



AUSTRALIAN WOMEN'S COALITION INC.  
Working collaboratively to advance the status of women

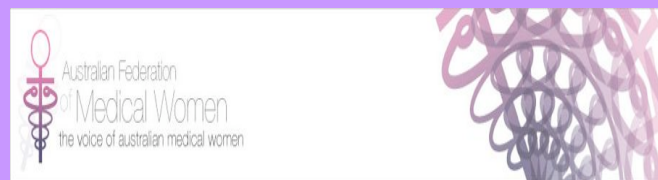


# Happy Healthy Women Not Just Survivors

**Advocacy Project and Consultation Report  
presented by the Australian Women's Coalition (AWC)**

**in partnership with:**

**Australian Federation of Medical Women (AFMW)  
Victorian Medical Women's Society (VMWS)  
Community & professional stakeholders**



# The Consultation Report

**‘Happy Healthy Women: Not Just Survivors’**

**Advocating for a long-term model of care for  
survivors of sexual violence**



# Identify the problem

- Sexual violence can be overlooked
- Common experience for Australian women
- Increasing evidence for the long-term health impacts
- Long-term models of health care for survivors are missing



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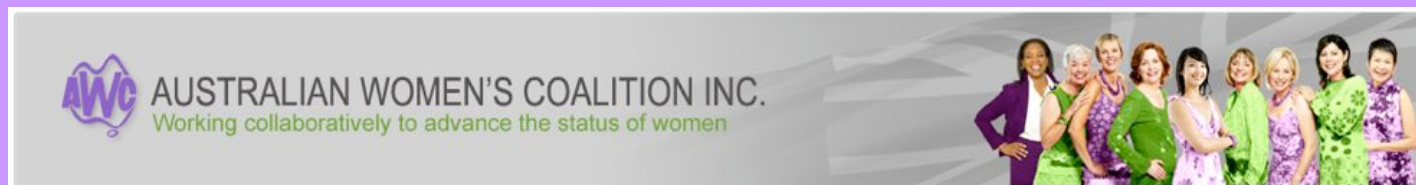
# Identify Key Stakeholders

- The community - survivors, legal, health & service professionals
- Women's sector - AWC members
- Medical women - AFMW & VMWS



# Australian Women's Coalition Inc (AWC)

- Aboriginal Legal Rights Movement
- Australian Bosnian Women's Cultural Association Inc
- Australian Church Women Inc
- Australian Federation of Medical Women
- Catholic Women's League Australia
- Conflict Resolving Women's Network Australia Inc
- Council on the Ageing Australia
- Girl Guides Australia Inc
- Hindu Women's Council of Australia
- Mothers Union Australia
- Muslim Women's National Network Australia Inc
- National Council of Jewish Women of Australia Ltd
- Pan Pacific and South East Asia Women's Association Australia Inc
- Soroptimist International of Australia Inc
- The Salvation Army
- VIEW Clubs of Australia
- Zonta International District 23 Inc
- Zonta International District 24 Inc



# Australian Federation of Medical Women

The Australian Federation of Medical Women (AFMW) is a member organisation of the AWC.

It is a not for profit, politically neutral, non sectarian, non government organisation representing Australian medical women advocating for, and supporting, the health and welfare of our local, national and international communities

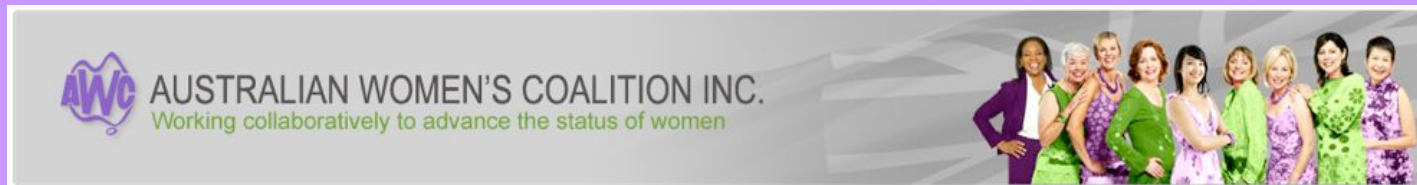
[www.afmw.org.au](http://www.afmw.org.au)



