

ATTACHMENT FM-5

This is the attachment marked "**FM-5**" referred to in the witness statement of Fiona Margaret McCormack dated 29 July 2015.

Getting serious about change: the building blocks for effective primary prevention of men's violence against women in Victoria



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A Joint Statement from the following organisations and peak membership bodies:

- CASA Forum Victorian Centres Against Sexual Assault
- Domestic Violence Victoria
- Multicultural Centre for Women’s Health
- No To Violence
- Our Watch
- Victorian Equal Opportunity and Human Rights Commission
- Women with Disabilities Victoria
- Women’s Health Association of Victoria
- Women’s Health Victoria

We also acknowledge the participation of VicHealth in the drafting of this Joint Statement, and note that they indicate support for it in their own submission to the Royal Commission into Family Violence.

This Statement: drawing on significant existing Victorian expertise

Developed jointly by organisations with significant research and practice expertise in primary prevention of men’s violence against women in Victoria, this Statement is intended to inform the work of the Royal Commission into Family Violence.

Victoria is leading prevention of men’s violence against women work globally¹ and there is significant commitment and expertise within this state. The signatories to this document want Victoria to maintain its global leadership role in prevention of men’s violence against women. Many of us have designed, implemented and evaluated projects that have been successful *among participants* at shifting attitudes, behaviours and practices supportive of violence. But we know we cannot prevent the deeply-entrenched social problem of violence against women *across the population* by undertaking ‘good projects’ alone.

Broad, deep and sustainable change requires both a comprehensive, society-wide approach to prevention, and an ‘architecture’ or set of supports that only government can provide. This document outlines the building blocks of such an architecture.

1. Victorian policy-making for prevention has been cited as a case-study of good practice in various international publications, including the medical journal *The Lancet* and two separate United Nations documents: Michau, L, Horn, J, Bank, A, Dutt, M and Zimmerman, C, ‘[Prevention of violence against women and girls: Lessons from practice](#)’, in *The Lancet* November 21, 2014; UN Women (2012) [Handbook for national action plans on violence against women](#); and Dyson, S for UN Partners for Prevention (2012) [Preventing violence against women and girls: From community activism to government policy](#).

A note on language and evidence

We understand the Royal Commission's remit is 'family violence,' as defined in Victorian legislation, and note the Commission's acknowledgement that it is 'overwhelmingly women and children who are affected by family violence, and men who are violent towards them.'² This Statement however consciously adopts the term 'men's violence against women' as a conceptualisation that overlaps with 'family violence' – and is at once both broader and narrower. Broader, because it includes forms of violence against women that happen outside the family context (especially non-partner sexual assault), and narrower, because the term 'family violence' is understood to include forms of violence within the family that are not uniquely defined by male perpetration and female victimisation, such as male same-sex and female-perpetrated partner violence, elder abuse, adolescent violence against parents and so forth.

We recognise the importance of these latter forms of violence and the need for the Commission to explore strategies to prevent them. Our reason for using the terminology of 'men's violence against women' is to align with and accurately reflect the international evidence base that we are drawing on. Globally, the bulk of individual studies in this field have examined factors correlated with *male intimate partner violence against women* and/or *male sexual assault of women* (partner and non-partner), and the effectiveness of strategies to prevent such violence. The international analyses reviewing such literature have recognised the significant overlap between the factors found to drive men's intimate partner violence and those found to drive, for example, non-intimate partner sexual assault,³ and frequently collated the evidence under the broader term of (men's) violence against women.⁴

There is currently no corresponding established national or international evidence base on what works to prevent *family violence*, as conceptualised by the Victorian legislation, because of the breadth of forms of violence and perpetrator/victim relationships that it covers. So while we acknowledge that this Joint Statement will not speak to the full gamut of the Commission's remit, it will provide a robust and sound conceptualisation of how to prevent the overwhelming majority of cases of family violence – those perpetrated by men against women who are their partners or ex-partners. However, noting that other types of violence are also perpetrated disproportionately by men, it seems likely that constructions of masculinity and gender-based privilege (central to the evidence-base on men's violence against women) will play a role in, and have relevance to, these broader forms of family violence too.

