

Title: Preventive Health SA Strategic Plan for Prevention Health Action

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Submission to Preventive Health SA's Strategic Plan for Preventive Health Action 2026 - 2034



Prepared by Our Watch

Our Watch Submission on Preventive Health SA's Strategic Plan for Preventive Health Action 2026–2034

Acknowledgement

Our Watch acknowledges the Traditional Owners of the land across Australia on which we work and live. We pay respects to Elders past and present and recognise the continuing connection Aboriginal and Torres Strait Islander people have to land, culture, knowledge, and language for over 65,000 years.

Overview

Our Watch is pleased to provide a submission to the consultation on [Preventive Health SA's Strategic Plan for Preventive Health Action 2026–2034 \(draft Strategic Plan\)](#). We support the Plan's vision of creating *healthier South Australians across generations* through a stronger focus on prevention, health equity, systems leadership, partnerships, evidence-informed action and addressing the social, cultural and structural determinants of health. The draft Strategic Plan recognises the importance of coordinated, whole-of-government and whole-of-community action to reduce preventable disease, improve wellbeing and address health inequities across the population.

Our Watch's submission focuses on opportunities to strengthen the Strategic Plan's approach to **gender equality and the primary prevention of violence against women** as critical components of preventive health action. Our response is structured around the consultation questions and provides **five key recommendations** to strengthen the Plan's capacity to improve health, wellbeing, safety and equity outcomes for South Australians. Specifically, we recommend that the Plan:

1. **Recognise gender as a determinant of health** and gender inequality as a driver of health inequalities and gender-based violence.
2. **Invest in efforts to advance gender equality** across settings and sectors to improve health and wellbeing outcomes.
3. **Strengthen alignment** and coordination with existing and forthcoming state and national domestic, family and sexual violence strategies and frameworks.
4. **Invest in the foundations for primary prevention** and strengthen opportunities for collaboration between the preventive health and violence prevention sectors.
5. **Monitor progress** on gender equality and violence prevention alongside broader health outcomes.

Our Watch

Our Watch is a national leader in the primary prevention of violence against women and their children. All Australian governments are members of Our Watch, including the South Australian Government. Our Watch values its ongoing partnership with the South Australian Government to support primary prevention policy and delivery, including opportunities to build on commitments arising from the Royal Commission into Domestic, Family and Sexual Violence.

We undertake a broad range of primary prevention work, including under the *National Plan to End Violence against Women and Children 2022-2032*.

Our Watch aims to drive nationwide change in the culture, behaviours, attitudes, institutions, systems and social structures that drive violence against women. Guided by our national evidence-based frameworks, *Change the story* (2nd ed 2021)¹, *Changing the picture* (2018)², and *Changing the landscape* (2022)³, we work with governments, practitioners and communities across Australia to address the drivers of violence in all settings where people live, learn, work and socialise.

Primary prevention of violence against women in South Australia

Violence against women is a significant and preventable public health issue. It has profound impacts on physical and mental health, housing stability, educational and economic participation, and intergenerational wellbeing.⁴

1 in 3 (29%) South Australian women have experienced violence, emotional or economic abuse by a cohabiting partner since the age of 15.⁵ Intimate partner violence remains one of the leading contributors to preventable illness, disability and death among Australian women aged 15-44 years.⁶ In 2011 intimate partner violence contributed 10.9% to the disease burden for Aboriginal and Torres Strait Islander women aged 18 to 44 years; more than any other health risk factor, including alcohol or tobacco use and being overweight or obese.⁷

Violence against women is closely linked to many of the priorities identified in the Strategic Plan including mental wellbeing, social connection and health equity. Domestic and family violence is also a leading driver of homelessness, including in regional South Australian communities.⁸

Gender is a fundamental determinant of health that shapes the experiences, opportunities and health outcomes of individuals across the population. Our Watch's evidence demonstrates that **gender inequality is both a determinant of health and the primary driver of violence against women.**⁹ Harmful gender norms, unequal power relations and structural inequalities influence health, safety and wellbeing outcomes across the population, including for women, men, trans and gender-diverse people.¹⁰ Addressing these factors is therefore critical to improving health outcomes and reducing health inequities.

Consistent with the Plan's emphasis on prevention as a driver of economic growth and health system sustainability, investment in the primary prevention of violence against women offers significant social, health and economic benefits. Violence against women is estimated to cost the Australian economy more than \$21.7 billion annually through its impacts on health services, justice systems, housing, child protection, workforce participation and productivity¹¹.

