

Response ID ANON-157U-88V8-G

Submitted to **Establishing a National Men's Health Strategy for 2020 to 2030**
Submitted on 2018-11-05 17:50:22

SECTION A - DEMOGRAPHICS

1 Please provide your name (optional)

Name:

Greg Andresen

2 Where are you based?

NSW

Where are you based?:

3 Please provide your email address (optional). This will allow us to notify you when the National Men's Health Strategy is finalised.

Organisation:

info@oneinthree.com.au

4 Are you providing your response on behalf of an organisation?

Yes - please specify which organisation:

Organisation:

One in Three Campaign

5 If applicable, please specify your or your organisation's area of expertise:

Are you providing your response:

Male victims of family violence

6 Are you providing your response:

As a researcher/academic

Occupation of person providing response:

7 Do you identify as an Aboriginal or Torres Strait Islander person?

No

8 Do you identify as a person from one of the priority population groups in the Strategy? (choose any that are applicable)

No

9 In which country were you born?

Australia

In which country were you born?:

SECTION B - THE STRUCTURE OF THE STRATEGY

10 How easy to follow is the overall structure of the Strategy?

Fairly easy to follow

Please explain your selection:

11 Do the opening sections provide adequate context and background for the Strategy?

Yes

Please explain your selection:

SECTION C - STRATEGIC GOAL, OBJECTIVES AND ACTIONS

12 Is the over-arching goal for the Strategy appropriate?

Yes

Please explain your selection:

13 Are the three objectives appropriate to meet the goal?

Yes

Please explain your selection:

14 In general terms, how would you describe the suggested actions?

Appropriate

Please explain your selection:

15 Which actions, if any, were you most pleased to see included in the Strategy? (3 max) (100 word limit).

Please explain your selection:

We are pleased to see the focus on improving health services for men through development of male-centred services and programs.

We support the need for training of health professionals in providing male-centred services and programs that respond to the needs and preferences of men and boys.

We support the focus on understanding and addressing the structural and systemic barriers to good health in men.

We acknowledge the commitment to engage with men in meaningful, non-tokenistic ways.

We acknowledge the commitment to improve the availability of data.

We welcome the commitment to a National Men's Health Research Strategy.

16 What actions, if any, are missing from the Strategy? (350 word limit).

Please explain your selection:

Missing from the Draft Strategy are:

- Gender is not identified as a determinant of men's health
- The social determinants of men's health are not addressed
- The impact of all forms of violence upon men and boys is missing
- The needs of male victims of family violence and violence-reduction strategies are not addressed.

The Draft Strategy does acknowledge that childhood trauma, including violence, can have profound long-term effects upon the health of boys. However, there is no mention of how this trauma will be prevented or addressed. Nor is there any acknowledgment of the long-term health impacts that violence can have upon adult male victims.

If we fail to acknowledge and understand the experiences of male victims of violence, then the work to develop male-centred services that respond to men's needs will be limited.

Research shows that the health impacts for male victims of family violence include:

- Physical injuries and homicide
- Mental health issues (fear, anxiety, depression, suicidal ideation, self-harm, attempted suicide, low self-esteem, guilt/shame, loneliness, isolation, sexual dysfunction)
- Use of drugs and alcohol as coping strategies
- Loss of one's work, home or children.

There is a significant lack of Government commitment to tackling family violence against males.

The Women's Health Strategy names "family, intimate partner violence and sexual violence" as priority conditions; makes a commitment to specific actions and links to the National Plan to Reduce Violence Against Women and their Children (2010-2022) as well as state and territory gender-based strategies, policies and frameworks.

For male victims, "injuries and risk-taking" are identified as priority conditions, with "assault and homicide" named in a long list of examples. However, there is no commitment within the Men's Health Strategy to take action on preventing assaults and homicide, with priority given to "self-harm, work-related injuries and transport accidents".

The only supporting Strategy that mentions violence in general, is the Draft National Alcohol Strategy (2018-2026) which talks generically of the links between alcohol and violence but makes no mention of males as victims.