2. Victorian Royal Commission into Family Violence (2015) [Issues Paper](#), para 14, p.3.

3. While some drivers are distinct to particular types of violence (holding attitudes that sexually objectify women is a more significant driver of men's non-partner sexual assault, for instance, than it is of physical or psychological partner violence), the majority of drivers are shared across all studied types of men's violence against women, and involve men's use of gender-based power, privilege and entitlement, as discussed in this Statement. European Commission (2010) [Factors at play in the perpetration of violence against women, violence against children and sexual orientation violence: A multi-level interactive model](#); WHO (2010) [Preventing intimate partner and sexual violence against women: Taking action and generating evidence](#);

4. See, for example, UN Partners for Prevention (2013) [Why do some men use violence against women and how can we prevent it? Quantitative findings from the un multi-country study on men and violence in Asia and the Pacific](#); VicHealth (2007) [Preventing violence before it occurs: A framework and background paper to guide the primary prevention of violence against women in Victoria](#); European Commission (2010) op cit 3.

The prevention evidence base what we know, what we don't

We know: how to 'do prevention'

The science of 'primary prevention' – stopping social or health problems before they occur – is not new. Primary prevention has been successfully applied to areas such as smoking, HIV/AIDS and road safety over recent decades, with Australia recognised as an international leader in prevention across these and other fields. This existing and broad expertise means we know that primary prevention activity must:

- address the underlying 'causes' or drivers of a problem (not just its direct antecedents or its impacts);
- structure and stage complementary activities across settings and over time;
- define indicators to measure progress in the short, mid and long-term; and
- be supported by integrated policy and long-term investment.

Preventing men's violence against women should draw on the substantial lessons learned from these other well-established areas of primary prevention.

We know: the key driver of men's violence against women is gender inequality – both structural and normative⁵

The evidence base on the nature and dynamics of violence is well established. Violence is profoundly gendered across data on perpetration and victimisation, relationship between victim and perpetrator, impact and severity.⁶ Recent decades have seen exponential growth in the evidence around the underlying 'drivers'⁷ of men's violence against women,⁸ which has now clearly coalesced around structural and normative expressions of gender inequality, in both private and public life. Other factors (such as alcohol abuse and childhood exposure to violence) are found to contribute only when interacting with gender inequality.

For example, at the population level, we know that in societies and communities with greater structural gender inequality, there are higher levels of men's violence against women.⁹ This is the most statistically significant predictor of higher incidence of such violence, above other social, political and economic factors.¹⁰ We also know that – at the individual level – men who hold violence-supportive attitudes and beliefs, such as those relating to male dominance in relationships and sexual entitlement, are more likely to make the choice to be violent against women – and this is the single most significant predictor for individual perpetration.¹¹

For these reasons, prevention efforts must address gender inequality across both its structural and normative dimensions. But importantly, preventing men's violence against women cannot be done in isolation to social justice, human rights and public health endeavours in other areas. Policies, structures and community attitudes that maintain or reinforce economic disadvantage, racism, ableism, heterosexism, and ageism, for example, can limit the efficacy of programs addressing sexism, gender inequality and gender-based privilege.

5. From international research and literature reviews including European Commission (2010) and WHO (2010) *op cit 3*, and VicHealth (2007) *op cit 4*.

6. See, for example, in the Australian context, the sex disaggregation of data from the Australian Bureau of Statistics (2012) [Personal safety survey](#).

7. Alternative terminology includes 'determinants' in public health discourse, and 'causes' in human rights treaties, for those factors considered necessary and sufficient to increase the likelihood of higher levels of violence against women. Further terminology of 'contributors' or 'risk factors' is usually used in public health discourse to refer to 'lower order' factors that – as implied – contribute to higher levels of violence, but are neither necessary nor sufficient in themselves.

8. Outlined in international literature reviews cited above (note 5).

9. UN Women (2010) [Investing in gender equality: Ending violence against women](#)

10. WHO (2010) *op cit 2*, VicHealth (2007) *op cit 3*.

11. VicHealth (2014) [Australians' attitudes to violence against women. Findings from the 2013 National Community Attitudes Towards Violence Against Women Survey \(NCAS\)](#).

