to and drive family violence in other non-urban settings, such as in gourmet food and wine communities, and seaside and backpacker communities.

7.
PEOPLE WITH DISABILITIES

7.1. Introduction

This review engages with a 'bio-psycho-social' understanding of 'disability' as resulting from the interaction between persons with temporary or permanent physical, sensory, intellectual, cognitive or psychiatric impairments, and their surrounding social, cultural and political environments.[257] The term 'people with disabilities' therefore includes a wide spectrum of potential experiences or sources of marginalisation, combining biological/psychological and social or relational factors. This model of disability aligns closely with the objectives of primary prevention. It works to advocate for both individual and systemic changes that will empower people with disabilities, and transform the structural discrimination and inequality that underpins family violence against this community.[258]

7.2. Patterns and prevalence of family violence and people with disabilities

Across a number of studies, people with disabilities have been consistently found to experience higher rates of violence (physical, sexual, emotional and economic) within the family compared with the general population.[259] This is true across the life course: people with disabilities experience higher rates of violence during childhood and throughout adulthood.[260]

Specific forms of abuse experienced by people with disabilities include controlling access to medication or restricting mobility and communication; threats to institutionalise; forced or coerced psychiatric interventions; and forced or coerced contraception, sterilisation or abortion.[261] People with disabilities are also at risk of experiencing family violence by a wider range of perpetrators, including carers or personal assistants, friends or healthcare professionals where the relationship could fall under the legal definition of 'family member'.[262] The potential for abuse within institutional and care settings is important because children and adults with disabilities may be doubly victimised — first by parents or direct family members, and second by carers.[263]

Prevalence rates vary between different types of abuse, and have also been found to vary according to the type of disability or impairment (for example among people with severe mental illness, physical impairment, sensory impairment, etc.), by gender (see below), and by age.[264] Given these broader

[257] Frawley et al. (2015); State of Victoria (2016). *Royal Commission into Family Violence: Report and recommendations, Vol V.* Parl Paper No 132 (2014–2016).

[258] Frawley et al. (2015).

[259] Anderson et al. (2016); Khalifeh et al. (2016); Frawley et al. (2015); Chan et al. (2016); Curry et al. (2001); Woodlock et al. (2014); Mitra et al. (2016); Puri et al. (2015); Brownridge (2006); Nosek et al. (2006).

[260] Anderson et al. (2016); Frawley et al. (2015); Chan et al. (2016).

[261] Frawley et al. (2015); Frohmader et al. (2015); Woodlock et al. (2014); Curry et al. (2001).

[262] Tayton et al. (2014).

[263] People with Disabilities Australia (2016).

[264] Khalifeh et al. (2016); Chan et al. (2016).

patterns, there is a need to ensure all forms of family violence experienced by people with disabilities are adequately covered under legislation, and addressed by prevention and response measures.

7.3. Review of evidence: Drivers and reinforcing factors of family violence and people with disabilities

7.3.1. Societal level

Ableism and discrimination against people with disabilities

Ableism is the systemic and institutionalised privileging of 'able-bodied' people to the exclusion and marginalisation of people with disabilities from 'mainstream' society. Ableism and cultural devaluation of people with disabilities manifests as exclusion from participation in community life, lack of access to education, employment and livelihood opportunities, access to healthcare and other support services.[265] Entrenched discrimination against people with disabilities is evident in legislation and policy that fails to grant equal rights to people with disabilities, and in societal attitudes that view people with disabilities as living incomplete or abnormal lives. Stigma against disability leads to a lack of independence and self-determination, which can manifest as and normalise coercion, control and abuse of people with disabilities by family members or carers.[266] Ableism underpins family violence against people with disabilities by creating a broader social context in which disability-based discrimination and abuse is justified, tolerated and minimised.

Marginalisation of people with disabilities permeates the attitudes and practices of the disability care sector, government systems, and the wider community, which leads to attitudes that justify, minimise or ignore abuse within families, institutions, and other service delivery organisations.[267] Exclusion from mainstream education systems and social spaces removes opportunities for discussions about sexuality and relationships for people with disabilities. There is a lack of inclusive and accessible resources and information available on safe sex, healthy relationships and family violence, including information on rights and support services.[268] This means that people with disabilities may not recognise abuse when it occurs, feel unable to report abuse, and when they do report it is often dismissed or covered up.[269]

Ableism also leads to rigid stereotyping of people with disabilities that can contribute to experiences of violence and serve as barriers to disclosing violence, for example where police attend an incident of family violence and prioritise the carer or partner's narrative of events over the person with a disability.[270]

7.3.2. Community/organisational level

Invisibility of family violence experienced by people with disabilities

Lack of awareness, understanding, or denial of family violence against people with disabilities create circumstances in which abuse can occur. For example, community attitudes that stigmatise disability perpetuate the myth that people with disabilities of certain kinds cannot form intimate relationships, and therefore cannot experience intimate partner violence. This can create opportunities for abuse, for example where an individual has to keep a relationship secret from family members or carers.[271]

The marginalisation of people with disabilities also has consequences for their invisibility within primary prevention. The attitude that people with disabilities do not have sexual or intimate relationships and do not need to be engaged in primary prevention or respectful relationships education is inaccurate and perpetuates opportunities for abuse and discrimination.[272] The invisibility surrounding family violence against people with disabilities is reflected in weak legislative protection and policy responses.[273]

Social isolation

A study of young people in Australia found that people with disabilities scored lower on indicators of social participation, when compared with the general population. These included being significantly less likely to be employed or to be engaged in full-time education, to have social contact with family or friends, or to feel they have someone to turn to in time of crisis. They were significantly more likely to live in a jobless household, experience financial stress and material deprivation, and to feel unsafe in their local community.[274] While this study was not related to family violence, these findings

highlight the social isolation of people with disabilities and additional factors like unemployment that may contribute to abusive or unsafe households.

Stigma against people with disabilities leads to social isolation that can perpetuate situations of family violence. Without strong social or external support networks, actual or perceived dependence on an abusive relative or partner can continue without recourse. Social isolation, a lack of awareness of family violence against people with disability, and inadequate infrastructure create barriers to accessing services, both in terms of physical access and a lack of specialised, disability-sensitive services.[275] Social isolation may be compounded by other intersecting sources of marginalisation such as gender-based discrimination, racism or homophobia, or by geographic isolation (see below).

Institutional conditions

Recent reviews of violence within institutional settings have found that violence in these organisations continues for a number of reasons, including the societal-level factors discussed above. Within certain organisations, violence against people with disabilities by carers or other staff may be due to poor quality environments, insufficient staffing and resources, neglectful or inadequate care policies and services, 'rewarding' compliant behaviour, and attitudes that reject the autonomy and needs of people living in the service.[276] The Senate Community Affairs Committee on violence and neglect against people with disability in institutional and residential settings found that 'therapeutic treatment' and certain imposed conditions would be considered assault in other contexts or against other individuals.[277]

[265] Frohmader et al. (2015).

[266] Frawley et al. (2015); Frohmader et al. (2015); Senate Community Affairs Committee Secretariat (2015); Family and Community Development Committee (2016); Curry et al. (2001).

[267] Senate Community Affairs Committee Secretariat (2015).

[268] Frohmader et al. (2015); Johnson et al. (2001).

[269] Frawley et al. (2015); Johnson et al. (2001); Woodlock et al. (2014).

[270] Woodlock et al. (2014); Harpur and Douglas (2014); Curry et al. (2001).

[271] Johnson et al. (2001); Curry et al. (2001).

[272] People with Disabilities Australia (2016); Frohmader et al. (2015).

[273] Tayton et al. (2014); People with Disabilities Australia (2016).

[274] Emerson et al. (2013).

[275] Tayton et al. (2014); Frawley et al. (2015); Frohmader et al. (2015); Woodlock et al. (2014).

[276] Frawley et al. (2015); Frohmader et al. (2015).

[277] Senate Community Affairs Committee Secretariat (2015).

That these may be considered workplace issues rather than criminal offences or potential violations of family violence law reflects the discriminatory and prejudiced attitudes and treatment of people with disabilities across society.

7.3.3. Individual/relationship level

Family relationships

Household factors have been found to be associated with experiences of family violence against people with disabilities. Studies suggest that parents or caregivers of children with disabilities may experience higher rates of stress compared with other families in relation to their relationship with their child. This stress may be a product of caretaking within a disadvantaged social environment and discrimination against people with disabilities, and can heighten risks of maltreatment or harsh parenting.[278] Disability may also increase risk of violence through controlling behaviours, for example where partners or other family members restrict movement and require permission for medical and health services or community participation.[279] However, this is not true for all families affected by disability, and there is a lack of evidence around how these household factors interact with other factors to result in family violence.

Previous experiences of and exposure to violence and trauma

As with other manifestations of family violence, exposure to violence is a risk factor for subsequent victimisation. A representative study with school-aged children in Hong Kong found that children with disabilities were significantly more likely to report experiences of child maltreatment, witnessing partner violence between parents, and exposure to in-law conflict.[280]

Disability increased the risk of lifetime physical maltreatment by 1.6 times, and the risk for maltreatment increased by almost six times when the child had witnessed other types of family violence.

Another study of people with severe mental illness (SMI) found that childhood maltreatment was a risk factor for adulthood victimisation for both women and men, and that people with SMI reported higher rates of both childhood maltreatment and adulthood domestic and sexual violence.[281] Further research is needed to examine how exposure to violence can lead to subsequent victimisation among people with disabilities, and to identify protective factors that can mitigate against further violence.

7.3.4. Intersecting issues

· Disability intersects with multiple other forms of power, privilege and oppression to compound individual risk or impact of family violence. Other factors can strengthen stigma and discrimination against people with disabilities, such as community-level cultural norms. They can also increase risk through greater social and geographic isolation, vulnerability and dependence on carers, or due to strong stigmas against other points of identity like sexual orientation. Disability can affect all of the other communities discussed by this review and should therefore be a central consideration in all primary prevention policy and programming.

· Ableism intersects with patriarchal structures and rigid gender norms to compound the risk of victimisation for women and girls with disabilities. Women and girls with disabilities experience significantly higher rates of abuse compared with women and girls in the general population, as well as disability-specific forms of violence

against women.[282] Studies have found that women with disabilities are generally relatively more disadvantaged than men with disabilities, evident in inequalities surrounding education, employment and income, healthcare, housing, and personal safety.[283]

· National statistics show that Aboriginal and Torres Strait Islander peoples experience disability at significantly higher rates than non-Indigenous Australians.[284] Women with disabilities from minority groups such as Aboriginal and Torres Strait Islander communities also experience particular barriers to safety.[285] See Section 1 for more detail on family violence experienced by Aboriginal and Torres Strait Islander peoples.

7.4. Review of evidence: Proven and promising practices for primary prevention and people with disabilities

There is a significant lack of evidence on effective prevention programming that is inclusive and accessible for people with disabilities. 'Mainstream' programming has tended to be blind to the specific needs of people with disabilities within the target community or population, or has excluded people with disabilities through implementation in inaccessible spaces. There are some promising practices that prioritise leadership and empowerment of people with disabilities, and work to address stigma against disability as a priority.

Box 7.1. highlights a number of key principles that have been compiled from available evidence, and should inform primary prevention interventions with people with disabilities.

