**ATTACHMENT LF-1**

This is the attachment marked "**LF-1**" referred to in the witness statement of Lara Fergus dated 7 August 2015.

# OUR WATCH SUBMISSION TO VICTORIA'S ROYAL COMMISSION INTO FAMILY VIOLENCE *PART ONE*

*The first of a two-part submission:*

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| ***PART ONE (this submission):*** | ***The evidence base on what drives violence against women, what works to prevent it, and challenges for population-level change*** |
| *PART TWO (19 June):* | *The National Framework to Prevent Violence against Women and their Children – implications and recommendations for Victorian system, policy and practice development* |

5 June 2015
**Commissioner the Honourable Marcia Neave AO (Chair)**
**Deputy Commissioner Patricia Faulkner AO**
**Deputy Commissioner Tony Nicholson**
PO Box 535
Flinders Lane VIC 8009

**Contact:**
**Dr Lara Fergus**
**Director, Policy and Evaluation**
03 8692 9500
GPO Box 24229
Melbourne VIC 300
[redacted]

# Contents

# OUR WATCH SUBMISSION TO THE VICTORIAN ROYAL COMMISSION INTO FAMILY VIOLENCE *PART ONE*

## Introduction

### About Our Watch

Our Watch is an independent, not for profit organization with five members: the Commonwealth, Victorian, South Australian, Northern Territory and Tasmanian Governments.[1] Our Watch's vision is shared with the *National Plan to Reduce Violence against Women and their Children 2010–2022*: an Australian community free from violence against women and their children. We aim to provide leadership to drive changes in the attitudes, behaviours, social norms and power imbalances that underpin or support such violence. Our Watch has four key areas of work:

1. Design and deliver public campaigns that engage and educate individuals and the community
2. Promote a sustained and constructive public conversation
3. Enable organisations, networks and communities to effect change
4. Influence public policy, systems and institutions

### About this submission

#### *The first of two submissions*

This is a preliminary submission outlining the current evidence base on the drivers and contributors to violence against women, what works to prevent it at the program level, and the challenges we need to meet if we are to see population-level change.

[1] Established as the Foundation to Prevent Violence against Women and their Children in July 2013, Our Watch has invited all States and Territories to join as members.

A supplementary submission from Our Watch will be provided to the Royal Commission on 19 June 2015. This supplement will bring in recent learnings from nationwide consultations on a *National Framework to Prevent Violence against Women and their Children* (the Framework). Development of the Framework is being led by Our Watch, in partnership with the Australia's National Research Organisation for Women's Safety (ANROWS) and VicHealth, and in consultation with State and Territory Governments. The Framework will guide a coordinated approach to prevention policy and programming across jurisdictions and sectors.

The supplementary submission will draw conclusions on the implications of the Framework for prevention of violence against women and their children in Victoria, and make concrete recommendations for systems development, policy and practice.

## *A focus on primary prevention*

Our Watch focuses this submission on the *primary prevention* of violence against women and their children – in line with our mandate and expertise. We defer to the submissions of organisations with expertise and experience in service, police and justice *responses* to violence in on these issues.

Our advocacy for further efforts in this area in no way implies a lesser effort or investment is necessary to respond to existing violence. Good responses are a fundamental 'building block' for prevention – they send a message that violence is not acceptable, establish the notion of perpetrator accountability, and protect women and their children from further violence. Continued investment in response is also necessary because primary prevention is a long-term and generational project. Before prevention activity reduces prevalence levels of violence against women, it may even lead to increased numbers of women being able to name and identify violence in their own lives, and we need to be able to respond effectively to such demand.

That being said, without significant and distinct investment in primary prevention, we will never 'turn off the tap' of violence against women. Our Watch therefore urges the Royal Commission to recommend investment in both prevention and response strategies, and not one at the expense of the other.