# Victorian Medical Women's Society

The Victorian Medical Women's Society (VMWS) was founded in September 1896 with the aim to further the professional development of medical women by education, research and improvement of professional opportunities. It promotes the health and welfare of all Victorians particularly women and children

[www.afmw.org.au/vic](http://www.afmw.org.au/vic)



# Effective Advocacy Process

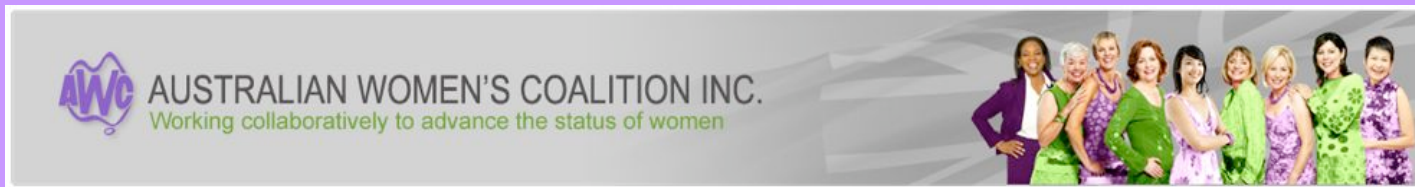
## Steps taken:

- Development of the AWC advocacy initiative
- A series of roundtable discussions with AWC members and key experts
- National Summit with Community Stakeholders facilitated by AFMW/VMWS
- Review of the evidence by Dr Judith Pugh and Professor Caroline Taylor



# From Consultation To Recommendations

- AWC roundtable discussions and National Summit responses were analysed
- Common themes were identified
- Themes were developed into recommendations
- Thanks to the Executive Committee: Dr Gabrielle Casper, A/Prof Jan Coles, Dr Raie Goodwach
- Special thanks to Dr Frances Panopoulos for drafting the consultation report on behalf of AWC



# The Recommendations

## Grouped under 5 key themes:

1. Effecting cultural change in Australia – changing community attitudes and behaviours
2. Changing survivors' behaviour related to health care
3. Changing health care services
4. Investigating the impact of sexual violence over the lifespan
5. Changing the legal environment in Australia



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## *Theme 1 : EFFECTING CULTURAL CHANGE*

- **Recommendation 1**

Educate the Australian community as well as public policy makers, Governments, healthcare and legal professionals to raise awareness of sexual violence, its consequences, long-term sequelae and the needs of survivors.

- **Recommendation 2**

Provide survivors with information to assist them to negotiate the healthcare, support and legal systems and empower them to make decisions.



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# FROM SURVIVORS

... I believed that for years that if I told the police, they wouldn't believe me. I was just a kid and kids tell lies, because that is what I was told and there was no proof, what proof could they have ... You know, it was just my word against his and he was an adult. People would listen to him, not to me. All that stuff (Deme).

*Source: research conducted by Associate Professor Jan Coles Monash University*

## *Theme 2: CHANGING SURVIVORS' HEALTH BEHAVIOUR*

- **Recommendation 6**

Educate patients to recognise the nexus between experiences of sexual violence and poor health and empower them to access and manage their health care (e.g. holding own medical records).

- **Recommendation 9**

Develop ongoing accessible and affordable community and healthcare services which extend far beyond the acute response.



## *Theme 3: CHANGING HEALTHCARE SERVICES*

### **Recommendation 10**

Provide holistic, integrated and affordable healthcare models of service which address both physical and psychological needs and include complementary models of wellbeing.

### **Recommendation 11**

Provide long-term, dedicated government funding of, and policy priority for, specialised services for survivors of sexual violence.