> **Box 7.1. Summary of key principles for primary prevention of family violence and people with disabilities**
>
> · **Address structural factors:** Primary prevention with this community must target the various drivers of family violence such as gender inequality, but it must also work to transform the systemic marginalisation and discrimination against disability. It must also recognise that family violence disproportionately impacts people with disabilities.[286]
>
> · **Prioritise inclusivity:** All primary prevention initiatives must be inclusive and accessible for people with disabilities. This requires both an awareness of how initiatives will directly engage people with disabilities, and
>
> ensuring key messages do not reinforce rigid stereotypes against disability. Initiatives must be informed by an understanding of disability that acknowledges both the diversity of people included within this community, and of the social inequality and marginalisation that drives violence against people with disability (see above).[287]
>
> · **Promote leadership of people with disabilities:** Prevention interventions should
>
> ---
> [286] Frohmader et al. (2015); Tayton et al. (2014).
> [287] Tayton et al. (2014); Frawley et al. (2015); Frohmader et al. (2015).

[278] Chan et al. (2016).

[279] Puri et al. (2015); Frohmader et al. (2015); Harpur and Douglas (2014).

[280] Chan et al. (2016).

[281] Anderson et al. (2016); Khalifeh et al. (2016).

[282] Curry et al. (2001); Frohmader et al. (2015); Family and Community Development Committee (2016); Brownridge (2006).

[283] Frawley et al. (2015).

[284] Senate Community Affairs Committee Secretariat (2015).

[285] Woodlock et al. (2014).

Box 7.1. Continued

be empowering for people with disabilities in all aspects of life, including social, political and economic empowerment. Promoting women with disabilities as leaders and change agents should be a key objective – include women with disabilities at the centre of planning, implementing and evaluating prevention initiatives to ensure they meet their specific needs and rights.[288]

· **Work across settings:** Settings for family violence against people with disabilities can also range from the person's own home, to various care facilities where there is a family–like relationship with a carer or co-resident.

This means that primary prevention must be targeted across multiple spaces and promote a broader understanding of what constitutes abuse against this community.

· This review supports the recommendations of the Family and Community Development Committee into abuse in disability services, in particular:

Recommendation 5.1: The Victorian Government expand current programmes and support new initiatives that are designed to make support services and programmes for the prevention of violence against women more responsive to, and accessible for, women with disability.[289]

[288] Frohmader et al. (2015); Women with Disabilities Victoria (2015).

[289] Family and Community Development Committee (2016).

7.5. Key gaps in evidence

· While we know that disability is a risk factor for family violence, there is an overwhelming lack of research into the drivers and risk factors for family violence against people with disabilities, and into prevention programming with this community, compared to research with the general population. The focus of existing literature is primarily on women and girls with disabilities as victims of violence. More research is needed into perpetration against this community, and on men and boys with disabilities as victims of violence.

· There are also issues of establishing causality between disability and experiences of family violence due to a lack of longitudinal studies that could measure the direction of this relationship over time.

· Research needs to be undertaken in a way that is accessible and inclusive of people with disabilities. For example, the

2012 Personal Safety Survey required people to complete the questionnaire in private thereby excluding people with communication difficulties or who reside in residential and care services.[290] These practices can prevent the collection of accurate and meaningful data so that people with disabilities lack a voice in our understandings of and approaches to family violence.

[290] Frohmader et al. (2015).

8. WOMEN IN THE SEX INDUSTRY

8.1. Introduction

Women in the sex industry[291] are disproportionately affected by violence, and experience a high burden of physical and sexual violence over their lifetime.[292] The high burden of violence against women in the sex industry, combined with its observed impact on HIV risk and infection, has fuelled growing international interest in preventing and responding to violence against sex workers.[293] The stigma associated with sex work has resulted in a limited understanding of the motivators for women to engage in sex work, leading to assumptions around forced engagement, such as trafficking, and lack of agency or personal autonomy. Research shows that women in many different settings are motivated by a variety of reasons. In Australia, research indicates that most women join the sex industry out of financial or economic necessity, however there are many other reasons for joining.[294]

Globally, there have been many studies that attempt to identify the extent of violence experienced by female sex workers. The majority of the literature concentrates on the relationship between violence and risk of HIV or other sexually transmitted illnesses, and violence experienced by clients or those posing as clients.[295] Much of the literature fails to consider the complex interrelationships between factors that produce violence, for example, social stigmatisation of sex work, and the criminalisation of sex work.[296] Moreover, there are few studies on perpetrators of violence against sex workers, and this lack of perspective is a substantial limitation to understanding how violence against sex workers can be mitigated, and to developing effective prevention programmes that include both women and men.

Sex work legislation in Australia varies from state to state. In most states and territories people can engage in sex work legally, provided they operate within the parameters of the laws and business licensing mechanisms.[297] Under the Victorian Sex Work Act 1994, sex work is regulated through licensing. Sex work can be legally conducted through licensed brothels, small owner-operators (with no more than two sex workers), escort agencies and private escorts. Street-based sex work is criminalised. In addition, all brothels and sex workers themselves must be registered/licensed with the Business Licensing Authority. Sex workers are also legally obliged to have tri-monthly sexually transmitted infection (STI) checks, and are not permitted to knowingly work with an STI. Sex workers working in licensed brothels are required to provide an 'attendance certificate' that states a sex worker has attended an STI testing (blood tests are not

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[291] This section uses 'women in the sex industry' and 'female sex workers' interchangeably.

[292] This review does not include violence experienced by transgender or male sex workers. There are significant structural and social factors and barriers that heighten the risk of violence among these groups as well as increase their vulnerability to HIV infection. For information regarding these particular sub-categories see: Bhattacharjya, Fulu et al., 2015; Beyrer et al. 2015.

[293] Rekart (2005).

[294] Quadara (2008); Lantz (2003). Male sex workers engage in sex work in very different ways, and the reasons that motivate them are often very different to female sex workers. Research in Australia suggests that while young boys also engage in sex work for survival, they also do so to explore their sexuality.

[295] Beattie et al. (2010); Karnataka (2013); Decker et al. (2010).

[296] Deering et al. (2014).

[297] Quadara (2008).

mandated as a legal requirement however)[298] Within this current legal context, a two-tiered sex industry has been created where only a small portion of the industry can meet compliance requirements, and so the vast majority are forced to operate outside of this legal framework.

In Australia, there is a considerable lack of data on female sex workers' experiences of family violence, which may reflect the stigma related to the industry itself. The existing evidence demonstrates that violence perpetrated against women in the sex industry is driven by gender inequality, and reinforced by social norms that excuse, normalise and condone violence against sex workers. This violence is a manifestation of gender inequality and discrimination directed at women, or transgender people, who do not conform to gender and heterosexual norms, either because of their feminine appearance, or the way they express their sexuality.[299]

8.2. Patterns and prevalence of family violence and women in the sex industry

Women in the sex industry are highly vulnerable to many different forms of violence that occur both within and outside the context of sex work. Within their workplace setting, female sex workers can experience discrimination, exploitation and sexual violence from clients, client procurers (pimps), managers, police and health care workers. Outside of the work context, women in the sex industry experience violence from intimate partners, neighbours and other family members.[300] Importantly, available evidence suggests that intimate partner violence is the most common form of family violence perpetrated against women in the sex industry, outside the work setting.[301] However, female sex workers' experiences are substantially under-represented in literature on intimate partner violence, and by extension on primary prevention.

While there is limited understanding of the prevalence and patterns of family violence experienced by women in the sex industry, these other forms of violence in the workplace are important because they demonstrate the societal-level stigma against sex workers. Stigmatisation and devaluation of sex work contributes to the condoning of violence against women in the sex industry, with discriminatory norms, structures and practices that do not afford equal rights to sex workers. This factor is discussed further below.

8.3. Review of evidence: Drivers and reinforcing factors of family violence and women working in the sex industry

8.3.1. Societal level

Rigid gender norms

As outlined in the introduction to this review, *Change the Story* establishes the highly gendered nature of violence against women, and outlines the gendered social norms, structures and practices that drive violence in intimate relationships. Women in the sex industry are also subjected to these gendered power dynamics in their intimate relationships, as well as in their working relationships with clients. The literature discusses the role of rigid gender norms in terms of attempts to control women's sexuality, including a male partner's perceived self-entitlement to control a female sex worker's sexuality and sexual behaviour, and expectations that she should always be available for sex. Sexual coercion of sex workers is a manifestation of the social construction of masculine sexual entitlement that emphasises male sexual performance and female passivity and availability.[302] Further, the societal stigma against sex work (discussed below) may lead to a belief by abusive partners that it is acceptable to use violence to punish or discipline a sex worker for perceived transgressions of ascribed gender roles, and for having sex with other men.[303] Exploitative relationships that profit from women's ascribed gender and sexual roles through unequal power in the sex industry contributes to environments in which the use of physical, sexual and emotional abuse is condoned, tolerated or justified.

Social stigmatisation and invisibility of sex workers

Violence against women in the sex industry is underpinned by the societal-level stigma and discrimination against sex work. In almost all societies, sex work is highly stigmatised, and sex workers often experience shaming, blame for abuse, negative labelling and public disapproval.[304] They are also subjected to discriminatory structures and practices including unequal rights and criminalisation of the sex industry. The stigma and discrimination against women in the sex industry also reflects the rigid gender norms that ascribe women as secondary citizens, and as passive objects of male sexual entitlement (see above). These factors lead to attitudes that frame sex work as 'immoral' for transgressing normative sexual relationships, and that justify the use of violence against female sex workers.[305]

The evidence shows that structural factors such as the organisation and power dynamics of sex work, and legal and regulatory policies regarding the sex industry, also contribute to sex workers' increased risk of HIV infection by undermining their capacity to negotiate safer sex (see below).[306]

These societal-level factors contribute to the normalisation of violence against female sex workers by condoning, justifying or minimising the use of violence, or by shifting blame to women in the sex industry for transgressing accepted gender and sexual roles. It also perpetuates a myth that women in the sex industry cannot experience sexual violence because it is their job.

8.3.2. Community/organisation level

Under-reporting and discrimination in services

Community and organisational attitudes, that reflect societal-level stigma against sex work, serve to perpetuate violence against sex workers. Stigma and discrimination against the sex industry are also barriers for women experiencing abuse to report their experience and receive necessary support. Violence experienced by women in the sex industry is significantly under-reported, and when it is disclosed, is often questioned or not believed, ignored, or silenced.[307]

Studies show that sex workers are often further shamed or abused by police when they do report to authorities, as the stigma

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298 Sex Work Act 1994

299 Bhattacharjya et al. (2015).

300 Bhattacharjya et al. (2015); Karnataka (2010); Perkins (1991); WHO (2005); Decker et al. (2013); Rekart (2005).

301 Sanders (2000); Dalla and Kennedy (2003); Karandikar (2010); El-Bassel et al. (2001); Decker et al. (2013); Bhattacharjya et al. (2015); Shannon et al. (2008); WHO (2005).

302 Bhattacharjya et al. (2015); Karandikar (2010).

303 WHO (2005).

304 Quadara (2008); Bhattacharjya et al. (2015).

305 Conroy (2016).

306 Baral et al. (2012).

307 Deering et al. (2014); Quadara (2008).

against sex workers is also prevalent across justice systems and other key institutions.[308] For example, research from Canada suggests that most experiences of intimate partner violence among female sex workers go unreported; when they are reported, police often refuse to register it as a crime, and when it is registered, the perpetrator is rarely convicted.[309] This presents considerable problems in measuring prevalence and developing effective, targeted strategies to prevent intimate partner violence among this marginalised community.

Existing literature indicates that female sex workers also face discrimination when accessing general health services.[310] For example, sex workers in Australia have reported hostile treatment, or outright refusal of treatment, at hospitals, including having their occupation written in to medical records without their consent, and unfavourable treatment by hospital staff.[311] This can subsequently heighten risk for HIV infection among sex workers by denying access to vital preventive sexual and reproductive health services.