## *Supporting and building on a Joint Statement*

Our Watch led the collaborative development of *Getting serious about change: the building blocks for effective primary prevention of men's violence against women*, prepared as an earlier submission to the Royal Commission. This 'Joint Statement' from nine organisations[2] outlines the foundations that signatories agreed were necessary if we are to move beyond a small-scale, project-focused approach to primary prevention in Victoria and 'begin the hard work of achieving

[2] Namely: CASA Forum Victorian Centres Against Sexual Assault; Domestic Violence Victoria; Multicultural Centre for Women's Health; No To Violence; Our Watch; Victorian Equal and Opportunity and Human Rights Commission; Women with Disabilities Victoria; Women's Health Association of Victoria; and Women's Health Victoria. VicHealth participated in the drafting of the Joint Statement, and indicated support for it in their own submission to the Royal Commission.

measurable whole-of-population change.' Some of the text and recommendations from the Joint Statement are reiterated in this submission to support coherence and clarity (including the note on language below).

## *A note on language*

As per the Joint Statement, Our Watch understands 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.'[3] This submission, like the Joint Statement, 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,[4] and frequently collated the evidence under the broader term of (men's) violence against women.[5]

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 submission – like the Joint Statement – will therefore 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.

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

[4] 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;* World Health Organisation(2010) *Preventing intimate partner and sexual violence against women: Taking action and generating evidence;*

[5] 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* 4.

# How we understand primary prevention of violence against women

## Understanding primary prevention

The terminology of 'primary prevention' comes from the discipline of public health and refers to efforts to stop social or health problems before they occur. As an established and evidence-based methodology, primary prevention 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 expertise tells us that effective primary prevention activity:

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

Primary prevention of violence against women, then, aims to reduce or prevent new instances of violence across whole populations before they occur, by promoting positive shifts in attitudes, behaviours, practices and power differentials that are understood to cause or drive it.[6] Examples include schools-based programs building students' relationships skills, social marketing campaigns, or workplace initiatives promoting positive 'bystander' responses – to name a few. Such approaches are distinct from both immediate and longer-term responses to existing violence (e.g. crisis counselling, police protection or men's behaviour change programs) – as well as from early intervention activities (such as those working with 'at risk' young people or families) – which are often (and confusingly) termed 'secondary' or 'tertiary' prevention (see diagram overleaf).[7]

As such, primary prevention is not about simply stopping or disrupting an individual from 'going down a path' to perpetrating violence. Nor should it end at awareness raising or even attitudinal change. It is a transformative agenda that requires shifting the social conditions that excuse, justify or even promote violence. Individual attitudinal or behaviour change may be the intended result of prevention activity, but such change cannot be achieved prior to, or in isolation from, a broader challenge to the underlying drivers of such violence across communities, organisations, and society as a whole.

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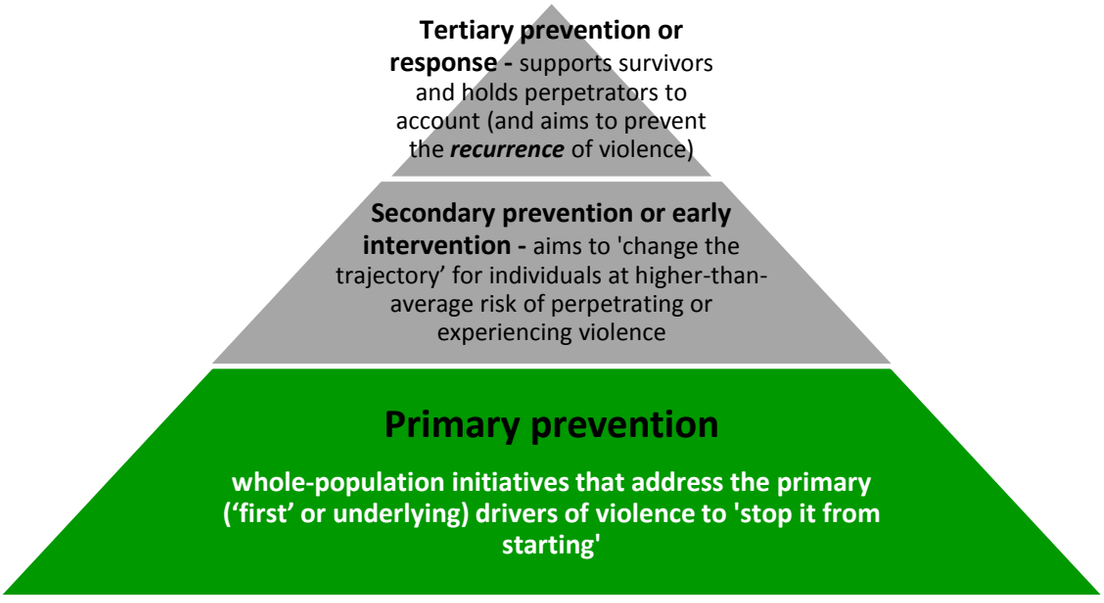
[6] UN Women in cooperation with ESCAP, UNDP, UNFPA, UNICEF and WHO (2012) *Report of the Expert Group Meeting on Prevention of Violence against Women and Girls*, Bangkok, Thailand, 17-20 September 2012, EGM/PP/2012/Report, paragraph 17.