Preventing violence before it occurs can reduce future demand across these systems while improving health, safety and wellbeing outcomes.

Response to consultation questions

Qs.1 Overall Clarity: Overall, how well does the draft Strategic Plan explain what Preventive Health SA is trying to achieve and how they plan to achieve it? What would make it clearer or easier to understand?

Overall, the Strategic Plan is clear in its vision and direction. The draft Strategic Plan provides a clear and compelling vision for preventive health in South Australia. Key strengths include:

- A strong focus on systems-level change.
- Recognition of prevention as a whole-of-government and whole-of-society responsibility.
- Commitment to cross-sector collaboration and partnerships.
- A clear emphasis on equity, inclusion and place-based approaches, including community-led and co-designed solutions and recognising the importance of lived experience.
- Recognition of the importance of data, evidence, monitoring and continuous improvement.
- A legislative foundation through the Preventive Health SA Act 2024, providing authority and continuity for preventive health action.

Greater visibility of gender inequality and the prevention of violence against women within the determinants of health framework would strengthen understanding of how the Strategy can improve health, wellbeing, equity and economic outcomes for South Australians. In particular, the Plan could:

- Explicitly recognise **gender as a determinant of health and gender inequality as a contributor to health inequities and violence against women**. While Figure 6 identifies discrimination as a determinant of health, there is an opportunity to specifically recognise the influence of gender and gender inequality on health, wellbeing and safety outcomes.
- Acknowledge violence against women as a significant public health issue linked to mental health, housing, safety and health equity outcomes.¹²¹³
- **Apply a gender lens to the Strategic Plan** to better understand how health burdens differ across the population. For example, while Figure 7 outlines the leading risk factors contributing to disease burden in Australia, a gendered analysis would highlight the significant contribution that intimate partner violence (IPV) makes to women's health and wellbeing¹⁴.
- More clearly reference how the Strategy aligns with other key state and national strategies, including domestic, family and sexual violence frameworks (including forthcoming strategies), to support understanding of its role within the broader prevention system.
- Include examples of how addressing social determinants of health, including gender inequality can contribute to improved preventive health outcomes.

Recommendation 1: Recognise gender as a determinant of health and gender inequality as a driver of health inequalities and gender-based violence.

Qs. 2 Communities and partners: How well does the draft Strategic Plan reflect the needs and experiences of the people and communities you know or work with, including Aboriginal people and other groups who experience inequity? What does success look like and what changes would make it more relevant and workable in practice for you or your organisation?

The draft Strategic Plan shows a strong commitment to equity, partnership and community leadership. We particularly welcome its focus on the social determinants of health, Aboriginal self-determination, partnerships with Aboriginal Community Controlled Organisations and Indigenous Data Sovereignty.

What success looks like

- Aboriginal communities leading prevention efforts through sustained, culturally grounded investment. *Changing the picture*, Our Watch's national framework to prevent violence against Aboriginal and Torres Strait Islander women and their children, outlines principles and actions relevant to strengthening prevention in partnership with Aboriginal communities¹⁵.
- Place-based prevention initiatives that reflect local needs and priorities, particularly in rural, regional and remote communities. For example, initiatives such as *Respect Ballarat* in Victoria demonstrate promising community-led prevention action. The South Australian Government has indicated it will conduct primary prevention saturation pilots similar to this model.¹⁶
- Coordinated partnerships across health, education, justice, housing, community services and other sectors.
- Measurable improvements in health equity, safety and wellbeing.
- Stronger alignment between health promotion and violence prevention efforts.

Opportunities to strengthen relevance and impact

There is an opportunity to better reflect the relationship between gender inequality, violence against women and health inequities.¹⁷

Aboriginal and Torres Strait Islander women, women with disability, LGBTQIA+ communities face disproportionate risks of violence and poorer health outcomes highlighting the importance of an intersectional approach to prevention and health equity.

The health impacts of these inequities are particularly evident for Aboriginal and Torres Strait Islander women, who experience disproportionately high rates and more severe forms of violence, contributing to higher rates of depression, anxiety, alcohol misuse, suicide, self-harm and homicide¹⁸. Violence, discrimination and abuse also have significant impacts on trans and gender-diverse people, including increased risks of homelessness and poor mental health outcomes¹⁹. Greater recognition of these intersecting inequities would strengthen the Plan's equity focus and support more targeted and effective prevention action.