8.3.3. Individual/relationship level

Gatekeepers and power in relationships

Women in the sex industry are often surrounded by a complex web of 'gatekeepers' who control or have power over their personal and work lives. Gatekeepers include owners of sex establishments, client procurers, clients, law enforcement authorities, and intimate partners. Some gatekeepers can exert control by dictating the amount charged by a sex worker, whether she can take on a specific client, and whether she can insist on condom use. Other gatekeepers may use

more subtle means to control female sex workers such as by holding a debt, emotional manipulation or through overt means such as threats of and actual sexual and physical violence, physical isolation, threat of exposure to legal authorities, and forced drug and alcohol use.[312]

Gendered power and control are central to the use of violence within intimate relationships.[313] For women in the sex industry, this is exacerbated by the nature of their relationships combined with the stigma against sex work. The literature shows that for female sex workers in many settings, the distinction between client procurer and intimate partner is often blurred. Relationships with client procurers may begin as friendships or casual sexual relationships, which can develop transactional or commercial dimensions where the man turn their partners out for sex to support both of them. Younger women may be particularly at risk of these relationships developing. The dual role of partner and client procurer often results in coercive demands that are accompanied by threats of physical violence and emotional abuse. Relationships with client procurers can also be instigated through explicit recruitment, which often exploits a woman's social and financial vulnerabilities.[314] Prevention interventions that engage with women in the sex industry must therefore acknowledge the complexity of intimate and working relationships for this community.

Available evidence suggests that higher rates of intimate partner violence among female sex workers may be associated with conflict and decision-making over condom use. Sex workers may be unable to negotiate safe sex with partners, increasing their risk of HIV infection. Some research has indicated that women in the sex industry who experience

more physical and sexual violence are also more likely to have engaged in risky sexual behaviours, and to have been diagnosed with HIV and other sexually transmitted infections.[315] The intersection between HIV, sex workers and family violence must be further researched to identify key entry points for prevention of both HIV and violence against women.

Previous experiences of and exposure to violence and trauma

Evidence shows that family violence is one of the key drivers for young people's engagement in the sex industry. There have been a number of studies examining the relationships between child sexual assault and entry into sex work.[316] Child sexual abuse has been found to be a consistent predictor of adult sexual re-victimisation as well as risky sexual behaviours, which may function as mediating factors in women's trajectories toward adult experiences of sexual violence.[317] While childhood abuse is a risk factor for some women, it is important not to directly link childhood sexual abuse, neglect or maltreatment, leaving or being removed from home, with engaging in sex work.[318]

Women who first entered the sex industry before age 15 are more likely to have come from difficult family environments, including experiencing physical, sexual or emotional abuse in the home, in foster homes or in state care.[319] These can leave young women to leave their abusive home, leading to further challenges to housing

and income, and homelessness and poverty in extreme examples. In such cases, some research shows that young girls may trade companionship sex for food and shelter.[320] Evidence also shows that youth sex work exacerbates sexual and substance-related risks, including unprotected sex and shared syringes, increasing their vulnerability to various forms of abuse, such as forced sex, as well as HIV infection in unwanted pregnancy.[321] In addition, young girls often work outside of the mainstream sex industry, engaging in street-based sex work as opposed to brothel-based work, and are more vulnerable to abuse and exploitation from older clients, client procurers or associates who take advantage of young girls' lack of experience and knowledge of the industry.[322]

Substance abuse

There is a strong link between drug abuse, sex work and intimate partner violence. Research suggests that this link is cyclical: that substance abuse increases the risk for future physical and sexual assault, and physical and sexual assault increases the risk of substance abuse.[323] Women in the sex industry who have been involved in buying, selling or obtaining drugs, and sharing or splitting these drugs with a friend or casual partner, are at a higher risk of being forced to engage in sex work to meet drug habits; partner provocation to engage in sex work as a means of securing income, particularly for drugs, is common among female sex workers.[324]

In these situations, women are not only at greater risk of experiencing violence perpetrated by a friend, client or partner, but they are also particularly vulnerable to transmission of HIV through gendered

308 Bhattacharjya et al. (2015).

309 WHO (2005).

310 Muldoon et al. (2015); Lazarus et al. (2012).

311 Lantz (2003).

312 WHO (2005).

313 Muldoon et al. (2015); Pulerwitz, Gortmaker and Dejong (2000).

314 Shannon (2008); Decker et al. (2013).

315 Stulhofer et al. (2016); Dunkle and Decker (2013); El-Bassel et al. (2001); Gilchrist et al. (2001); Pando et al. (2013).

316 Dalla (2000); El-bassel et al. (2001); Farley et al. (1998); Widom and Kuhns (1996).

317 Classen et al. (2005); Fry et al. (2012); Goldenberg et al. (2012); Goldenberg et al. (2012); Widom and Kuhns (1996); Bagley and Young (1987); Simons and Whitbeck (1991); Zierler et al. (1991).

318 Quadara (2008); Perkins (1991).

319 Perkins (1991); Bhattacharjya et al. (2015); Childwise (2004).

320 Perkins (1991); Childwise (2004).

321 Goldenberg et al. (2012); Inguane et al. (2015).

322 Childwise (2004).

323 Kilpatrick (1997); Childwise (2004).

324 Karandikar (2010); Decker (2013a); Dalla (2002).

violence and power relations with their drug-using partners, which directly impacts their ability to negotiate sexual and drug risk reduction.[325] However, it is also important to note that not all women in the sex industry use drugs or develop substance abuse problems. More research is therefore required to better understand the relationship between sex work and substance use.

8.3.4. Intersecting issues

· Women in the sex industry are likely to experience multiple forms of socio-economic vulnerability and marginalisation, including poverty and homelessness. Studies have indicated that many street-based sex workers are likely to be homeless and that sex trading is their major source of income.[326] This was also identified as a contributing factor for engagement in the sex industry among Victorian youth, particularly young girls, who trade sex for food and shelter.[327] This point highlights the need to address structural socio-economic inequality across the population in order to support people experiencing hardship, as well as addressing drivers of different manifestations of family violence.

· Women in the sex industry who identify as Aboriginal and Torres Strait Islander can experience multiple forms of social,

cultural and economic oppression stemming from stigma against sex work and from the structural drivers of inequality against Indigenous peoples in Australia.[328] See Section 1 for more detail on family violence experienced by Aboriginal and Torres Strait Islander communities.

· Sex workers who have experienced intimate partner violence are more likely to have been incarcerated. The intersection between family violence, sex workers and incarceration is crucial to understanding pathways to violence and abuse, however it is not well understood.[329] See Section 10 for further information on the link between family violence and women's incarceration.

· As outlined above, age is an important factor that shapes the prevalence and impact of violence experienced by women in the sex industry. Family violence can be a risk factor for young women entering sex work, and younger sex workers are more at risk of client and partner abuse, HIV infection, unwanted pregnancy, and other consequences. Moreover, young sex workers from lesbian, gay, bisexual, transgender and intersex communities may be at a heightened risk of experiencing abuse and discrimination, however the evidence on this intersection is severely limited.

8.4. Review of evidence: Proven and promising practices for primary prevention and women working in the sex industry

While there is some global evidence of primary prevention interventions targeting

violence experienced by female sex workers, most have not been rigorously evaluated and so the efficacy of these programmes is unknown. The focus of most literature is on the intersections between sex work, HIV and violence, with programming stemming from HIV prevention initiatives.

Box 8.1. highlights a number of key principles that have been compiled from available evidence, and should inform primary

prevention interventions that target violence against women working in the sex industry.

Box 8.1. Summary of key principles for primary prevention of family violence and women working in the sex industry

· **Address structural factors:** Prevention interventions must be informed by a strong understanding of the social and structural factors that create exploitative conditions for women in the sex industry, and that drive violence against sex workers. Within the Victorian context, where the sex industry is partially regulated, there is a second layer of sex workers who are not working in legal brothels. This structural arrangement (legal versus illegal) poses challenges particularly for those who are street workers, or working in unlicensed brothels. Those women working outside of the legal framework are less likely to report to police for fear of having to disclose their occupation. This could be addressed through combined structural and community led interventions that involve developing partnerships with police, police training and sensitisation of sex work issues, and educating sex workers of their legal rights alongside community empowerment activities.[330] Such multi-sectoral and multi-component interventions will be more effective at challenging the societal-level stigma against the sex industry that both drives violence and prevents adequate response.

· **Address discrimination in services:** Training programmes should be provided to police, health care workers, and justice services to raise awareness about the rights of sex workers, to challenge discriminatory attitudes and practices towards sex workers, and to transform attitudes that normalise or justify violence against women in the sex industry.[331]

· **Promote women's leadership:** Interventions should be driven by the community, and led by sex workers themselves.[332] This will be a key element in promoting transformative transformation of societal discrimination and stigma against the sex industry by

empowering sex workers, of all genders, to take leadership of their own lives.

· **Address child abuse and family violence:** As noted, child abuse is a risk factor for women entering the sex industry, including younger women, and is associated with other risk factors including homelessness and poverty, HIV, and unwanted pregnancy. Primary prevention needs to address experiences of violence across the life course to break the cyclical nature of abuse. Interventions must therefore consider and target the wider social and structural conditions that drive young people towards sex work.

· **Inclusivity and participation:** All primary prevention interventions must use inclusive and sensitive language that recognise the agency of sex workers and their decision-making abilities. Interventions also need to acknowledge that not all sex workers are coerced or exploited to join the industry, and community-led interventions should be aware of the different motivations for women in engaging in sex work. Interventions must also recognise sex work as a legitimate occupation, and be sure to build the capacity of staff to understand the links between family violence and sex work. Staff must be trained to respond sensitively and positively to sex workers who experience violence without further stigmatising or blaming them.[333]

· It is important to recognise that programmes may have unintended harmful impacts for sex workers, such as backlash violence, and interventions must include ethical and safety guidelines to mitigate against such harm.[334]

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[325] El-Bassel et al. (2001); Shannon et al. (2008).

[326] El-Bassel et al. (2001); Barel et al. (2012).

[327] Childwise (2004).

[328] Agento (2014); Muldoon (2015); Shannon et al. (2008).

[329] El Bassell et al. (2001).

[330] Beyer et al. (2015).

[331] *Ibid.*

[332] Bhattacharjya et al. (2015).

[333] Baral et al. (2012).

[334] Rekart (2005).

8.5. Key gaps in evidence

- Overall, there is a considerable body of research that examines the relationship between sex work, violence and HIV risk. While there is consistent evidence of a high burden of violence against sex workers globally, there are major gaps in documentation of violence against sex workers in most regions of the world, with most research coming from Asia and Central Africa. However, a comprehensive and systematic documentation of the different forms of violence against women in the sex industry, including different manifestations of family violence and in high income countries, remains absent.

- Further research on violence against women in the sex industry should include investment in methodological innovation in research, and intervention design and evaluation. For example, there is a need for longitudinal research that measures the incidence of violence and distinguishes between perpetrators; the impact on incidence of HIV and other sexually transmitted illnesses; evaluation of interventions to reduce intimate partner violence among sex workers; as well as improved measurement to better document and respond to such violence.

- There are a number of sub-populations within the sex industry whose experiences are substantially under-represented in existing research, and who are subject to additional vulnerabilities due to their subjugated position within society. These include transgender sex workers, undocumented migrants or trafficked persons, street-based sex workers, and people with disabilities. Little is known about women's experiences of violence in other sex industries including strippers; telephone sex workers; brothel-based workers; escorts; and private workers.

- There are virtually no studies with perpetrators of violence against sex workers. This lack of perspective poses a significant limitation to effective programming for prevention, and research in this field should be expanded to include partners, clients (including non-paying clients), client procurers, and other third parties.