[7] It is worth noting that some analyses consider the qualifier of 'primary' prevention to be redundant and potentially confusing outside the health sector. Such analyses note that common usage of the term 'prevention' is already 'to stop something before it happens', and warn against confusing the issue by bringing in further definitions of prevention (secondary and tertiary) that in fact depart from common usage. See for example the expert papers and meeting notes from the Expert Group Meeting on Prevention of Violence against Women and Girls, Bangkok, Thailand, 17-20 September 2012, *op cit* 6.




## Understanding the drivers of violence against women

Establishing a clear, evidence-informed and theoretically sound understanding of violence against women is critical in order to assess how effective current initiatives are in addressing it. A coherent framing of the issue enables us to assess existing initiatives on the basis of their impact (or likely impact) on the identified underlying causes, drivers and contributors to violence.

Population survey data shows us clearly that – while violence is experienced by both sexes – there are highly gendered patterns in its perpetration, victimisation and impacts.[8] Both sexes are more likely to experience violence at the hands of men. Men are more likely to experience violence by other men in public places; women are more likely to experience violence from men they know, often in the home. The majority of acts of family violence and sexual assault are perpetrated by men against women, and this violence is likely to have more severe impacts on female than male victims.[9]

The above picture does not discount the importance of acting to end all violence, regardless of the sex of the victim: all violence is wrong. But it does tell us that violence needs to be addressed in a way that acknowledges its gendered dimensions, alongside other contributing factors.

