

27 February 2026

Submission: The Health Revolution - 20-Year Preventive Health Strategy (Exposure Draft)

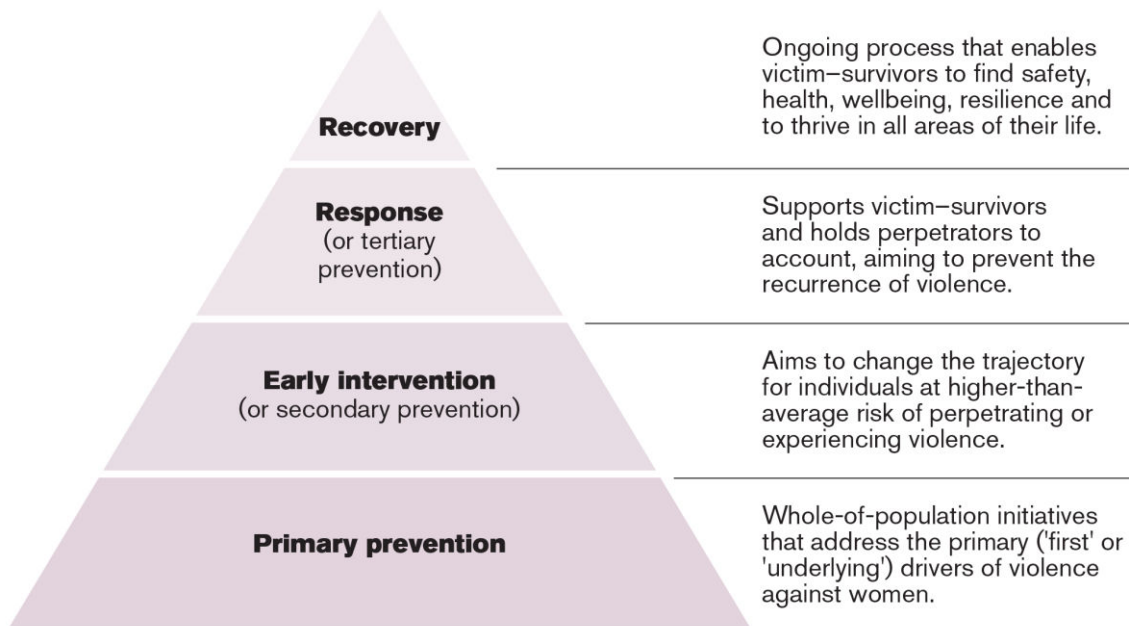
The Tasmanian Family and Sexual Violence Alliance (TFSVA) welcomes the opportunity to respond to the exposure draft of The Health Revolution: 20-Year Preventive Health Strategy.

TFSVA is the peak body for family violence and sexual violence (FVSV) in Tasmania. We represent the sector across the full continuum - from primary prevention and early intervention, through to response, healing, and recovery. Our role is to amplify lived experience and practice knowledge so we can improve the FVSV system, influence policy, and drive the cultural change needed to end gendered violence.

Family and sexual violence is one of the most significant, costly, and preventable public health issues facing Tasmania. The burden of this violence falls overwhelmingly, and disproportionately, on women and girls. According to the Australian Institute of Health and Welfare (AIHW) Burden of Disease Study 2024, intimate partner violence (IPV) is among the top five risk factors for total disease burden for females aged 15–54 in Australia. If no woman had experienced IPV, nearly half (49%) of the homicide and violence burden among women would simply not exist. Child abuse and neglect sits in the top three risk factors for disease burden for females aged 0–54 and males aged 0–34 ([AIHW 2024](#)). And the broader economic cost of violence against women and their children was estimated at \$22 billion in 2015–16 ([KPMG 2016](#)). This is a system-wide challenge that requires the same attention we give to other leading health risk factors.

More women than men experience family, domestic, and sexual violence, with AIHW indicating that 1 in 6 women have experienced physical and/or sexual violence by a current or previous cohabiting partner since the age of 15, compared to 1 in 18 men ([AIHW 2024](#)). Aboriginal and Torres Strait Islander women experience rates of violence far exceeding those of non-Indigenous women - a direct consequence of colonisation, structural racism, and the ongoing failure of systems to support community-led solutions. People with disability, LGBTIQ+ individuals, people from culturally and linguistically diverse backgrounds, and those living in regional and remote areas face compounding disadvantage that shapes both their exposure to violence and their ability to access support.

Because the drivers of family and sexual violence are gendered, the prevention response must align. Effective prevention requires sustained investment across primary, secondary, and tertiary prevention - and it requires us to go beyond treating symptoms to address root causes. For example, Our Watch's Change the Story framework sets out what that looks like in practice: action at every level of society - from individuals and schools to workplaces and governments - to shift the attitudes, behaviours, and power imbalances that make violence possible in the first place. The diagram below provides an overview of levels of prevention in relation to gendered violence.



Refer to [Our Watch | Change the story](#)

Lastly and importantly, in regard to the consultation process for the 20-Year Preventive Health Strategy, TFSVA has not cited the actions proposed within the strategy. As a result, we are not in a position to comment on those actions.

TFSVA strongly encourages the Department of Health to establish structured, ongoing, and genuine engagement with the FVSV sector as a next step. Our member organisations and individual members have a wealth of knowledge to contribute, and we are genuinely looking forward to meaningful consultation.

We welcome the opportunity to discuss this submission directly and to contribute to the development of actions that will make a genuine difference. For further discussion on any aspect of this submission, please don't hesitate to contact me.

Yours sincerely,



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