9. CHILDREN .

9.1. Introduction

Research has consistently shown that child abuse is prevalent across the globe. There is also growing recognition in the literature of the significant and long-term impacts of child abuse. Children are most vulnerable to abuse from within the home, however challenging child abuse is difficult because of the widespread, and ongoing reluctance to intervene in a space that is still considered the 'private' sphere.[335]

Often children are considered as secondary victims to their mother's primary experience of violence, however there is a multitude of evidence that reveals children can be exposed to a variety of violence that is both direct and indirect, and has a lasting impact on their development. This body of research indicates that children are vulnerable to physical, emotional and sexual abuse in the home, as well as intentional neglect and maltreatment.[336] Available evidence also shows that child abuse is gendered, with girls and boys experiencing violence in different ways that contributes to varied severity, frequency and dynamics of different types of violence.

While the research recognises a number of key risk factors that increase an individual's vulnerability to violence during childhood, there is still ambiguity around which factors are signposts for other variables of importance, and which may be causally related to violence.[337] There is a significant lack of research that aims to identify pathways between victimisation in childhood and later in life. Considering the complexity of childhood experiences of abuse, primary prevention needs to take a multi-sectoral and multi-level approach, and recognise the distinct needs of children as victims.

9.2. Prevalence and patterns of family violence against children

Children are directly and indirectly exposed to a high degree of family violence. Global research on child abuse is generally broken down into three categories: harsh parental punishment; children witnessing intimate partner violence; and maltreatment and neglect, which includes physical and sexual abuse, emotional abuse, and physical and emotional neglect.[338] Witnessing intimate partner violence in the home, usually fights between parents or a mother and her partner, is the most common form of abuse children are exposed to in their childhood. Studies from a variety of settings indicate that children who witness partner violence experience many of the same psychological and social consequences as children who are directly physically or sexually abused.[339]

There are serious and long-term consequences for children who have experienced or witnessed violence during childhood, as indicated by other sections in this review. Studies have found that exposure to violence in childhood can affect children's physical health, emotional and cognitive functioning, social behaviour,

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[325] UNICEF (2006).
[336] Fulu and Heise (2015).
[337] *Ibid.*
[338] Fulu and Heise (2015); Gilbert et al. (2009).

[339] Kitzmann et al, (2003); Herrenkohl et al. (2009).

and neuro-biological and relational development.[340]

Current literature suggests that a child's home environment is incredibly important for violence prevention. For example, children who have either experienced violence themselves or witnessed violence when growing up are more likely to end up in a violent relationship, either as a perpetrator or victim.[341] The association between physical punishment in childhood and domestic violence implies that the beating of children normalises violence as a

form of conflict resolution and punishment. Children in violent homes are believed to be more likely to learn to use violence instead of more constructive and peaceful methods to resolve conflict, and they are also more likely to experience a range of other behavioural and emotional problems later in life.[342] This point is vital to developing a comprehensive primary prevention strategy, as addressing child abuse will have important flow-on effects for the prevention of other forms of family violence.

9.3. Review of evidence: Drivers and reinforcing factors of family violence against children

9.3.1. Societal level

Rigid gender roles

Gender inequality in public and private life underpins violence against women and girls.[343] *Change the Story* establishes that patriarchal norms, structures and practices that reinforce the inferior status of women and girls in the household are associated with the use of violence, as well as norms regarding men's perceived right to control and discipline women and girls.[344]

Research from a range of high-income and low- and middle-income settings indicates that girls and boys experience different forms of abuse. Studies show that overall, girls are much more vulnerable to abuse, linked closely with the gendered social norms, structures and practices that shape girls' positions within their household and community. In some settings, violence is used against girls by boys or men who

believe they have transgressed their traditional gender roles or norms associated with femininity and the family. Research from India, Nepal and China have found that girls are neglected more than boys, that they are often breastfed for a shorter period of time, and given less food, often of inferior quality. They are also taken to health services less often and given fewer educational opportunities.[345] Conversely, other research suggests that boys are more likely to experience harsh physical parenting and corporal punishment.[346] Boys may experience violence for behaviour that is perceived as 'non-masculine' or inconsistent with prescribed gender roles and male stereotypes.[347]

There is some debate around the prevalence and patterns of sexual abuse perpetrated against girls and boys. Literature from high-income countries suggest that girls experience a higher rate of sexual violence, however studies in Zanzibar, China, Malaysia, Poland and Lebanon have found higher rates of victimisation among boys.

Studies from Taiwan, Viet Nam and Thailand show no gender difference.[348] There are multiple factors that explain these different patterns, emphasising the role of societal and community-level norms, structures and practices in determining the context for and dynamics of violence.

Girls may be reluctant to report their experiences because of fear, shame or reasons relating to women's sexual purity.[349] Others however suggest that it is more shameful for boys to disclose and so they are less likely to report experiences of abuse. Stereotypes around men and masculinities, especially social norms around male strength, and their dual role of protector and provider, may discourage disclosure because they will be perceived as weak and emasculated.[350] Overall however, sexual exploitation and sexual violence against boys is heavily under-recognised and under-researched, and so our understanding of such abuse perpetrated against boys is relatively limited.

Research also suggests that childhood experiences of rigid gender roles in the household impact future perpetration of violence against female children. Studies from India and Nepal have found that men who experienced or witnessed gender inequities in childhood are more likely to prefer sons and that son preference is a direct motivation for excess female child mortality.[351] Similarly, evidence from another study in Nepal indicated that men who experienced rigid gender roles between their mother and father in childhood were significantly more likely to hold more rigid attitudes towards masculinity, and to prefer sons, which can lead to unfavourable and

harmful treatment of daughters.[352] These studies highlight that gender norms differ between and within societies. Prevention interventions that aim to address the gendered nature of child abuse need to be informed by a strong understanding of the dynamics of gender roles within specific target communities.

9.3.2. Community/organisational level

Parenting practices and social norms

Poor parenting has been identified as a risk factor contributing to the perpetration of child abuse, however 'poor parenting' is conceptualised inconsistently across studies. Some research shows that parents with inconsistent and harsh parenting styles, and parent-child relationships that are excessively controlling and afford a low status to children increase the likelihood of child abuse.[353] Other research suggests that in cultures where children are expected to submit without question to the directions of older family members can also contribute to children's vulnerability.[354] The risk of violence is increased further when this is coupled with the belief that corporal punishment or other humiliating forms of punishment are a necessary means of discipline. There is a lack of evidence that explores how parents develop or learn their parenting style, the different factors that shape parenting practices in specific households or communities, and how these can increase or decrease the risk of violence within the family.

9.3.3. Individual/relationship level

Exposure to intimate partner violence in the home

Exposure to intimate partner violence between parents or their partners is one of the most common forms of indirect

[340] Etherington and Baker (2016).

[341] Ellsberg et al. (1999); Jewkes and Abrahams (2002); Martin et al. (1999); Wekerle and Wolfe (1999); Whitfield et al. (2003).

[342] Lee (2007).

[343] Fulu et al. (2013).

[344] *Ibid.*

[345] *Ibid.*

[346] Gilbert et al. (2009).

[347] Solotaroff and Pande (2014); UNICEF (2006).

[348] Chan et al. (2013); Mossige et al. (2008); Kessler et al. (2010); Finkelhor et al. (2011); Luo et al. (2008); United Republic of Tanzania (2011); Yen et al. (2008); Nguyen et al. (2010); Jirapramukpitak et al. (2005); Gwirayi (2013).

[349] Luo et al. (2008).

[350] Pawlak and Barker (2012).

[351] Nanda et al. (2013); Nanda et al, (2012).

[352] Nanda et al. (2013).

[353] Solotaroff and Pande (2014).

[354] UNICEF (2006).

violence children experience, and is also intimately linked with more direct forms of victimisation. Children living in violent homes are more likely to experience physical violence as well as psychological and emotional abuse.[355] Intimate partner violence may make a parent more likely to use violence to discipline children, with some research suggesting that spousal abuse of mothers doubles the risk of severe physical punishment of children by their mothers.[356]

Studies in the US have indicated that intimate partner violence is an important precursor to child maltreatment-related fatalities, and intimate partner violence, sexual violence, psychological abuse and physical abuse of the mother has been positively associated with an increased risk of infant and child death.[357] A study from New Zealand found that children in homes where intimate partner violence is present are three to nine times more likely to experience child abuse, compared with children without such exposure to intimate partner violence.[358] Research from India has similarly confirmed that the occurrence of violence in the home is a risk factor for the increased likelihood of child abuse.[359] Children who are exposed to intimate partner violence can take on harmful attitudes about aggression in interpersonal relationships, which they carry into family relationships in adulthood. While there is substantial evidence indicating a strong association between experiences of child abuse and both victimisation and perpetration of violence during adulthood, there is a lack of research investigating this pathway that could identify potential mitigating factors.

Parent's characteristics

Chaotic or unstable family environments can put children at greater risk of experiencing abuse. Strong links have been identified between family dysfunction, parental substance abuse, exposure to maltreatment as a child, mental health problems, poverty and low educational achievement.[360] Substance misuse is a common factor in incidents involving both spouse and child maltreatment. Parents who abuse alcohol and/or drugs are prone to making irrational choices, which can lead to harmful parenting practices.[361] Findings from India have suggested that associations between multiple forms of violence in the home, combined with drunkenness of a husband and maternal depression may reflect behavioural patterns of managing conflict.[362]

Some research also suggests that socio-economic traits can be relevant to the perpetration of child abuse. In a study of 28 developing and transitional countries, children from poorer families were at a heightened risk of experiencing physical and emotional abuse, including harsh physical punishment. The impact of poverty was found to be greater among parents who condoned corporal punishment, and in this context, boys were more vulnerable to abuse than girls.[363] Findings from studies in Hong Kong attributed low levels of education to poorer parent-child relationship, more accepting attitudes towards violence, and a weaker control over child maltreatment, which can increase the likelihood of violence perpetration.[364] Father's unemployment is also linked to child maltreatment, which further supports theories on the intersection of socio-economic strain on families and associated tensions for men who believe that their male breadwinner

status, linked to rigid gender roles, is undermined by unemployment stress.[365]

The extent to which these factors are causally related to the occurrence of child maltreatment is difficult to establish.[366] Maltreatment is shaped by forces at factors at the individual, family and community levels of society, and by societal-level parenting norms, and these determinants are inter-related and work in dynamic ways. This point is crucial for developing informed prevention interventions, as parent-associated risk factors can be modified by the environment and by the community, and intersect with child-associated risk factors that are also shaped by their environment and community.

Age

The age of a child heavily influences the type of abuse perpetrated against them. The various forms of violence and abuse children are exposed to varies by age and by stage of development. For example, older children are more at risk of violence by non-family members, due to more independent interactions with people outside the home. Some studies indicate that infants and younger children are at a higher risk of child abuse due to their dependency on adult caregivers, and their limited independent social interactions outside the home. Other research shows that, in industrialised countries, infants under age one are three times more likely to be killed by a parent compared with children aged one to four, and twice as likely compared with children aged five to 14.[367]

More recent research has found that younger age is associated with a greater risk of psychological maltreatment, and a lower risk of corporal punishment. In one study, children aged nine to 11 were found to be less likely to be maltreated

psychologically, but were at greater risk of corporal punishment.[368] This contrasts with the existing literature that maintains that younger children are more vulnerable to maltreatment and highlights the complex intersection between age and abuse, but supports other evidence that different types of child maltreatment may have different profiles of associated risk factors, including age.

9.3.4. Intersecting issues

· This section has highlighted that children's experiences of family violence vary considerably according to context, and reflect complex intersections of societal, community, individual and family-level factors. More research is needed on the role of structural factors like gender inequality that create enabling environments for child abuse to occur, and their intersection with both parent- and child-related risk factors. Moreover, different cultural backgrounds will shape parenting practices and related norms within different family and community groups. Families from culturally and linguistically diverse backgrounds are also subjected to structural and community racism and exclusion, which may contribute to violence against children. See Section 3 for more detail on family violence within culturally and linguistically diverse communities.