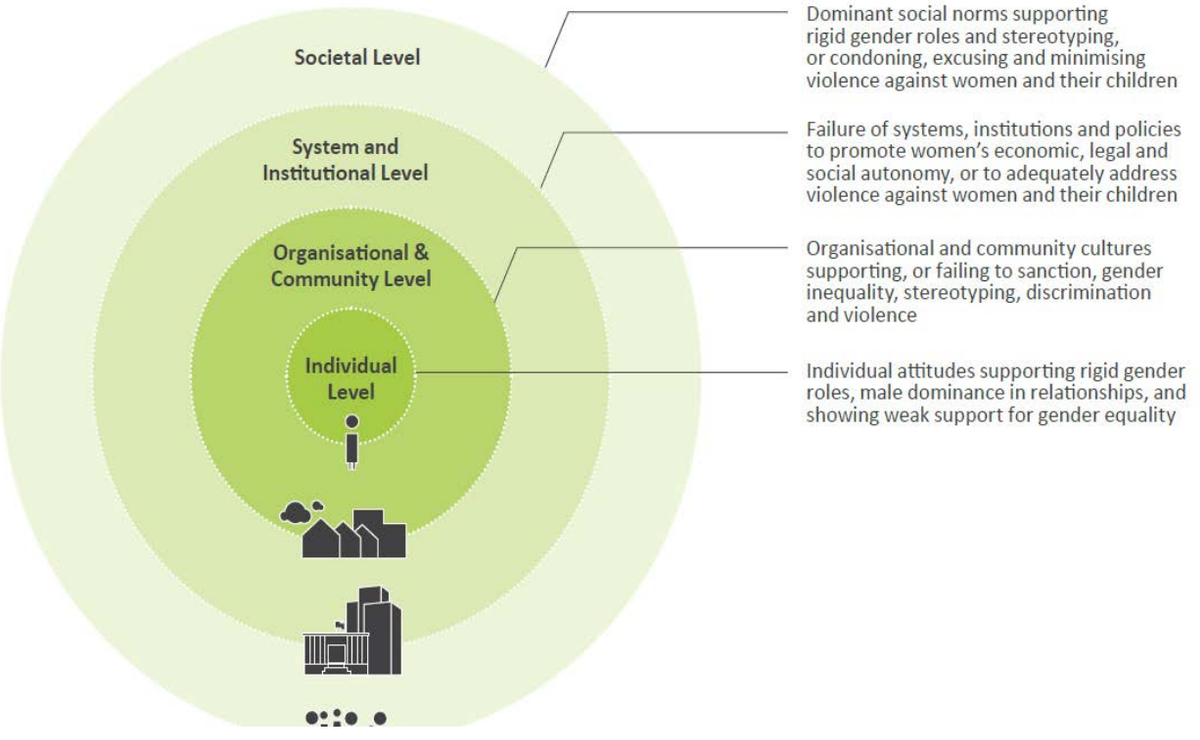
All major international and Australian studies on factors contributing to violence against women have emphasised the need to consider a complex interplay of personal, situational and sociocultural factors.[10] Put simply, individual life histories and contexts may play a role in perpetration of violence, but research is increasingly showing that such factors only come into play

[8] See, for example, in the Australian context, the sex disaggregation of data from the Australian Bureau of Statistics (2012) Personal Safety Survey.
[9] *Ibid.*
[10] Heise, L (1998) Violence against Women: An Integrated Ecological Framework.

when coupled with a belief on the perpetrator's part that he (perpetrators are mostly men) has a right to use violence.[11] Our key question therefore needs to be: where does this belief come from?

Research by international institutions such as the World Health Organisation and European Commission, as well as Australian bodies such as the Victorian Health Promotion Foundation (VicHealth), have all concluded that permission or justification for violence is learned and reinforced through social, institutional, community and/or familial environments. This is known as a socio-ecological model for understanding inequality and violence.

***A 'socio-ecological approach to understanding the drivers of violence against women:***




Different studies have found significant links between gender inequality and violence against women at different levels of the social ecology, for example:

- Levels of domestic violence across the whole population are measurably higher in societies where laws, institutions and cultural beliefs promote or support stereotypical or rigid roles for men and women, and where women have less access to power and resources than men.[12]

[11] UN Partners for Prevention (2013) *op cit* 5.
[12] World Health Organisation (2010) and European Commission (2010), *op cit* 4.

- Individuals (men and women) who do not believe men and women are equal, and/or see them as having specific roles or characteristics, are more likely to condone, tolerate or excuse domestic violence.[13]
- Within intimate relationships, male dominance and control of wealth is a significant predictor of higher levels of violence.[14]
- At the individual level, the most consistent predictor for support of violence by men is their agreement with sexist, patriarchal and/or sexually hostile attitudes.[15]

The unequivocal conclusion drawn across studies is that gender inequality – both 'structural' and 'normative' – is the leading 'driver'[16] of violence against women and their children.[17] The literature therefore strongly suggests that while addressing gender inequality may sit uncomfortably with some audiences – and meet with resistance – it is as essential to the prevention of violence as addressing smoking is to the prevention of lung cancer.

The most recent research informing the development of the National Framework has begun distilling the particular expressions or dimensions of gender inequality that have the greatest impact on levels of violence against women. A more detailed analysis of these, and the strategies most effective at addressing them, will be provided in Part Two of Our Watch's submission to the Royal Commission.

## Understanding 'contributing factors'

Certain individual life experiences, behaviours or circumstances have been shown to increase the statistical *likelihood* of men's perpetration of violence against women, but only in some cases: increased likelihood does not imply inevitability. Recent research has sought to 'unpick' the relationship of such factors to perpetration in ways that takes into account the complexity and interrelationship between them, and the gendered drivers outlined above.