We know: we can't change behaviour at the individual level alone

Individual 'causal pathways' to men's violence against women are difficult to ascertain, and as the above point makes clear, prevention is not simply about stopping or disrupting an individual from 'going down a path' to perpetrating violence. Individual behaviour change may be the intended result of prevention activity, but all international evidence indicates that such change cannot be achieved prior to, or in isolation from, reducing gender inequalities in communities, organisations, and society as a whole. Prevention requires changes to the social conditions that excuse, justify or even promote violence – and this means addressing the structures that support gender inequality in social, economic, educational and political arenas, as well as in individual attitudes and beliefs. A parallel example is the changes to laws, regulations and policing that, *combined with* campaigns targeting individual attitudes to dangerous driving, have seen significant decreases in the road toll.

We know: isolated initiatives are not enough

While there is much to learn from existing prevention initiatives, we know we will not prevent violence against women 'project by project'. Broad and sustainable change can only be achieved where prevention efforts are planned and implemented to go 'wide and deep' – across the numerous settings where people interact and that influence them, such as schools, local communities, the media, workplaces, residential care settings, sporting clubs and faith institutions.¹² They need to reach the largest possible number of people with quality, sustained and meaningful interventions that encourage shifts in the way people think and behave in relation to gender inequality and violence.¹³

Critically, programmatic efforts aimed at individuals and communities must also be supported by complementary social change strategies at the structural and institutional levels – strategies that challenge the kinds of social and cultural norms, structures and practices that drive and support violence against women.

We know: many prevention activities have been effective at addressing the drivers of violence, and some have reduced future perpetration and victimisation

Practice activity to prevent violence against women is relatively new – high-quality, evaluated initiatives addressing known drivers of violence against women have only been undertaken within the last 10 to 15 years. Many of these have shown a positive impact on participants in relation to the drivers of violence (e.g. in the attitudes, practices or power differentials known to contribute to violence)¹⁴, and some on longer-term rates of perpetration and victimization.¹⁵ The latter are fewer in number largely due to a lack of longitudinal evaluations.

Given the growing strength of the evidence on the underlying drivers of violence however, we can be reasonably confident that if we are measuring significant changes against these factors (as we are), this will have a corresponding impact on future levels of violence perpetration (whether captured through longitudinal studies or not). Strengthening this 'confidence chain' should be the subject of future work, as should efforts to begin measuring whole-population shifts against the drivers of violence against women (instead of just at the program/ participant level).

12. UN Women in cooperation with ESCAP, UNDP, UNFPA, UNICEF and WHO (2012) [Report of the expert group meeting on prevention of violence against women and girls](#), Bangkok, Thailand, 17-20 September 2012; VicHealth (20017) *op cit* 4

13. *Ibid.*

14. See, for example, the [Sharing the evidence reports](#), outlining evaluation results for five initiatives funded through the VicHealth Respect, Responsibility and Equality program.

15. For example, a longitudinal evaluation of a school-based program aiming to prevent dating violence in the United States (called 'SafeDates') found the program significantly reduced psychological, moderate physical and sexual dating violence perpetration at four follow-up evaluations (one immediately after the program, then at one, three and six years later). Foshee VA et al. (1996) 'The safe dates project: theoretical basis, evaluation design, and selected baseline findings', *American journal of preventive medicine* 12 (5): 39 – 47; Foshee VA et al. (1998) 'An evaluation of Safe Dates, an adolescent dating violence prevention program', *American Journal of Public Health*, 88(1):45–50; Foshee VA et al. (2000) 'The Safe Dates program: 1-year follow-up results', *American Journal of Public Health*, 90 (10):1619 –1622; Foshee VA et al. (2004) 'Assessing the long-term effects of the Safe Dates program and a booster in preventing and reducing adolescent dating violence victimization and perpetration', *American Journal of Public Health*, 94(4):619–624; and Foshee VA et al. (2005) 'Assessing the effects of the dating violence prevention program "Safe Dates" using random coefficient regression modelling', *Prevention Science*, 6: 245–258.

We don't know: what's effective in many contexts and for different groups

An evidence base is still being built that details what works for particular population groups in specific contexts (e.g. teenage boys in a sports setting). Funding for evaluation remains crucial, so that practitioners and researchers can continue to build the evidence base in this respect.