· Research shows that children with disabilities are at a higher risk of experiencing abuse, neglect and other forms of maltreatment, perpetrated by a parent or carer.[369] Disability also intersects with gender in complex ways, and there is some evidence that girls with disabilities experience different patterns of abuse compared with

[355] Bourassa (2007); Chan et al. (2016).

[356] Hunter et al. (2000).

[357] American Academy of Pediatrics (2011); Ackerson and Subramanian (2009).

[358] Moffit and Caspi (2003).

[359] Ackerson and Subramanian (2009).

[360] Butchart and Harvey (2006).

[361] Yen et al. (2008); Catani et al. (2008).

[362] Ackerson and Subramanan (2009).

[363] Atmatov (2011).

[364] Chan et al. (2016); Butchart and Harvey (2006).

[365] Chan et al. (2016).

[366] Gilbert et al. (2009).

[367] UNICEF (2006).

[368] Chan et al. (2016).

[369] UNICEF (2006); Frohmader et al. (2015); Chan et al. (2016).

boys with disabilities.[370] The factors contributing to abuse against this particular sub-group of children are complex and multi-faceted, and not well-understood. See Section 7 for more detail on family violence experienced by people with disabilities. The following points highlight some key points from available research on violence against children with disabilities:

> Studies from the US have indicated that children with physical, sensory intellectual or mental health disabilities experience almost double the number of violent incidents, compared with their non-disabled peers.[371]

> A study from Hong Kong found that children with disabilities are 1.6 times more likely to experience physical maltreatment, and the risk for maltreatment increased by almost six times when the child had also witnessed other types of family violence.[372]

> Research from Central and West Africa indicates that children with disabilities are most likely to be exposed to tacit abuse and open neglect from birth, and that the violence perpetrated against them may be accepted or even encouraged by the family.[373]

· Children who are unwanted, born prematurely, or of low birth weight, or part of a multiple birth, children with chronic illness or serious behavioural problems, may be at increased risk of maltreatment. This is may be linked to social norms and attitudes towards accepted forms of child rearing, shame or trauma related to pre-marital sex or rape, or cultural attitudes which may blame and stigmatise women for unhealthy children.[374]

· As with other forms of family violence, the prevalence of child abuse among Aboriginal and Torres Strait Islander communities is considerably high. The intersection between child abuse and structural factors such as the ongoing legacy of colonisation, intergenerational trauma and dispossession, forced child removal, lateral violence, and racial discrimination is highly complex and poorly researched. Primary prevention that engages Aboriginal and Torres Strait Islander communities must take a holistic approach, that incorporates the breakdown of Indigenous kinship systems and law, experiences of racism, oppression and vilification, economic exclusion and associated poverty, substance abuse, and trauma from child removal policies. These factors will be relevant to both perpetrators and victims of child abuse.[375] See Section 1 for more detail on family violence and Aboriginal and Torres Strait Islander peoples.

9.4. Review of the evidence: Proven and promising practices for primary prevention and children

There is an enormous body of research on child abuse and maltreatment, and the impact and consequences on children's development and health outcomes. While there is strong evidence for some programmes on the prevention of physical

abuse and maltreatment, overall the evidence is limited. Much less is known about preventing sexual abuse and psychological abuse, and existing prevention interventions targeting child sexual abuse have not been rigorously evaluated.

Box 9.1. highlights a number of key principles that have been compiled from available evidence, and should inform primary

prevention interventions that target child abuse. Primary prevention of family violence should be delivered through a holistic, whole-of-population approach, and should teach both children and parents to challenge dominant social norms that contribute to unsafe family environments, and equip them with the skills to form healthy and respectful relationships.

Box 9.1. Summary of key principles for primary prevention of family violence and children

· **Address stigma and structural factors:** Programmes must promote gender equitable attitudes, and equip children with critical skills to challenge violence-supportive attitudes and gender stereotypes.[376] Cultural barriers around disclosure must be broken down to facilitate greater dialogue and understanding of the key factors driving child maltreatment and abuse. This could be achieved through public health campaigns that tackle the stigma associated with child abuse (especially, child sexual abuse) and encourage survivors to report abuse to the relevant authorities.[377]

· **Tailor approaches to context and audience:** Programmes for children must be culturally appropriate, relevant, and adequately address the diversity of needs in specific populations. Currently, many existing programmes fail to cater for diverse groups, including children already exposed to other forms of family violence, children with disabilities, children in institutional care or children experiencing homelessness, children from culturally and linguistically diverse backgrounds, children with diverse sexualities and gender identities, and children from different age groups.[378]

> Patterns of victimisation change as children develop, which must be reflected in prevention and intervention policy. Many of the current programmes target

secondary-school aged children and young people. There is a need to further develop school-based family violence programmes for younger children.

> Primary prevention interventions with Aboriginal and Torres Strait Islander peoples must be culturally-sensitive and community-led, and should take a holistic approach that adopts an expanded understanding of family violence.[379]

· **Engage parents:** Primary prevention of child abuse must engage parents and other family members as perpetrators, as well as working directly with children. For example, parenting programmes have shown promising impact on the risk factors associated with child abuse in some settings. These programmes must take on a holistic approach and focus on family functioning, family management, and problem solving as well as healthy parenting practices. Research on this community has revealed that the most successful strategies address both the internal dynamics of the family and the family's capacity for dealing with external demands. Examples of parenting programmes include:

> Parent education can be offered in the context of home visitation or as a separate independent program. This style of program educates parents about child development and aims to improve their skills for behaviour management. Content delivered through parenting programmes must be

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[370] Sullivan and Knutson (2000); Briggs (2006); Kvam (2000); Chan et al. (2016).

[371] American Academy of Pediatrics (2001).

[372] Chan et al. (2016).

[373] UNSG (2005a); UNSG (2005b).

[374] UNICEF (2006).

[375] Campo (2015).

[376] *Ibid*.

[377] Chan et al. (2013).

[378] MacMillan et al. (2008).

[379] Dawson (2008); Yen et al. (2008).

Box 9.1. Continued

reinforced by prevention policy and programming across the population to support transformative and long-term change.

> Alcohol reduction programmes have been proven effective in high-income settings and could be adapted to the Australian context.[380] However, alcohol and substance abuse are not sole causes of child abuse, and these programmes must be implemented alongside further programming that targets other violence-supportive norms, structures and practices associated with family violence as part of a holistic approach.

· **Engage children in meaningful ways:** Primary prevention that works directly with children should support their leadership, agency

and decision-making over their own lives. Most programming with children is through educational approaches that focus on facilitating children's development of skills and knowledge around building healthy, respectful relationships with family and peers.[381] Schools-based interventions are showing promising impact on improving children's knowledge and promoting protective behaviours. These interventions are most effective when implemented as a component of a comprehensive, whole-of-population prevention strategy, rather than as stand-alone or single component activities.[382]

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[380] Fulu and Kerr-Wilson (2014).
[381] Tampo (2008).
[382] MacMillan et al. (2008).

9.5. Key gaps in evidence

· While there is a substantial body of international research that measures the patterns and prevalence of different forms of child abuse, in various contexts and countries, there is a significant lack of research with the perpetrators of such violence. Available evidence is therefore disproportionately focused on the risk factors associated with victimisation of child abuse, and our understanding of risk factors for perpetration is under-developed. This is a vital gap to address as comprehensive primary prevention must target the underlying factors that drive the use of such violence.

· There is a gap in the current research on sexual exploitation and sexual violence against boys. Addressing this gap would be an important step in challenging the stigma around boys' victimisation of sexual abuse, including the myth that boys do not experience

such abuse. In general, research around male victimisation of family violence is severely limited. See Section 5 for more detail on male victims of family violence.

· The literature establishes that violence against children has significant and long-lasting consequences for health and well-being, as well as victimisation of other forms of abuse in childhood and adulthood, and other adverse outcomes such as engaging in violence outside the home or substance abuse. Longitudinal research is needed to examine the association or potential pathways between experiences of child abuse and these other issues.

10.

FAITH COMMUNITIES

10.1. Introduction

Religion is an important organising force for many families, with 68 per cent of Victorians identified as having some religious affiliation in the 2011 census.[383] The role of faith communities in society is important and unique, and has been included separately here to highlight the factors and opportunities for prevention specific to these communities. Faith leaders often hold a strong influence over their wider communities, and have the capacity to shape people's attitudes, beliefs and behaviours around interpersonal relationships. Faith communities may contribute to protective factors through the promotion of gender equality and respectful family relations. However, faith leaders and communities may also increase risk of violence or abuse where harmful norms and practices are promoted, or by discouraging disclosure of violence where there are stigmas against divorce and an emphasis on preserving the family unit.

There are many institutions that are fundamentally gendered in practice, and some interpretations may be used to justify or normalise gender inequality and other forms of discrimination. For example, people with diverse sexual orientations and/or gender identities are denied marriage equality by many faith-based organisations (and by Australian law, with significant resistance from religious leaders), and many religious institutions do not recognise women's rights as equal with men's. Others may perpetuate rigid gender norms and stereotypes, such as confining women to domestic spaces and limiting their decision-making. However, this is not universal across different faiths or institutions, and while some faith communities may reinforce patriarchal values and structures, others do not.

The term 'faith communities' covers a wide range of religious and spiritual groups, organisations and institutions, and individual faith communities themselves are highly diverse. The factors discussed in this section will not apply in the same way to all communities, and are likely to vary by religious doctrine or spiritual belief system, as well as by multiple other societal, community and relationship-level factors. This also means that, as well work in all other communities, primary prevention interventions must be tailored to meet the unique dynamics and needs of specific faith communities and contexts.

10.2. Patterns and prevalence of family violence in faith communities

There is no data on rates of family violence in Australia disaggregated by faith communities. Presenting such data by religious affiliation is generally not advised to avoid depicting specific faith communities as more violent than others without accurate representation of the other drivers and reinforcing factors of violence within specific contexts. Available evidence suggests that there is no significant difference in rates of family violence in

[383] Australian Bureau of Statistics (2011).

religious communities compared to the general population.[384] However, it is possible that family violence is under-reported in faith settings due to taboos against discussing violence, potentially more so than in the general population.[385]

The existing literature documents coercive control as the main form of family violence experienced by women in faith communities. Coercive control involves a partner seeking to dominate and control the other through several ways including verbal abuse, controlling, and isolating the partner from friends, family, and the outside world.[386] The literature also discusses spiritual or religious abuse as unique to these communities. Spiritual abuse can involve assaulting or insulting a partner's religious beliefs; misusing religious teachings to justify abuse or authority; interfering with the victim's attempts to study religious teachings or pray; or forbidding the victim from participating in faith community celebrations.[387] These specific forms of abuse, often perpetrated by an intimate partner, can have uniquely detrimental effects on a person's identity and sense of self, and can cause emotional harm and shame.