SECTION D - FINAL COMMENTS

17 Is the information in the final section, Achieving progress, appropriate for supporting implementation of the Strategy?

Yes

Please explain your selection:

18 Considering the whole Strategy, is there anything missing or should anything be changed? (350 word limit).

Yes

Please explain your selection:

The Draft Men's Health Strategy commits to addressing the structural and systemic barriers to good health in men. Violence - particularly family violence - is harmful to men's health. Therefore any barriers to preventing violence against men, or barriers preventing male victims receiving the help they need, are barriers to good health in men.

We urge the Government to ensure that the needs of male victims are included in the National Men's Health Strategy 2020-2030.

The Strategy provides for a number of ways of identifying groups of men including by priority populations, by life stages and by specific health issues. None of these groups facilitate a focus on the health needs of male victims.

This is a barrier to male victims getting help. To overcome this barrier, we recommend that the Strategy includes "men experiencing distressing life events" as a priority population. The distressing life events that can impact men's health could include, but needn't be limited to, male victims of family violence.

We note that "male distress" was discussed during the consultation process, but is not addressed in the Draft Strategy.

We also recommend that the Strategy acknowledges the lack of a male-centred focus across other strategies, policies and frameworks, such as the National Plan to Reduce Violence Against Women and their Children (2010-2022).

The fact that male victims of family violence are not acknowledged by Government is just one example of this.

We understand that resolving this issue may be beyond the scope of the Men's Health Strategy, however there are reasonable changes that can be made.

For example, the work on Consumer Engagement could be extended to include the lived experiences of men experiencing distressing life events, such as male victims of family violence.

We would also like to see male victims of family violence addressed throughout the Strategy via activities such as the proposed National Men's Health Research Strategy and the proposed demonstration projects.

We would like to see an equitable representation of male and females in the ABS Personal Safety Survey, instead of males making up just 27% of respondents as was the case in 2016. This under-representation reduces the amount of useful data available about male victims of family violence.

Finally, we would like to see advocates for male victims included in the Strategy as implementation partners and represented in the Strategy's Governance structures.

19 After considering the Strategy and The Current State of Male Health in Australia - informing the development of the National Men's Health Strategy 2020-2030, do you know of other published evidence that should be considered for the Strategy? (100 word limit).

Yes

Please explain your selection:

Australian Bureau of Statistics (2017). Personal Safety Survey, Australia, 2016 (Cat. No. 4906.0). Canberra: Australian Bureau of Statistics. Bryant W & Bricknell S (2017).

Homicide in Australia 2012-13 to 2013-14: National Homicide Monitoring Program report. Statistical report 02. Canberra: Australian Institute of Criminology.

Relevant evidence from these two reports regarding male victims of family violence is summarised at http://www.oneinthree.com.au/storage/pdfs/1IN3_Infographic_Jan_2018.pdf.

Other relevant Australian evidence can be found at <http://www.oneinthree.com.au/overview/>.

A summary of international evidence is at <https://domesticviolenceresearch.org>.

20 Overall, how would you rate the Strategy?

Good

Please explain your selection:

21 Are there any other comments relating to the Strategy that you would like to make? (250 word limit).

Please explain your selection:

For men and boys, being a victim of violence - especially family violence - can have severe negative impacts upon their health and wellbeing beyond the obvious impact of physical injury or death.

We are pleased that the Draft Men's Health Strategy commits to addressing the structural and systemic barriers to good health in men, but are deeply concerned by the failure to identify family violence against men as a priority issue.

As violence is harmful to men's health, any barriers to preventing violence against men or preventing male victims getting the help they need are barriers to good health in men.

Without significant changes, the Men's Health Strategy may become another systemic barrier to male victims of family violence getting the help they need.

As it stands, the omission of male victims from the Draft Strategy is at odds with the commitment to take a male-centred approach that responds to men's needs.

Male victims of family violence need to be acknowledged by Government and the Draft Men's Health Strategy fails to do this.