For example, childhood experience of (or exposure to) violence may well establish a belief that violence against women is a 'normal' expression of masculinity, way of 'disciplining' women and children, or of solving disputes.[18] However a number of studies and analyses have found that this belief can be mitigated by a number of other social, educational and psychological factors, most notably the existence of alternative relationship models, and gender-equitable and non-violent norms in the child's extended family, community and society. Childhood experience of violence

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[13] World Health Organisation (2010) and European Commission (2010) *op cit* 4, plus VicHealth (2014) *Australians' attitudes to violence against women. Findings from the 2013 National Community Attitudes towards Violence Against Women Survey (NCAS).*
[14] *Ibid*, plus UN Partners for Prevention (2013) *op cit* 5.
[15] Commonwealth of Australia and VicHealth (2009) op cit 13, European Commission (2010) *op cit* 4.
[16] 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.
[17] Outlined in international literature reviews such as European Commission (2010) and WHO (2010) *op cit* 4*;* VicHealth (2007) *op cit* 5.
[18] European Commission (2010) and WHO (2010) *op cit* 4; VicHealth *op cit* 5.

therefore *in some cases* contributes to, but does not drive or determine, future perpetration or experience of violence as an adult.[19]

Similarly, alcohol abuse has been shown to be present in a disproportionate number of police call-outs to family violence situations, and to be correlated with a higher number of, and more severe, incidents of violence against women at the population level.[20] It is clear, however, that the relationship is not causal: the behaviour of alcohol abuse does not 'make someone violent', as evidenced by the fact that not all people who abuse alcohol are violent, and many people who do not abuse alcohol are violent. Research in 2011 found that the contribution of alcohol abuse to increased perpetration only became significant when someone who already held attitudes and beliefs that condone/support violence, gender inequality or rigid gender roles *also* abused alcohol.[21] In these cases, they were often found to use violence more frequently and with more severe impacts.[22] It might be deduced, then, that those who believe women and men should be treated equally, and respect women's right not to be subjected to violence, would not use violence even if they abuse alcohol.

Similar evidence is emerging for other factors which – on a simplistic analysis of statistics alone – could be considered to 'contribute to' to higher levels of violence against women. Our understandings of how such factors interact with the gendered drivers of violence against women to increase its frequency or severity has grown in recent years.

One important study in this regard was the 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* by the UN Joint Program, Partners for Prevention.[23] This was the first original, large-scale multi-country research to interview men about their perpetration of violence against women and the factors associated with it. Over 10,000 men across five countries[24] were asked about whether they had committed acts of sexual or physical violence against women [25] and about their self-reported 'motivations' for violence.

The researchers found that for rape perpetration, the most commonly reported motivation across countries was related to men's sense of sexual entitlement (belief that they had a right to sex, regardless of consent), followed by 'for fun/bored', then out of anger or to punish a woman, and finally because they had been drinking (NB these are the reasons – or excuses – that perpetrators themselves gave for their violence, and should not be conflated with objectively-assessed drivers or contributors).

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[19] *Ibid.*
[20] See, for example Foundation for Alcohol Research and Education (2015) Policy options paper: Preventing alcohol-related family and domestic violence.
[21] Heise, L. (2011) *What Works to Prevent Partner Violence – An Evidence Overview*, STRIVE.
[22] *Ibid*.
[23] An UN-financed organisation undertaking research and capacity building for gender-based violence prevention in Asia and the Pacific.
[24] Bangladesh, Cambodia, China, Indonesia, Sri Lanka and Papua New Guinea.
[25] Using a sensitive methodology (i.e. with non-judgmental wording of questions, anonymous responses, etc). They found that overall nearly half of those men interviewed reported using physical and/or sexual violence against a female partner, ranging from 26-80 percent across the sites. Nearly a quarter of men interviewed reported perpetrating rape against a woman or girl, ranging from 10-62 percent across the sites.