10.3. Review of evidence: Drivers and reinforcing factors of family violence in faith communities

10.3.1. Community/organisational level

Rigid gender and family roles

Religion operates alongside other socio-cultural forces to shape gender roles and relations within different faith communities. As with other diverse communities, rigid community-level gender norms, which overlap with the dominant gender order, reinforce certain structures, norms and practices that can underpin family violence, and in particular violence against women. For example, community-level norms and practices can determine gendered family relations and power dynamics, attitudes that justify or condone wife-beating, and expectations around marriage that support controlling behaviours. Some research discusses norms relating to male dominance as head of the household, and women's subordination to husbands, brothers and other male family members as perpetuating patriarchal family structures, and justifying family violence. This is also reflected in victim-blaming attitudes that can lead to women feeling responsible for abuse they experience, and staying in abusive relationships to meet rigid and gendered community expectations.[388]

Different faith communities have specific beliefs and practices relating to family relations. For example, among many faith communities, there is a strong belief in marriage as a sacred, life-long commitment between a man and a woman. This is associated with a stigma against divorce, which can be a barrier to women leaving abusive relationships where they fear shaming and rejection from the wider community. Faith leaders may regard divorce as unacceptable and discourage women from seeking to dissolve their marriage, even in cases of intimate partner violence.[389] Religious commitment may be used as a form of abuse where women's faith is questioned if they attempt to report violence or leave an abusive relationship. Such community-level norms about family structure prioritise the family unit over women's safety, and perpetuate attitudes that women should tolerate violence to keep the family together.

These harmful norms are likely to be present to some degree across all communities in Australia, as evident in the 2013 National Community Attitudes towards Violence Against Women Survey.[390] As with other communities, their specific content and relationship to family violence will vary by community and reflect specific constellations of community-level norms, structures and practices. Primary prevention interventions need to be aware of the norms and practices within individual faith communities, as well as their intersection with other societal-level systems, for example how gender roles within a particular faith community intersect with broader norms that dictate women's and men's positions within society.

Stigma and silence around family violence

Research shows that some faith communities promote a culture of silence around family violence and other forms of family conflict. For example, contributing to a myth that family violence does not exist within the community by denying or rejecting reports of abuse, and discouraging victims from speaking out.[391] Stigma against family violence in some communities perpetuates the belief that family violence is a private or taboo subject that should not be discussed openly. In some faith communities women may be expected to forgive, reconcile with or submit to their husbands' actions in order to fulfil their religious duty and remain faithful to god.[392] The literature emphasises that faith leaders can be key actors in promoting this silence around family violence in their communities, downplaying the existence of violence or shifting blame to victims.[393]

Some literature suggests that, in some faith communities, a prevailing emphasis on suffering, prayer and forgiveness may increase the likelihood of acceptance or condoning of violence through non-action, and shifting responsibility to the victim. When prayer is recommended over prevention efforts and actions in response to violence, the survivor may assume responsibility for the violence, stay in the relationship, and feel unable to seek alternative support services.[394] This stigma against family violence, though not present in all faith communities in the same way, creates an environment in which the community turns a blind eye to abuse, and survivors are left socially isolated, vulnerable to further violence, and not supported to leave the relationship.[395] These factors emphasise the significant influence of the wider faith community's attitudes in potentially contributing to ongoing harmful family environments.

10.3.2. Individual/relationship level

Faith leaders

Available literature consistently emphasises the important and influential role of faith leaders as positions of authority over their wider communities. Some studies suggested that most faith leaders prefer to maintain the status quo and not become actively involved in the problem of family violence. In some cases, faith leaders advocated for indissoluble marriage as well as religious-based interventions, rather than engaging in service provision or prevention

[384] Popescu et al. (2009).

[385] Ringel and Bina (2007).

[386] Cares and Cusick (2012).

[387] *Ibid.*

[388] Wang et al. (2009).

[389] Wang et al. (2009).

[390] VicHealth (2014).

[391] Cares and Cusick (2012).

[392] Wang et al. (2009).

[393] Popescu et al. (2009); Cares and Cusick (2012); The Chicago Metropolitan Battered Women's Network: Interfaith Committee Against Domestic Violence (2005); Le Roux (2015); Ringel and Bina (2007).

[394] *Ibid.*

[395] Wang et al. (2009).

[396] *Ibid.*

programming.[396] Numerous studies have documented survivors reporting their faith leaders either refusing to provide help or not believing them at all.[397] One study found abused Christian women feeling pulled between what they perceived as the teachings of their church and leader, and their personal safety.[398] In a study of Orthodox Jewish Communities, several Rabbis attributed violence to individual characteristics such as the man's depression or disconnection from spiritual practice and the women's obsessive-compulsive disorder or sexual behaviours.[399]

While these findings highlight the potentially harmful attitudes held, and reinforced across the community, by faith leaders, they also represent important opportunities for primary prevention. They demonstrate that efforts are needed to address harmful attitudes held by some faith leaders and to transform unequal norms, structures and practices that underpin violence in some communities. They also illustrate the potential capacity of faith leaders for leading change across their wider community due to existing influence over family relationships and dynamics.

Individual beliefs

Individuals within the same faith community are likely to hold different personal beliefs stemming from their unique life experiences and characteristics. The literature suggested that women's own internalisation and identification with particular beliefs (connected to their faith community) may reinforce other factors associated with family violence. For example, some researchers have reported that religious beliefs may be associated with women deciding to stay in an abusive environment.[400] However, there is a lack of evidence analysing the association between

various individual beliefs and other risk factors for victimisation of family violence within faith communities, as well as within the general population.

10.3.3. Intersecting issues

· As with all communities in Australia, faith communities are incredibly diverse. Their members will be distinguishable by age, gender identity and sexual orientation, Aboriginality, race and ethnicity, spiritual or religious beliefs, geographic location, and ability. There is a lack of research into these various intersections and their potential association with family violence.

· While some resources consider religious affiliation a sub-set of culturally and linguistically diverse communities, this can be misleading and is often confused in policy and research. Within specific cultural communities, there will potentially be multiple religious affiliations, and blurring cultural and religious dimensions can lead to inaccurate and stereotyped depictions of migrant and non-migrant communities. This review has therefore considered faith communities as a separate category, and factors presented here will also intersect with different socio-cultural elements. See Section 3 for more detail on family violence among culturally and linguistically diverse communities.

· As indicated above, many faith communities hold conservative attitudes towards lesbian, gay, bisexual, transgender and intersex communities. These can create barriers to disclosing abuse, as well as reinforcing the heterosexist, homophobic and transphobic norms, structures and practices that underpin violence against those communities. See Section 4 for more detail on family violence and lesbian, gay, bisexual, transgender and intersex communities.

[397] Ringel and Bina (2007).
[398] Popescu et al. (2009).
[399] Ringel and Bina (2007).
[400] Wang et al. (2009).

10.4. Review of evidence: Proven and promising practices for primary prevention and faith communities

Given the particular strengths and opportunities for faith communities and leaders, this setting is important for implementing family violence prevention interventions. There is an increasing body of evidence on primary prevention interventions that engage faith communities, primarily on intimate partner violence and other forms of violence against women.[401] Several interventions have also developed practical toolkits for faith leaders, focusing on education or awareness raising.[402] Most research focuses on Christian communities from high income countries, with limited evaluations. Work with faith communities

will be most effective where it is linked with broader, whole-of-population strategies that reinforce key messages to change harmful norms and practices.

Box 10.1. highlights a number of key principles that have been compiled from available evidence, and should inform primary prevention interventions with faith communities.

[401] Interfaith Network and City of Dandenong (2015); The Chicago Metropolitan Battered Women's Network: Interfaith Committee Against Domestic Violence (2005); Sexual Violence Research Institute (2015).
[402] See, City of Darebin and VicHealth (2012).

Box 10.1. Summary of key principles for primary prevention of family violence and faith communities

· **Working with texts, practices and beliefs:** Texts and practices can be interpreted and taught to either promote gender equality and respectful relationships or in a manner that perpetuates patriarchal norms. Sermons, meetings, and group programmes can draw upon relevant texts and passages on the value of respect for women, and can also deal explicitly with the unacceptability of any form of violence within relationships.

· **Training faith leaders:** New and existing faith leaders should receive some prevention-specific training on family violence, gender equality, and promoting respectful, health family relationships. Faith leaders can model non-violence through their person and professional actions, which could include joining community coalitions against violence and advocating for improved services, laws and practices.

· **Community mobilisation and awareness raising:** Faith communities are well-placed to mobilise to challenge gender stereotypes and norms at the community

level. Community mobilisation often involves both empowering women and changing men's attitudes to promote gender equality. These interventions are essential to break silence and stigma as well as to transform the way faith communities understand and practice gender equality. Group-based discussions and activities can work to reduce silence and stigma around family violence, as well as facilitate dialogue, collaboration, and community-driven solution-building. This can be initiated through community campaigns, sermons and religious schools. For example, weekly sermons and special programmes can be timed to coincide with wider community awareness raising activities to educate community members on the key issues around family violence.

· **Engaging with the wider community:** A common theme from the literature is the importance of faith communities in building collaborative partnerships with community actors to coordinate a multi-sectoral holistic approach to preventing family violence. There are many opportunities for faith communities

Box 10.1. Continued

to engage with the wider community in preventing family violence through broader mobilisation efforts.

· **Women's leadership:** Facilitating women's leadership and role in decision-making processes will contribute to promoting gender equality in faith communities. This can be challenging for some faith-based organisations or institutions where women have traditionally been excluded. However, addressing that exclusion is integral to addressing the gendered drivers of violence against women.

· **Engaging men and boys:** Given their broad reach, faith communities are well-placed to engage men and boys in primary prevention interventions. As with other settings, engaging men and boys must be done in a way that promotes women's leadership, and does not reinforce patriarchal norms, structures and practices.

· **Relationship-level interventions:** Faith communities are uniquely positioned to deliver relationship-level interventions, drawing on existing practices. In terms of preventing family violence, these interventions tend to use gender-transformative practices, and encourage critical awareness around gender roles, family structures, the distribution of power, resources and duties within relationships, and building respectful relationship practices. These could include parenting programmes, which aim to improve relationships between parents and children through improved parenting skills, non-violent conflict resolution, and developing healthy family environments. These interventions have a key role in preventing family violence as well as breaking the violence cycle of child abuse leading to further family violence, identified throughout this report.

10.5. Key gaps in evidence

· There are several gaps in the current evidence base on family violence within faith communities. There is little to no data on prevalence or patterns of family violence disaggregated by religious affiliation or faith community. As stated above, this is generally not recommended due to the potential for reinforcing harmful stereotypes about specific religious groups as more violent than others. There is also a lack of information on how membership in faith communities intersects with other aspects of identity. For example, there is little information on the intersections of faith with age, gender identity and sexual orientation, and geographic location, in shaping experiences of family violence.

· Existing literature on primary prevention with faith communities focuses primarily on awareness raising. Much other

faith-based work in family violence is undocumented, and funding for such research is largely absent.[403] There are very few faith community-based primary prevention interventions that have been rigorously evaluated. Other programmes, such as the Northern Interfaith Respectful Relationships Project, have shown promising impact on addressing harmful social norms, structures and practices in faith communities in Victoria.[404] However, there is a lack of funding and ongoing support that could facilitate expansion of the program.

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[403] Le Roux (2015).
[404] Interfaith Network and City of Dandenong (2015).

11. WOMEN IN PRISON

11.1. Introduction

Nationally, over the last fifteen years there have been significant increases in the rates of women sentenced to prison as well as women un-sentenced on remand.[405] The overwhelming consensus in the literature is that family violence is a contributing factor to many women's imprisonment across Australia.[406] The relationship between family violence and imprisonment is not straightforward, but rather a set of interrelated factors contribute to *both* the likelihood of experiencing family violence and incarceration. As such, women in prison are often doubly vulnerable and at risk of further experiencing family violence and at re-imprisonment or increased insecurity post-release.

It is important to recognise that the profile of women in prison distinctly differs from their male counterparts, and as such rehabilitation and violence prevention programmes should be specifically tailored to the needs of women.[407] Women in prison are generally categorised as low risk offenders who most often commit minor, non-violent crimes and are serving short sentences. The few serious violent crimes committed by women are usually against violent partners.[408] Many women in prison are single parents with dependent children, experience multiple disadvantages including poverty, low levels of educational attainment and poor employment histories. In addition, most women prisoners have a history of child sexual abuse and/or family violence,

and suffer from mental health problems or drug dependency.[409] It is not possible to examine women in prison in Victoria without the consideration of Aboriginal and Torres Strait Islander women, who are extremely over-represented in state and national prison systems, and receive particular attention in this section.