The Strategy identifies healthy community spaces, workplaces, schools and early childhood settings as important settings for preventive health action. These are **also critical settings for advancing gender equality and preventing violence against women**. Action on gender equality in these settings can contribute to improved mental health, wellbeing, safety and social connection, while reducing exposure to harmful gender norms that are associated with a range of health risks and behaviours²⁰. For example:

- Schools and early childhood settings play a central role in shaping attitudes, behaviours, relationships and social norms across the life course. Exposure to violence, gender stereotypes and rigid gender norms can negatively affect wellbeing, behaviour and educational engagement²¹, while evidence-based Respectful Relationships Education supports respectful behaviour, reduces gender stereotyping and bullying, and strengthens student-teacher relationships²².
- Gender-equal, respectful and inclusive workplaces contribute to the prevention of sexual harassment and violence against women, while also supporting workforce participation, mental health, psychological safety and productivity.²³
- Community, sport and recreation settings play an important role in promoting positive social norms, challenging harmful gender stereotypes, building social connection and creating safer and more inclusive communities.

The Strategic Plan could be further strengthened by identifying **gender equality as a shared prevention goal across settings**, alongside other preventive health priorities. This would reinforce the focus on addressing the underlying social conditions that shape health outcomes and support alignment with broader state and national efforts to prevent violence against women.

Recommendation 2: Invest in efforts to advance gender equality across settings and sectors to improve health and wellbeing outcomes.

Other jurisdictions provide useful examples. The Victorian *Public Health and Wellbeing Plan 2023–2027* identifies “preventing all forms of violence” as a key health priority and highlights shared benefits across sexual and reproductive health, alcohol and drug harm reduction, mental wellbeing and injury prevention.²⁴

Qs.3 Anything else? Is there anything else you would like to tell us about the draft Strategic Plan, or any other suggestions you have to strengthen preventive health action in South Australia?

Our Watch strongly supports the Strategy's vision and commitment to prevention, equity and systems change. We have identified several opportunities to further strengthen the Strategy and support its long-term impact.

Strengthen policy alignment

Strengthen alignment with:

- implementation of the Government Response to the Royal Commission into Domestic, Family and Sexual Violence, including:
 - the forthcoming South Australian Domestic, Family and Sexual Violence Strategy

- the proposed Aboriginal Domestic, Family and Sexual Violence Strategy
- the National Plan to End Violence against Women and Children 2022–2032, *Our Ways – Strong Ways – Our Voices: National Aboriginal and Torres Strait Islander Plan to End Family, Domestic and Sexual Violence* and the upcoming Second Action Plan.

These connections would support a more coordinated and mutually reinforcing policy environment across prevention efforts and help maximise the impact of existing government investments in prevention, health and wellbeing.

Recommendation 3: Strengthen alignment and coordination with existing and forthcoming state and national domestic, family and sexual violence strategies and frameworks.

Build on shared prevention foundations

The Plan demonstrates a strong understanding of the foundational elements required to support long-term preventive action. Its emphasis on systems change, workforce capability, leadership, partnership, governance and evidence-informed decision-making provides an important platform for sustained population-level impact. We particularly welcome the focus on building prevention capability and leadership, establishing inclusive governance structures, and implementing a Monitoring, Evaluation and Learning Framework to assess both systems-level change and population health outcomes.

These foundations closely align with the prevention infrastructure required to prevent violence against women. There is an opportunity to strengthen connections between the preventive health and violence prevention sectors by leveraging shared approaches, knowledge and investment. Many of the enablers of effective prevention are common across both fields, including skilled and sustainable workforces, strong leadership, robust evidence and evaluation approaches, effective governance arrangements, monitoring systems and cross-sector partnerships.

There may be opportunities to build on this alignment through coordinated workforce development, shared learning and evaluation approaches, and greater integration of prevention capability-building initiatives across sectors. This could support efficiencies, reduce duplication and strengthen prevention outcomes across multiple policy areas.

The Strategy could also more explicitly recognise how key settings and policy areas, including alcohol and other drugs, mental health, education, workplaces and community settings can contribute to addressing harmful gender norms, advancing gender equality and preventing violence against women, while also improving broader health and wellbeing outcomes.

Recommendation 4: Invest in the foundations for primary prevention and strengthen opportunities for collaboration between the preventive health and violence prevention sectors.

Strengthen monitoring and accountability

The Strategy's strong focus on evaluation, learning and Indigenous Data Sovereignty provides an important foundation for understanding what works and tracking progress over time. There is an opportunity to build on this by recognising the relationship between gender equality, violence prevention and broader health and wellbeing outcomes.