The study also looked at individual men's other life experiences, and from this the researchers deduced factors associated with increased use of violence. They found that rape perpetration:

> *was strongly associated with [men] having more sexual partners, having had transactional sex or sex with a sex worker, and using physical violence against female partners. These behaviours are interpreted as not merely expressing sex-seeking but more so as ideas of masculinity that emphasize heterosexual performance and dominance over women.*

The research confirmed that perpetrators of both partner violence and non-partner rape expressed wider behaviours and beliefs that were 'fundamentally related to unequal gender norms, power inequalities and dominant ideals of manhood that support violence and control over women.' [26] They also noted distinctions in the 'triggers' for the different types of violence. Intimate partner violence was 'more strongly associated with gender inequality in the home and experiences of child abuse' while non-partner rape was 'more strongly correlated with notions of manhood that promote heterosexual dominance and participation in violence outside the home.'[27]

Other factors – including low socioeconomic status (indicated by food insecurity), low educational attainment, depression and/or alcohol abuse – were also found to contribute to increased perpetration of both forms of violence against women. But again, it was only those men adhering to the unequal gender norms and dominant ideals of manhood who were more likely to perpetrate under these circumstances. That is, such factors only 'came into play' as contributors to violence against women when they impacted men who already held rigid attitudes about masculinity, power and violence.[28]

The researchers therefore interpreted the influence of low socioeconomic status, low educational attainment, depression and/or alcohol abuse as *decreasing these men's sense of power*, as defined by the rigid norms and beliefs they held about (their own) masculinity. They concluded that it was not so much the circumstances themselves, but the perceived challenge that certain men felt these circumstances posed to their masculinity, that led them to 'reassert' that masculinity through violence.[29]

These distinctions are complex – and the way in which they operate is under-researched – but they are vitally important to how we think about prevention. While we should not ignore the impact of such contributing factors, it is becoming clear through the research that addressing these contributing factors alone will never stop the violence. The key – according to all the above research – is to address the underlying attitudes, beliefs, practices and systems that condone, justify or excuse the gender inequality and socialisation supportive of violence against women.[30]

Efforts to address the factors that *in some cases* contribute to, but do not drive, men's violence against women already take place across a number of sectors and social policy agendas. Prevention of violence against women activity should be conceptualised as having 'common cause' with policy

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[26] UN Partners for Prevention (2013) *op cit* 5, Summary Report, p14.
[27] *Ibid*.
[28] *Ibid.*
[29] *Ibid.*
[30] European Commission (2010) and WHO (2010) *op cit* 4; Heise, L (2011) *op cit* 21; VicHealth (2007) *op cit* 5.

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 any sustainable impact is to be achieved.