# FROM SURVIVORS

‘When I am alone in the room I’m looking for signs. I think because my GP is a male and of course, he has to touch me in very private places. [...] He would spend a long time feeling with my tummy, but during that period, maybe his hip would touch my arm or his tummy would touch my arm and I would go ... oh ... what are you doing? Then I would realise now he’s not doing it abusively ... he’s just trying to do his job. Things like that still affect you strongly, so you know that you’re on edge worrying. I don’t think we would ever get over it. I think we just need to learn how to live with it and that’s it’ (Jane)

*Source: research conducted by A/Prof Jan Coles Monash University*

# *EDUCATING OUR HEALTHCARE PROVIDERS*

## **Recommendation 16**

Incorporate long-term health sequelae of sexual violence (including assessment, treatment, management, and referral pathways) in undergraduate medical curricula, postgraduate training, and continuing medical education to equip doctors to recognise and respond effectively to the needs of survivors.



## *Theme 4: INVESTIGATING SEXUAL VIOLENCE IMPACTS OVER A LIFETIME*

- **Recommendation 19**

Conduct Australian longitudinal research into all aspects of the health impacts of sexual violence (including the disaggregation of gender-based violence data by gender and type of violence) to provide evidence for policy, healthcare, and support programs and services and provide resources so existing Australian longitudinal data can be analysed.

- **Recommendation 20**

Improve the evidence for models of care and community interventions to effect change.



## *Theme 5: CHANGING THE LEGAL ENVIRONMENT*

- **Recommendation 22**

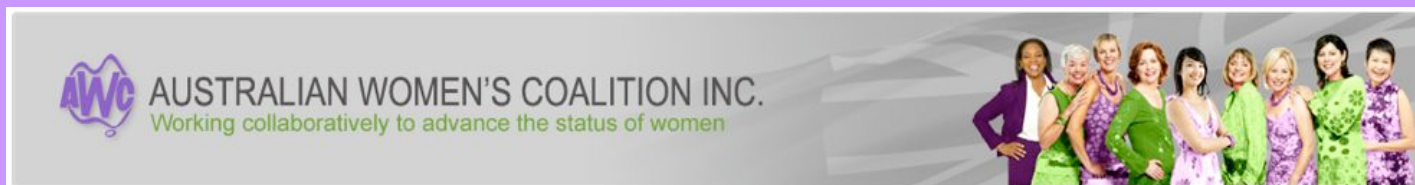
Impose sanctions or outcomes to reflect the seriousness of the crime.

- **Recommendation 23**

Publicly critique and change legal and medical discourses that perpetuate tolerance of sexual violence (e.g. definition of incest as less harmful form of abuse).

- **Recommendation 24**

Implement Australia-wide education of police, legal professionals, and judges towards responsive and sensitive practice and services that protect survivors from re-traumatisation.



# FROM SURVIVORS

‘... I believed that for years that if I told the police, they wouldn’t believe me. I was just a kid and kids tell lies, because that is what I was told and there was no proof, what proof could they have ... You know, it was just my word against his and he was an adult. People would listen to him, not to me. All that stuff ’  
(Deme)

*Source: research conducted by A/Prof Jan Coles Monash University*

# FROM SURVIVORS

- Deme had nightmares about her daughter being abducted while she stood by and did nothing.
- Her nightmares were increasing as her daughter became closer to the age Deme was when her abuse started.
- She had been unable to discuss these with anyone because of her previous court experiences.

*Source: A/Prof Jan Coles Monash University*

# TAKE ACTION: Working with Government

The AWC looks forward to continuing to advocate for a long-term model of care for survivors of sexual violence



# THE IMPORTANCE OF VOICE

‘For the first time since I was raped ... I am speaking out about it, and it makes me happy, because before my mouth was zipped [zipper action with her hand across her mouth]...’ (Maria)

*Source: research conducted by A/Prof Jan Coles Monash University*

# THE OUTCOME WE WANT

*Happy healthy women:  
Not just survivors*

*A Healthier Australia*



# FINDING THE REPORT

## AWC WEBSITE

[www.awcaus.org.au](http://www.awcaus.org.au)

<http://www.awcaus.org.au/Projects.aspx>

## AFMW WEBSITE

[www.afmw.org.au](http://www.afmw.org.au)

<http://afmw.org.au/images/stories/AFMW/2010/hhwconsultationreport.pdf>