- Incorporating indicators that monitor progress on gender equality and the prevention of violence against women, recognising their links to mental health, social connection, community safety and workforce participation.
- Aligning monitoring and reporting with relevant state and national frameworks, including the National Plan to End Violence against Women and Children Outcomes Framework and the proposed domestic, family and sexual violence data dashboard.²⁵
- Collecting and reporting gender-disaggregated and intersectional data where appropriate, including by Aboriginal and Torres Strait Islander status, disability, sexual orientation and gender identity, to better understand patterns of inequity and inform targeted prevention action.
- Drawing on existing monitoring approaches, including Our Watch's *Counting on change: A guide to prevention monitoring*, which provides a framework for measuring progress in primary prevention and recognises the interconnected relationship between drivers of violence, gender equality and broader social and health outcomes²⁶. This approach could support a more comprehensive understanding of how changes in factors such as gender norms, discrimination, mental health and social connectedness influence long-term population wellbeing.

Recommendation 5: Monitor progress on gender equality and violence prevention alongside broader health outcomes.

Conclusion

Violence against women is a major public health issue with significant health and wellbeing impacts. It is also a preventable risk factor.

The Strategic Plan provides a strong and forward-looking framework for preventive health action in South Australia. Recognising gender as a determinant of health, strengthening alignment with domestic, family and sexual violence prevention frameworks, investing in settings-based prevention and embedding indicators for gender equality and violence prevention would further enhance the Strategy's capacity to improve health, safety, wellbeing and equity for all South Australians. Our Watch looks forward to continuing to support the South Australian Government as a member and valued partner, and to working with stakeholders across South Australia to advance these outcomes.

Our Watch welcomes the opportunity to provide further advice or assistance. Please contact Director of Government Relations, Policy and Evidence, Sanjugta Vas Dev, sanjugta.vasdev@ourwatch.org.au

¹ Our Watch. (2021). *Change the story: A shared framework for the primary prevention of violence against women in Australia* (2nd ed.). Melbourne, Australia: Our Watch.

² Our Watch. (2018). *Changing the picture: A national resource to support the prevention of violence against Aboriginal and Torres Strait Islander women and their children*. Melbourne, Australia: Our Watch.

³ Our Watch, & Women with Disabilities Victoria. (2022). *Changing the landscape: A national resource to prevent violence against women and girls with disabilities*. Melbourne, Australia: Our Watch.

- ⁴ Australian Institute of Health and Welfare (2026). Family, domestic and sexual violence. *Health outcomes - Australian Institute of Health and Welfare*.
- ⁵ Australian Bureau of Statistics. (2021-22). *Personal Safety, Australia*. ABS. <https://www.abs.gov.au/statistics/people/crime-and-justice/personal-safety-australia/2021-22>.
- ⁶ Australian Institute of Health and Welfare (2026). Family, domestic and sexual violence, Health outcomes. Canberra: AIHW. Data viewed on 23 June 2026.
- ⁷ Webster, K. (2016). A preventable burden: Measuring and addressing the prevalence and health impacts of intimate partner violence in Australian women (ANROWS Compass, 07/2016). Sydney, NSW: ANROWS.
- ⁸ SA Homelessness Alliance's FDV Royal Commission Submission, September 2024.
- ⁹ Our Watch. (2021). Change the story: A shared framework for the primary prevention of violence against women in Australia (2nd ed.). Melbourne, Australia: Our Watch.
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- ¹¹ KPMG. (2016). The cost of violence against women and their children in Australia. KPMG.
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- ¹⁵ Our Watch (2018). Changing the picture: A national resource to support the prevention of violence against Aboriginal and Torres Strait Islander women and their children. Melbourne, Australia: Our Watch
- ¹⁶ Government of South Australia. (2025). *Building safer futures: South Australia's whole-of-government response to the Royal Commission into Domestic, Family and Sexual Violence*. Department of the Premier and Cabinet. <https://dpc.sa.gov.au/resources-and-publications/building-safer-futures-sa-government-response-to-the-royal-commission-into-domestic-family-and-sexual-violence>. Accessed 8 July 2026.
- ¹⁷ State of Victoria (2023) *Victorian Public Health and Wellbeing Plan 2023-2027*. Department of Health.
- ¹⁸ Our Watch (2018) *Changing the picture, Background paper: Understanding violence against Aboriginal and Torres Strait Islander women*, Our Watch, Melbourne.
- ¹⁹ Strauss, P., Cook, A., Winter, S., Watson, V., Wright Toussaint, D., & Lin, A. (2020). *Mental health issues and complex experiences of abuse among trans and gender diverse young people: Findings from Trans Pathways*. *LGBT health*, 7(3), 128-136.
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