However, a lack of evaluation evidence must not be a reason or excuse for inaction. As a human rights abuse, violence against women imposes an immediate obligation on funders and governments to take action to prevent it, not just to improve responses.¹⁶ International analyses caution that the evidence-based demands of traditional public health prevention as a discipline or science must not be used by governments or funders as a justification for avoiding investment or innovation in policy and programming.¹⁷

Men's violence against women is arguably a more complex and historically-entrenched problem than smoking or drink-driving, and its prevention will be a difficult and long-term endeavour. Recent international policy analyses for the UN Commission on the Status of Women¹⁸ concluded that such an effort requires governments to take a leadership role, working with private and community sector partners. Prevention of violence against women must become part of core business for government portfolios such as education, health, labour and sports, in order to coordinate and lend support and authority to the prevention efforts of organisations and communities.¹⁹ The broad 'prevention project' must also be monitored and evaluated as a whole, not only to build evidence and improve practice, but also to enable measurement that goes beyond the individual impact on participants to an assessment of population level progress towards social change.²⁰

We don't know: what it will look like 'at scale'

We have not yet seen a whole-of-population primary prevention approach applied to violence against women. Experience in other areas, such as smoking prevention, shows that initiatives only start to achieve 'traction' when scaled up to the population level. While practitioners, researchers and experts within and outside government have advocated for population-level prevention of violence against women policy and practice, efforts to date have been hampered by limited and short-term funding, ad hoc approaches to programming, small-scale implementation and evaluation, a lack of attention to upscaling and systematization, and limited attempts to link programmatic efforts to the kinds of structural and institutional level strategies that are needed to challenge the social and cultural norms, practices and power imbalances that drive and support men's violence against women.

16. An obligation well-established under international law, in particular [United Nations Convention on the Elimination of All Forms of Discrimination against Women](#) (1979) GA res. 34/180, art 5(a) and General Recommendation 19.

17. See for example, Fergus, L (2012) [Background paper on prevention of violence against women and girls](#), prepared for the Expert Group Meeting on 'Prevention of violence against women and girls,' with WHO, UNFPA, UNDP and UN Women.

18. UN Women et al *op cit* 11.

19. *Ibid.*

20. *Ibid.*

The ‘building blocks’ for effective prevention

The following is the agreed position of the signatories to this document on the ‘building blocks’ for effective primary prevention of men’s violence against women in Victoria over the coming decade. We believe these foundations are necessary if we are to move from the current project-focussed level, and begin the hard work of achieving measurable whole-of-population change.

1) Develop a long term, bipartisan, whole of government and whole of community plan

Men’s violence against women will not be prevented by disparate projects with short-term funding.²¹ If we are, as a society, to achieve a reduction in – and ultimately to eliminate – violence against women, we need a coherent, broadly supported approach that can guide both policy and practice. We need a whole of Victorian government commitment to the delivery of real, agreed and measured outcomes from individual through to societal levels, aligned with the forthcoming National Framework to Prevent Violence against Women and their Children.²²

This approach must be articulated in a long-term bipartisan plan for prevention of violence against women that includes agreed commitments from all government departments and engages the whole Victorian community in action. This plan would:

- Be developed with bipartisan support;
- Cover a period long enough to enable complex change to begin (10-12 years), and envisage shorter-tem action plans with clearly articulated responsibilities, activities and timelines;

- Include activities at all levels – from policy, legislative and institutional reforms, to multi-phase communications campaigns and programs, and coordinated prevention programming with communities and organisations;
- Comprise mutually reinforcing activities across multiple settings, such as education, sports, workplaces and the media;
- Engage people at different stages of the life course (such as children and young people or new parents) and in different groups (such as Indigenous communities, culturally and linguistically diverse communities, and women with disabilities);
- Adopt a rights-based approach, aiming for equality of outcomes across population groups and facilitating meaningful participation in the design and delivery of both universal and tailored strategies.

The work of preventing men’s violence against women is a science on its own, separate and distinct to response and early intervention work. Prevention work has established methodologies and a developing evidence base, it engages different agencies and organisations, and requires specialist skills and distinct governance, quality assurance and monitoring mechanisms. The plan should therefore stand separately to, but be accompanied by, long-term commitments to strengthen response and early intervention efforts.