There are mutual and overlapping drivers and reinforcing factors that contribute to women's likelihood of both experiencing family violence and incarceration. These contributing factors include experiencing child sexual abuse, substance abuse, mental illness and social disadvantage.[410] The literature highlights key direct and indirect pathways through which experiences of family violence contribute to a women's likelihood of incarceration. The research on women in prison and family violence focuses largely on individual-level risk factors.

In Victoria, female prisoners serve their sentence at either the Dame Phyllis Frost Centre or Tarrengower Prison. The main priority is focused on the process of rehabilitation to disrupt potential cycles of crime. The core programmes in Victorian prisons include an intensive mental health service (Marrmak Unit), family violence and sexual assault counselling, multicultural services, a mentoring program and transition support.[411] When considering prevention programming options, it is important to understand the established structure of the prison system, and consider opportunities to deliver family violence programming in a complementary and effective way.

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[405] Women in Prison. Document for the CJC/ICJ/WIPAN Forum NSW Parliament. (2014); Glass, D-Victorian Ombudsman (2015).

[406] Flat Out, and Centre for the Human Rights of Imprisoned People (2015).

[407] Glass, D-Victorian Ombudsman (2015).

[408] Kilroy (2016).

[409] Glass, D-Victorian Ombudsman (2015).

[410] Kilroy (2016).

[411] *Ibid.*

11.2. Patterns and prevalence of family violence and women in prison

As of 30 June 2015, there were 420 women in Victorian prisons, with one third serving a prison sentence of less than one year, and 83 per cent serving a term less than five years.[412] While recent national-level research on women in prison and their experiences of family violence is limited, research in 2004 found that 87 per cent of female prisoners in Australia were victims of sexual, physical or emotional abuse, with the majority being victims of multiple forms of abuse.[413] More recently it was estimated that 89 per cent of women in incarceration have been sexually assaulted at some point in their lives.[414] Child sexual abuse has been experienced by at least one in two women offenders; typically victimisation begins early in life with survivors continuing to experience abuse as young people and adults.[415]

Aboriginal and Torres Strait Islander women are incarcerated at a disproportionate and rapidly increasing rate compared with non-Indigenous women, in addition to already being over-represented in the prison system. Though only comprising two per cent of the national population, Aboriginal and Torres Strait Islander women represent more than one third of the national prison population. In Victoria between 2007 and 2012, the number of Indigenous women in prison doubled.[416] In the majority of cases of homicide by Aboriginal and Torres Strait Islander women, the offender and victim were found to be in a relationship, and it is likely many of these cases involved women responding to violence against themselves.[417] Many Indigenous women are in prison for breaches of Domestic Violence Orders (DVOs), for protecting themselves against violent partners.[418]

11.3. Review of evidence: Drivers and reinforcing factors of family violence for women in prison

11.3.1. Individual/relationship level

Family violence and crime

The literature highlights potential causal relationships between experiencing family violence and offending. Women have been either implicitly or explicitly pressured or coerced to engage in illegal activities or accompanying abusive partners in the commission of crime.[419] Indirectly, women abusing substances (potentially resulting from abuse and trauma) may engage in criminal activities to fund addictions.[420] Women who are imprisoned for violent offenses are often acting in self-defence against abusive partners rather than for committing violence against a stranger.[421]

Child sexual abuse

A history of child sexual abuse has been found to increase the likelihood of women's incarceration. Sexual victimisation in childhood have been found to substantially increase the risk of re-victimisation in adolescence and adulthood with women who have experienced multiple forms of childhood abuse found to be most at risk. Research has consistently found that women with histories of child sexual abuse are three times more likely to experience intimate partner violence. While a causal relationship between victimisation and offending is not demonstrated by the literature, child sexual victimisation is a pervasive factor in the lives in many women in prison.[422]

Mental illness

Women in prison are two to three times more likely than those in the community to have a mental illness and are ten to fifteen times more likely to have a psychotic disorder.[423] One third of female prisoners in Australia have been found to have an acquired brain injury (ABI) in comparison with two per cent of the general Australian population.[424] ABIs potentially caused by abuse may also be a risk factor for women's incarceration. Though it is unclear how many women had these issues before incarceration and as a result of family violence, the literature suggests potential pathways between mental illness and ABIs, abuse and imprisonment. The literature suggests that experiences of child sexual abuse and family violence over a woman's lifetime results in complex mental health problems that affect self-regulation, healthy attachments, and cognitive and neurological development. This experience of complex trauma appears to be a central feature of women's pathways into offending.[425]

Substance abuse

In Victoria, at least 83 per cent of women in prison reported previous illicit drug use.[426] Non-Indigenous women are more likely to be multi-drug users, while Indigenous women are more likely to use alcohol and cannabis. Women are more likely than their male counterparts to be affected by drugs at the time of offending, and generally less likely to be under the influence of alcohol (with the exception of Indigenous women).[427] The literature suggests that the trauma and mental illness struggles caused by child sexual violence and family violence contribute to women's substance abuse and subsequent offending. That is, to cope with and escape traumas, some women may turn to alcohol and drugs to self-medicate, which in turn may increase their likelihood of offending and subsequent incarceration.[428]

Individual social disadvantage

The literature consistently highlighted the many social disadvantages women prisoners are faced with, many of which overlap with risk factors of experiencing family violence. The majority of female prisoners have a history of poverty (majority are dependent on Centrelink benefits and are in debt upon entering prison), housing insecurity or homelessness, unemployment, low educational outcomes, poor health and institutional interventions (more than half were in state care as a child).[429] These disadvantages compound the vulnerability and risk of women for both experiences of family violence and incarceration.

11.3.2. Intersecting issues

· Aboriginal and Torres Strait Islander peoples make up less than one per cent of Victoria's population yet represent nearly eight per cent of the state's prisoners.[430] Aboriginal and Torres Strait Islander peoples are more likely to reoffend and return to prison, with a

412 *Ibid.*
413 *Ibid.* See also Kilroy (2016).
414 AWAVA and NATSIWA (2012).
415 Stathopoulos and Quadara(2014).
416 Aboriginal Family Violence Prevention and Legal Service Victoria (2015).
417 *Ibid.*
418 AWAVA and NATSIWA (2012).

419 Flat Out and Centre for the Human Rights of Imprisoned People (2015).
420 Stathopoulos and Quadara (2014).
421 Flat Out and Centre for the Human Rights of Imprisoned People (2015).

422 Stathopoulos and Quadara (2014).
423 Glass, D-Victorian Ombudsman (2015).
424 *Ibid.*
425 Stathopoulos and Quadara (2014).
426 Glass, D-Victorian Ombudsman (2015).
427 Johnson (2004).
428 Muscat (2008).
429 Kilroy (2016); Stathopoulos and Quadara (2014).

430 Glass, D-Victorian Ombudsman (2015).

recidivism rate of 55 per cent, compared to the overall rate of 44 per cent.[431] Family violence is a leading contributor to Indigenous women's homelessness, poverty, incarceration, mental and physical ill health, and drug and alcohol abuse.[432] The literature demonstrates a strong connection between Indigenous women's experiences of family violence and incarceration. One study by the Aboriginal Family Violence Prevention and Legal Service Victoria found that over 80 per cent of female Aboriginal prisoners reported that their incarceration was in indirect result of victimisation.[433] Aboriginal and Torres Strait Islander women prisoners generally face the same social and economic disadvantages experienced by non-Indigenous women prisoners, but at much higher rates. The literature also notes that Aboriginal and Torres Strait Islander communities are over-policed, leading to higher rates of criminalisation.[434] See Section 1 for more detail on family violence and Aboriginal and Torres Strait Islander peoples.

· Many women from culturally and linguistically diverse backgrounds in Australian prisons have expressed that they turned to crime because of their lack of education and employment.[435] There have been recent significant increases in the numbers of migrant and refugee women entering the prison system in Victoria. Vietnamese women are vastly over-represented with reports suggesting that one in five women in prison in Victoria are Vietnamese.[436] Women from culturally and linguistically diverse communities have their own unique needs regarding family violence and incarceration, including issues of cultural sensitivity, awareness and appropriateness.[437]

· Young people under 25 make up around 12 per cent of Victoria's prison population and are more likely to return to prison after release than older prisoners.[438] While the data on youth women prisoners who have experienced family violence is unavailable, the pathways between child sexual abuse and incarceration are likely to be relevant for youth in prison.

11.4. Review of evidence: Proven and promising practices for primary prevention and women in prison

While there is a considerable body of literature available on rehabilitation and programming initiatives for women in prison[439], there is limited evidence on primary prevention strategies that target family violence in this group. As the evidence indicated, the majority of women who are in prison have already experienced many

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[431] Ibid.

[432] Aboriginal Family Violence Prevention and Legal Service Victoria (2015).

[433] Ibid.

[434] Kilroy (2016).

[435] Stathopoulos and Quadara (2014).

[436] Flat Out, and Centre for the Human Rights of Imprisoned People (2015).

[437] Stathopoulos and Quadara (2014).

[438] Glass, D-Victorian Ombudsman (2015).

[439] Kilroy (2016); Aboriginal Family Violence Prevention and Legal Service Victoria (2015); Stathopoulos and Quadara (2014); Department for Correctional Services, Government of South Australia (2009); Bartels and Gaffney (2011); Glass, D-Victorian Ombudsman (2015); Muscat (2008); Women in Prison. Document for the CJC/ICJ/WIPAN Forum NSW Parliament. (2014); Heseltine, Day and Sarre (2011); Jesuit Social Services (2015); Flat Out and Centre for the Human Rights of Imprisoned People (2015).

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different forms of family violence. Within this context, prevention work with women in prison must necessarily be strongly linked with response and early intervention strategies. Through a holistic approach to prevention rates of re-incarceration will likely be reduced, as well as re-victimisation among this key population group.

Box 11.1. highlights several key principles that should inform primary prevention interventions with women in prison.

Box 11.1. Summary of key principles for primary prevention of family violence and women in prison

· **Justice reinvestment:** These approaches prioritise resources at the front end by focusing on primary prevention or early intervention with at-risk groups of the population before they are incarcerated.

· **Trauma informed service delivery:** Trauma-informed services do not treat symptoms or syndromes related to abuse or other trauma, but they are informed about, and sensitive to, trauma-related issues. This involves delivering programmes and services in a way that does not re-traumatise survivors. For instance, strip-searches in prisons are re-traumatising and can be addressed through policy and institutional change.

· **Improve family violence prevention in core programming:** Women prisoners in Victoria can access core rehabilitation programmes, though they are limited to women on remand. The core programmes focus of rehabilitation and reducing recidivism, but can be expanded to achieve positive behaviour change.

· **Training case managers:** Currently prison officers largely serve as case managers for women in prison. The literature consistently highlights this problem as prison officers are often un-trained or lack the sensitivity to manage survivors of family violence in prison. Trained case managers are therefore needed.

· **Post-release programmes:** Employment and housing are major challenges for women exiting the prison system, and programmes and services targeting these challenges are essential to reduce the likelihood of victimisation and recidivism. The most significant factor affecting return to prison outcomes was found to be unstable housing, often compounded by employers preferring not to employ previously incarcerated women. Additionally, women who have been in prison reported experiencing discrimination from police, government-funded services such as Child Protection, and family violence services. As a result, many women never report family violence again or attempt to access specialised family violence services. Women leaving prison also face the risk of retaliation from their partner post-release. Programmes need to carefully be tailored to address this multitude of post-release problems.

