



Australian Women's Coalition Inc

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AWC 2011-2012 Federal Budget Submission

The Australian Women's Coalition Inc (AWC) is pleased to make a submission on the 2011-2012 Federal budget. In brief, the key issues raised in this submission are:

Priority 1: cost savings associated with more effective long-term care for survivors of sexual violence.

Priority 2: the need for a National Children's Commissioner

Priority 3: mental health issues

About the Australian Women's Coalition (AWC)

The Australian Women's Coalition Inc (AWC) is a national collective of 18 women's organisations representing a broad and diverse cross-section of Australian women.

AWC Member Organisations

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

In addition to its permanent members, the AWC is also formally affiliated with: the Australian Centre for Leadership for Women (CLW); and the Australian Women Against Violence Alliance (AWAVA).



Cost savings associated with effective long-term care of sexual assault survivors

Australian and international research shows that, long after a sexual assault, affected women are likely to present with poor daily functioning and a greater number of medical conditions and symptoms compared with women who do not have a history of sexual violence. In addition, significant numbers of women (and girls) do not disclose the sexual violence and/or disclose years later. Available evidence paints a grim picture of the medical and allied healthcare costs associated with in-efficient care of survivors over the long-term.¹

Despite the ongoing and significant cost burden associated with long-term health sequelae and late/non-disclosure, federal interventions focus almost exclusively on primary prevention activities and crisis care and support. While the AWC welcomes additional first-response services, we are deeply concerned at the lack of resources dedicated to long-term care, including training health professionals to recognise and adequately treat women who present with mental health and specific gynaecological symptoms associated with the initial trauma, even if that trauma has never been disclosed.

The National Council to Reduce Violence Against Women, which advised the Government on its National Plan to Reduce Violence Against Women ('the National Plan'), specifically acknowledged that under-resourcing has led to the prioritisation of services with 'insufficient services available for medium to long-term support such as counseling and [psychological] trauma recovery' (p. 76). For example, medium to long-term care is a critical issue for adult survivors disclosing past experiences of child sexual assault (p.87).

In addition, the AWC advocates for better training of relevant law enforcement and judicial officials, who currently operate within an adversarial legal system that often re-traumatises sexual assault survivors. Ideally, this training would occur within a broader legal reform and community education context aimed at making it easier for women to pursue justice in this area.

In short, the AWC calls for dedicated funding to provide more effective training for GPs, allied health professionals, law enforcement and judicial officials to recognise and effectively respond to the needs of survivors of sexual violence, beyond the first-response/crisis stages. This approach would more effectively address the needs and long-term medical cost burden associated with late disclosure and non-disclosure of sexual violence.

¹ a recent literature review commissioned by the Australian Women's Coalition and conducted by Professor S Caroline Taylor, Social Justice Research Centre, Edith Cowan University, outlines the relevant literature in more detail.



National Children's Commissioner

It is 20 years since Australia ratified the United Nations Convention on the Rights of the Child (UNCRC). There are still *over 22,000 young people* between the ages of 12 and 18¹ who are homeless and there are an additional number of *children under 12 years of age* left homeless when whole families are homeless in part due the high level of child abuse and health problems in Australia².

If Australia is to meet its obligation to ensure the right to development to the maximum extent possible, it is necessary to invest more in providing for homelessness, child abuse, mental health issues as well as continuing "Closing the Gap" for indigenous children.

In 2005, the United Nations Committee on the Rights of the Child recommended that Australia adopt a national framework for children, enshrined in federal legislation, to make state-based children's policies more consistent and to increase accountability. Article 4 of the UN Convention on the Rights of the Child states: "Governments must undertake all appropriate legislative, administrative and other measures for the implementation of the rights recognised in the Convention³."

In 2008 Senator Bartlett, Australian Democrats, presented and read a Bill for an Act to establish an Office of National Commissioner for Children and Young People, and for related purposes.

In 2010 Senator Hanson-Young, Australian Green Party, introduced the Commonwealth Commissioner for Children and Young People Bill 2010.