21. Amnesty International Australia (2008) [Setting the standard: International good practice to inform an Australian national plan of action to eliminate violence against women.](#)

22. The most recent international research on prevention should inform such a shared direction, and is currently being distilled into a [National Framework to Prevent Violence against Women and their Children](#). Developed by Our Watch, VicHealth and Australia’s National Research Organisation for Women’s Safety, the Framework is due for release later this year as a commitment under the [Second Action Plan](#) of the [National Plan to Reduce Violence against Women and their Children 2010–2022](#). The Framework will provide evidence-based guidance to prevention policy and practice nationwide.

2) Address structural and normative gender inequality as the key driver of men’s violence against women, through an intersectional approach

Policy, research and practice to prevent violence against women must be informed by global, national and local evidence about the drivers of men’s violence against women and what works to prevent it. It must be firmly based on the evidence that the most significant underlying driver of violence against women is normative and structural gender inequality in public and private life.

Discrimination and disadvantage associated with factors such as age, race, religion, disability, sexuality, gender identity, geographic location and socio-economic circumstance intersect with gender inequality, sex discrimination and stereotyping, and compound the experiences and impacts of violence. Efforts to prevent violence against women need to challenge discrimination, disadvantage and stereotyping based both on sex discrimination and gender stereotyping, and on these other factors. Such an approach should uphold the principles of non-discrimination and equality for all that are enshrined in Victorian law.²³

Efforts to address other factors found to sometimes contribute to – but not drive – men’s violence against women should be supported by policy, research and practice to prevent violence against women, but should not be its focus. Prevention of violence against women activity should be conceptualised as having ‘common cause’ with policy and practice agendas to end alcohol abuse, redress socio-economic disadvantage or prevent violence against children, for instance, and should seek to inform and strengthen such agendas (and be informed and strengthened by them). But the bulk of investment and resources for prevention of violence against women must be dedicated to addressing the structural and normative gendered drivers of such violence if we are to have any sustainable impact.

3) Develop a monitoring, accountability and reporting framework

A small number of ambitious but achievable short and longer-term targets should guide implementation and decision-making. These must directly reflect the necessary changes to the known drivers of men’s violence against women at multiple levels (e.g. gender equality targets for institutions and organisations as well as improvements in community and individual norms, attitudes and practices). All participating agencies and organisations (government and non-government) should be required to report on progress against shared objectives and targets.

4) Establish strong governance and quality assurance mechanisms

Development, implementation and monitoring of prevention policy and practice should be led by a high-level steering committee comprising senior cross-government representatives and a diverse range of other prevention stakeholders. Decisions of the committee should be implemented by an adequately-resourced and technically-expert central government unit with a mandate for strategic coordination and monitoring of activity across departments²⁴ (ideally the Women and Equality Office within the Department of Premier and Cabinet).

Quality assurance mechanisms should be established for policy and program delivery, including criteria for program funding and evaluation, the development of accredited training programs to ensure adequately skilled practitioners, the use of established practice standards where they exist (such as the NASASV Standards for Sexual Assault Prevention Education), and the development of appropriate standards for other settings.

23. Both the [Equal Opportunity Act 2010](#) and the [Charter of Human Rights and Responsibilities Act 2006](#) aim to eliminate all discrimination and promote equality for all Victorians. All duty holders and public authorities are held to this standard.

24. UN Women (2010) op cit 1.

5) Significantly increase and sustain funding to support the above, and to ensure good programs are systematised and upscaled

Much prevention activity to date has been characterised by small-scale and time-limited funding, which, while important for innovation and evidence-building, can – at best – only achieve change for a small cohort of participants. To reduce levels of violence against women at the population level requires a significant increase in sustainable funding that is commensurate to the scale and seriousness of the problem.

Resources to support programming should both enable successful programs to be scaled up and ‘systematised’, and help to build evidence through innovation. This means ongoing funding that is both 1) embedded into departmental budgets (e.g. support for whole-school, curriculum-integrated approaches to respectful relationships education), and 2) available through grants for innovation, or to build evidence in in gap areas. Appropriate evaluation should also be central to funding criteria.