· **Stabilisation programmes:** These programmes refer to the initial establishment of safety as the starting place before all other interventions. This means re-building the survivor's sense of safety in themselves, restoring their control over their bodies and developing day-to-day coping skills.
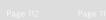
· **Empowering and up-skilling women:** Considering the profile of women who enter the prison system, programmes focusing on empowerment and skill building are essential to reduce recidivism and re-victimisation post-release. There is evidence that rates for re-arrest, re-conviction and re-incarceration are lower for prisoners who have participated in study whilst imprisoned. Such programmes can include education, vocational and employment skill building as well as daily healthy living, self-care, housing and money management, career planning, and personal finance.

· **Respectful relationships:** These programmes focus on developing and maintaining healthy relationships. This can assist inmates as they

Box 11.1. Continued

build relationships while incarcerated, interact with their families during visitation, and return to their family after leaving the correctional institution. A comprehensive respectful relationship program will include guidance toward self-help and individual awareness.

· **Parenting programmes:** Women in prison are more likely than their male counterparts to have other parental or carer responsibilities. These programmes provided healthy models for maintaining parent–child relationships as well as support for mothers and children. There are now innovative parenting initiatives including building relationships with the extended family, enabling teleconferencing and reading programmes.

· **Programming for Aboriginal and Torres Strait Islander women:** It is important the program delivery is tailored towards Indigenous cultural practices and observances, and particularly focus on the issues regarding a lost sense of identity and culture. Further, the literature highlights a required emphasis on literacy and numeracy education for Indigenous women,

again provided in culturally appropriate ways as traditional schooling may discourage engagement.

· **Programming for women with cognitive disabilities/ABI:** The prisoners who are identified and assessed as having an intellectual disability or ABI require uniquely tailored programming that considers their specific needs and promotes engagement with core programmes. This can include mentoring programmes, offending behaviour programmes, life and personal skills development, recreational activities, tailored education courses and horticulture programmes.

· **Programming for substance abuse:** Though the drug diversion programmes in Australia show significant improvements for women completing the programmes, diversion programmes overall face low completion rates. There is a need for significant practice changes for these programmes to work effectively.

· Information and evaluations on the outcomes of services and programming offered in women's prison is limited. As the delivery of cores programmes and services to women in prisons is relatively recent, it is important to track and evaluate these initiatives in the future.

11.5. Key gaps in evidence

· Background data on prisoners, rehabilitation rates and recidivism rates are not often disaggregated by gender and other intersections/demographics. This limitation makes it difficult to understand the different pathways to offending and programming for women, as the original system was designed based on men's patterns.

> It is also very difficult to obtain a clear picture of the experiences and pathways to offending of women who are members of multiple intersectional groups. For instance, most relevant quantitative information considers Indigenous status or gender, but not both. Moreover, the only information

that considers intersectionality tends to be anecdotal in nature.

· There are significant data gaps in understanding the pathways between experiences of child sexual abuse and family violence and criminal activity. The literature has demonstrated links between the issues of trauma, abuse, mental illness and substance abuse, and their effect on family violence and incarceration, however they require a deeper and more nuanced investigation to understand how these issues intersect with both family violence and incarceration.[440]

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[440] Stathopoulos and Quadara (2014).

CONCLUSIONS AND RECOMMENDATIONS

Summary of key gaps in evidence

This literature review has confirmed that there are substantial gaps in the evidence base on family violence and primary prevention for the communities included here. There is limited evidence on the prevalence of family violence experienced by these communities, with little to no rigorous, population-based prevalence or perpetration studies. Across all communities, there is a lack of comprehensive and systematic examination of the drivers, and risk and protective factors for family violence outside of male-to-female intimate partner violence.

More effort is needed to explore the dynamics of alternative manifestations of family violence. We need a solid evidence base on the prevalence and patterns of family violence within the diverse communities in Australia, including a better understanding of the pathways to both victimisation and perpetration within or against these communities.

Moreover, there is an overwhelming lack of research or evidence of the effectiveness of primary prevention interventions that engage with the diverse communities included in this review. The focus of most primary prevention is on male-to-female intimate partner violence and transforming the structures, norms and practices of gender inequality. While this is incredibly important work, we need to invest in and support prevention initiatives that address the drivers of other manifestations of family violence.

The following are several key points for consideration:

- Across all communities, previous exposure or experiences of violence is associated with subsequent victimisation for different forms of family violence. However, there is a lack of longitudinal research that could trace relationships between drivers, risk factors and victimisation or perpetration of violence. For example, longitudinal research is needed to fully understand the causal direction in the relationship between exposure to violence in childhood and later in life, in order to identify opportunities for intervention.

- Overall, research in this area needs to be more nuanced. We know that structural, community and individual factors intersect in complex ways across all manifestations of family violence, but do not understand the dynamics of this. The existing evidence fails to capture the diversity of experiences and identities included under the various community umbrella terms. Not all evidence will apply in the same way to all individuals or groups within the identified communities, and this needs to be better reflected in our data.

- The review has shown that across these communities, societal-level factors set the underlying social context for family violence through marginalising, discriminating, and excluding experiences outside the norm. This means family violence in these communities is made invisible and creates barriers for disclosure and help seeking, as well as creating barriers for participation in relevant primary prevention. However, we do not know how structural inequality intersects with other drivers and reinforcing factors of family violence.

- This review has highlighted that there is a limited understanding of how the intersections of membership or identification between these various communities can increase the risk of family violence. For example, while we know that gender inequality underpins violence against women and girls, there is a need to better understand how gender intersects with other sources of marginalisation, power and privilege. More research is needed to examine the interaction between these communities and 'mainstream' society, and how those unequal power dynamics can drive family violence.

Recommendations

Research

- This review has recognised the overwhelming lack of evidence around the key drivers of family violence outside of male-to-female intimate partner violence among key communities. There is therefore a pressing need to conduct further qualitative and quantitative research on alternative manifestations of family violence. This research should firstly establish reliable prevalence and perpetration data, and secondly move beyond prevalence to focus on the drivers of such violence to inform primary prevention.
  - > There is a need to establish consistent methodology and conceptualisation for manifestations of family violence among different communities. This will support comparability and synthesis of findings to derive key lessons on the drivers of family violence.
  - > Invest in longitudinal research that monitors the incidence of violence, perpetrators, and impact and help-seeking behaviours. This includes researching pathways to victimisation and perpetration to promote better understanding of what drives manifestations of family violence in different circumstances.
  - > Research should be directed to investigating potential explanatory variables that may contextualise and explain differences detected in family violence across different settings or population groups. This should include a more comprehensive assessment of societal and community level factors.

- Research needs to be undertaken in a way that is accessible and inclusive, and that empowers individuals and communities to lead change for preventing family violence. Research into diversity should inform programming by focusing on what strategies are suitable for different communities.

- Invest in learning through creating a culture of rigorous monitoring and evaluation within primary prevention. Future funding should be dedicated to evaluation and innovative learning to build the evidence base on what works to address the drivers of family violence.

- Primary prevention of family violence targets a highly complex social issue, with multiple overlapping drivers and compounding factors. Monitoring and

evaluation is therefore tasked with measuring processes of change that are rarely linear, and difficult to observe. Moreover, implementing organisations are often faced with limited resources and capacity for evaluation. However, the importance of building the evidence base around primary prevention is paramount. Prevention practitioners should be supported through funding and investment in building a strong evaluation culture.

· Evaluations are needed for existing programmes that can inform future prevention strategies and identify opportunities for scale-up.

Primary prevention

Given the lack of evidence on the effectiveness of different primary prevention interventions for diverse communities, these recommendations focus on principles for primary prevention:

Address structural factors

· All primary prevention must challenge the social norms, structures and practices that underpin all manifestations of family violence, including gender inequality, heterosexism, racism, etc. This includes promoting healthy relationships and nurturing, safe family environments both between intimate partners and the wider family unit. It also means promoting harmonious communities and challenging multiple forms of discrimination.

Increase investment

· There is a great need to increase investment in evaluation of violence prevention programmes as well as research around the drivers and reinforcing factors of violence against these key communities. More rigorous evaluation is therefore required, including longitudinal studies.

· Investment should also be made in coordinated and consistent population-level monitoring of prevalence across all manifestations of family violence. This must be undertaken in a way that is inclusive of diversity and does not stigmatise certain groups or communities as inherently more violent than others.

Implement and evaluate programmes for different populations

· As this review demonstrates, family violence affects a multitude of communities across Victoria, and Australia more broadly, and there are a variety of intersecting factors that heighten their vulnerability, exposure and risk of violence. More interventions targeting these populations should be developed and evaluated. While the focus of prevention overall should be on impacting the largest number of people, more research is needed to understand the types of interventions that would be most suitable for different communities.

Multi-sectoral, holistic and coordinated

As with prevention of male-to-female intimate partner violence, holistic and multi-sectoral prevention approaches are likely to be most effective for diverse communities. There is a need to:

· Promote and coordinate holistic family violence prevention and response models.

· Strengthen the role of the health and justice sectors in preventing and responding to family violence and the diversity of Australian communities.

· Move beyond stand-alone awareness raising or single component communications campaigns which themselves are ineffective unless combined with other programmes to ensure a multi-level holistic approach.

· Find ways to make links between primary prevention, response, and early intervention, in order to maximise resources and avoid 'siloed' approaches that provide inadequate support to families affected by multiple sources of vulnerability and discrimination.

Settings for prevention

· Respectful relationships education in schools must be delivered in a way that is accessible and appropriate for all participants (including students, teachers and parents). However, tailored prevention initiatives need to be implemented through multiple activities across the population to ensure that everyone has an opportunity to engage.

· Positive parenting programmes that provide skills, tools, resources and support to foster healthy, non-violent and safe homes and non-violent discipline must be delivered to communities to foster better parent-child relationships and to better prevent the inter-generational transmission of trauma and abuse. These programmes must also include training around child participation in family decision making and raising children's awareness and knowledge on child rights and child protection services.

· Promote workforce development for prevention practitioners, including training around the intersections of various drivers of family violence that can compound risk for certain communities.

Tailor interventions

· There is no 'one-size-fits-all' approach to the prevention of family violence, nor will every initiative reach everyone. However, all primary prevention must be tailored to the specific audience in a way that is inclusive, accessible and appropriate. This will be enhanced

through participatory approaches to research and planning, implementation, and evaluation.

Promote community leadership and participation

· Strengthen society-level commitments to addressing family violence through leadership and policy reform that is aimed at empowering marginalised communities. Prioritise work with groups that have until now been kept at the margins of primary prevention policy and programming.

Engage men and boys

· This review has further demonstrated that men are the primary perpetrators of violence against women. While not all men use violence, the prevalence of male violence against women reflects narratives of masculinity that rationalise and celebrate male strength, the use of violence, and men's control over women.

· Effective interventions use peer group approaches to work with teenage boys and girls to promote respectful relationships, and social norms that value, respect and empower all women and girls. These programmes must also include some focus on intersectionality.

· Programmes that work with male role models and local leaders in a long-term and comprehensive way to promote positive forms of masculinity. These types of programmes may be especially useful among faith communities, Aboriginal and Torres Strait Islander communities, as well as in rural, regional and remote communities.

Innovate

· This review only assesses evidence from existing studies and evaluations of prevention programmes. There may be many promising prevention initiatives

being implemented around the world that have not been evaluated, therefore we cannot rely only on what we currently know. The field must continue to innovate, which will be supported by investment in rigorous evaluation and learning.

· Invest in long-term scale-up of existing promising practices, and establish sustainable funding sources.

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