We believe that, as stated by the Hon. Catherine Branson QC in her address on "The Rights of the Child" lecture 2010, that the best way to ensure our obligation is met is to appoint a National Human Rights Child Commissioner. This would ensure that a Human Rights approach is taken.

As vulnerable members of our society, every child living in Australia has the right to have their fundamental need for shelter, food, physical and emotional care and education met, and to live freely and securely within a society that values and protects them. The Australian Women's Coalition (AWC) believes that children need to have a voice at a national level and that poverty, child abuse, poor education standards and social disadvantage cannot be tackled effectively without recognising the value of children in the community.

As a National Advocate for Children's Rights the Commissioner would ensure that:

1. Children's Rights have a prominent place on the political agenda. Actions taken by government to better protect children would be more likely to occur.
2. Children's opinions are heard on issues that affect their lives and that opinions are represented to the appropriate people and agencies.

By establishing this office the Australian Government would take an important step towards meeting its international obligations to protect and promote the rights of children in Australia.

¹ Australian Bureau of Statistics, *Australian Census Analytic Program, Counting the Homeless*, 4 September 2008

² Australian Bureau of Statistics, *Australian Census Analytic Program, Counting the Homeless*, 4 September 2008

³ Save the Children Australia *National Children's commissioner: Our Position*



Mental Health

The incidence of mental illness in society today is estimated to be approximately 20 per cent, that is, one in five people experience mental illness at any time during their life. The 1997 Survey of Mental Health and Wellbeing (Australian Bureau of Statistics (ABS) 1999) found that 8 per cent of respondents reported having experienced the symptoms of a mental illness in the previous 12 months. Women were found to be more likely to have experienced anxiety disorders (12 per cent compared to 7 per cent of men) and depression (7 per cent of women compared to 4 per cent of men). Men, however, were more likely to report symptoms of substance abuse disorders (11 per cent of men compared to 4 per cent of women) (ABS 1999).

In recent years, considerable research, in Australia and internationally, has been undertaken on the correlation between sexual abuse and mental health. The research, whilst wide-ranging, does in the main indicate an elevated connection between sexual abuse and mental ill health. Research also indicates a significant connection between sexual abuse, mental health and drug and alcohol abuse. The greatest prevalence of mental health problems and drug and alcohol use is evident in women who had experienced sexual abuse.

Long term survivors of sexual abuse are more prevalent to both physical and mental health problems, which can and do surface often a long time after the abuse. Women present to their health professional with a wide range of health problems which can be linked to past sexual abuse. However, the lack of understanding by professionals of sexual abuse means that the cause of presenting symptoms is often not dealt with. Long term models of health care for survivors is a major gap in the health care matrix.

In 2010, the AWC undertook an advocacy initiative to enable communities and professionals to more effectively respond to sexual abuse survivors as an essential aspect of developing healthy Australian communities. The following recommendations were made from that initiative:

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 trauma over the lifespan, and
5. Changing the legal environment in Australia.

Being a "survivor" is not good enough. It is important that more effective national responses are developed that do no harm; prevent retraumatisation, improve recognition, improve access and service provision and train and sensitise professionals to this seriously disadvantaged group of women. The training of all health and community services workers is of prime importance. Along with a sound understanding of the issues associated with sexual violence, professionals need to be better equipped to deal with mental health issues.



References

Australian Women's Coalition (2010). 'Happy Healthy Women, Not Just Survivors – a consultation report advocating for a long-term model of care for survivors of sexual violence'. Available for download from www.awcaus.org.au

National Council to Reduce Violence against Women and their Children (2009). 'Time for action: The National Council's plan for Australia to reduce violence against women and their children, 2009-2021'. Canberra, ACT: FaHCSIA. Retrieved Apr 14, 2010, from http://www.fahcsia.gov.au/sa/women/pubs/violence/np_time_for_action/national_plan/Documents/The_Plan.pdf

Taylor, S.C., & Pugh, J. (2010). Happy, healthy women, not just survivors - Briefing Paper. Joondalup, WA: Social Justice Research Centre, Edith Cowan University.

The Hon Catherine Branson QC

Australian Human Rights Commission