Such funding must be aligned with the principles articulated here, and ensure coordination, quality assurance and technical assistance, across multiple levels and in multiple settings. This requires stable and adequate resourcing to the central policy unit responsible for prevention, and other high-level implementing and monitoring partners within and outside government. Funding of prevention activities must be additional to, rather than a substitute for, funding early intervention and response activities.

6) Ensure universal reach through inclusive and tailored approaches

Prevention must have a universal reach, aiming to engage the whole Victorian population. This requires an inclusive, intersectional approach, engaging people from all cultural backgrounds, abilities, socio-economic backgrounds, genders, sexualities and ages in different locations and settings, as well as tailored interventions that are meaningful for different groups. Differently positioned groups have different experiences of gender, equality, discrimination and violence and these differences must be taken into consideration when designing inclusive governance structures, policies and programs to prevent men’s violence against women.

7) Engage communities through established organisations and networks

A coordinated statewide approach to primary prevention should make use of established organisations, networks and infrastructure at the state, regional and local levels. The most sustainable and effective way of preventing men’s violence against women – in terms of both costs and outcomes – is to integrate the promotion of gender equality, respect and non-discrimination through the existing work of agencies and organisations with related mandates (rather than through stand-alone projects).

At the state level, peak bodies of women’s health, domestic violence and sexual assault services, but also ‘mainstream,’ organisations such as the Municipal Association of Victoria, AFL Victoria, the Victorian Chamber of Commerce and Industry and others, can play a leadership and coordination role for prevention of violence against women activity among their members. At the regional level, women’s health services across Victoria are leading coordinated regional action to prevent violence against women with partners from across regional government departments and community organisations. At a local level, local councils can play a lead role in promoting gender equality and preventing violence against women in their communities by embedding it as core business in their policies and programming.

The significant expertise that exists among feminist organisations – particularly women’s health, domestic violence and sexual assault services – should inform the development, implementation and monitoring of locally or regionally-based prevention initiatives. This approach will also enable an efficient and effective approach to funding, and help deliver consistent and mutually reinforcing strategies across communities.

8) Build a skilled prevention workforce, within existing sectors, and as specialists

The current ‘demand’ for initiatives to prevent violence against women – from sporting clubs, schools, workplaces, local governments and other sectors – greatly exceeds ‘supply’ of an adequately skilled workforce that is capable of designing, delivering and monitoring effective and safe interventions. Significant investment in workforce and organisational development and capacity building is required to meet existing demand safely and effectively, and essential if we are to expand the reach of current primary prevention activities across Victoria.

This should include pre-service (university/ TAFE) training for key professionals (such as early childhood educators and teachers, health promotion workers, human resources professionals, journalists and communication specialists and urban planners), as well as a specialist prevention workforce, reflecting the diversity of the Victorian community, that can provide leadership, technical assistance, program development and policy support within organisations and institutions. Such efforts should be supported by a comprehensive workforce and leadership development strategy catering to different levels of expertise and roles in prevention, and adaptable/modular for different settings and sectors.

9) Undertake an intersectional gender analysis of all government policy, legislative development and budgeting

Government policy, legislative development and budgeting has differential impacts on men’s and women’s lives, and can therefore either improve or reinforce the unequal gendered power relationships known to drive men’s violence against women. All government policy, legislative development and budgeting should:

- Be informed by an intersectional gender analysis;
- Involve consultation with women’s organisations;
- Include provisions or resources specifically designed to address existing gender inequalities and empower women; and
- Require a gender impact statement, ideally as part of a broader Human Rights Impact Assessment Statement. This would take account of all forms of discrimination against women, to ensure that policies and practices are consistent with the Charter of Human Rights and Responsibilities 2006 and that they continue to work to promote and progress the right to equality and non-discrimination.

10) Support ongoing research and evaluation for knowledge building and innovation

All new prevention activity should take an ‘action research’ approach, learning from implementation and building capacity among practitioners and organisations for ongoing evaluation. Evaluation frameworks for all initiatives should be aligned with the monitoring and accountability framework referred to (at point 3) above, and should include meaningful, context-specific measures and indicators.²⁵

²⁵. At the project level these should be developed by participants themselves.