## Making 'universal' truly inclusive

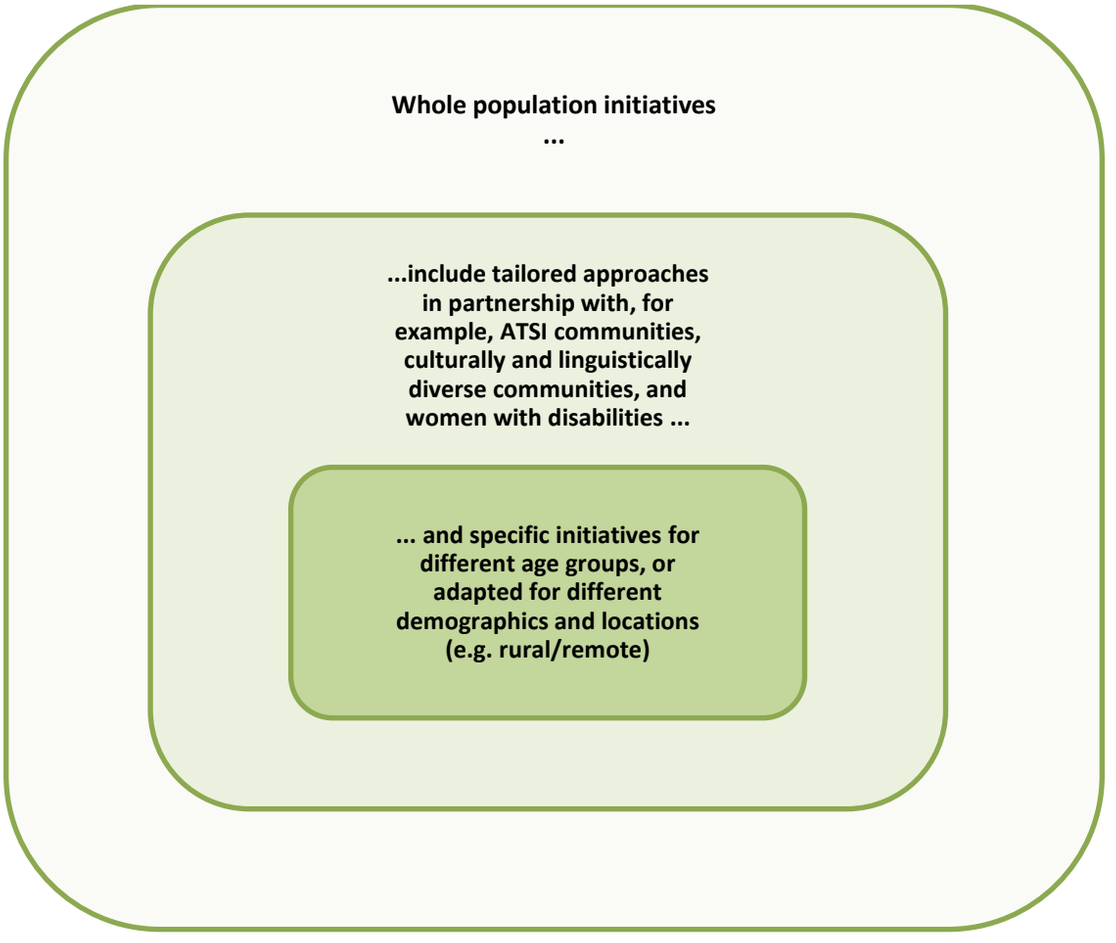
The evidence base tells us that violence against women and their children occurs across the Victorian community, in all of its diversity. But the likelihood and impact of violence against women and their children can be made worse by existing discrimination and disadvantage associated with factors such as age, ethnic origin, religion, disability, sexual identity and orientation, age, geographic location and socio-economic circumstance. When coupled with gender inequality, sex discrimination and gender stereotyping, the intersection of these factors can compound experiences and impacts of violence.

For Aboriginal and Torres Strait Islander communities, the effect of colonisation, intergenerational trauma and other factors, plays a significant role in understandings, experiences of, and responses to violence against women and their children. Work to prevent violence against Aboriginal and Torres Strait Islander women and their children cannot be separated from efforts to address racism, dispossession and the intergenerational impact of colonisation and its associated policies. Integrated and culturally competent strategies that incorporate Aboriginal and Torres Strait Islander history, values and experience are therefore critical.

Whole-of-population approaches are only truly 'universal' when strategies are tailored to 'meet people where they are', which means responding to their different experiences, backgrounds, contexts and circumstances. In addition to addressing the key drivers of violence against women in gendered power inequalities, discrimination and stereotyping, prevention initiatives must simultaneously challenge negative stereotypes and socio-structural discrimination based on Aboriginality, or other identity characteristics such as disability, ethnicity, sexual identity, or refugee status. We need to ensure – at each step – that *all* our strategies incorporate diversity, and are based on consultation with, participation and consideration of the needs and ideas of different groups.

This also means that *specific and tailored* initiatives are of benefit to suit the needs of different groups. These cannot be stand-alone initiatives, but should link to whole-of-population strategies as part of a holistic effort. They should be based on the principles of meaningful participation, promoting self-advocacy and capacity building based on understandings of diversity, cultural respect and sensitivity.

***'Whole-of-population' initiatives need tailoring to have universal reach to all groups***



# What projects or initiatives have worked to prevent violence against women?

The research outlined above has given us a good understanding of the underlying drivers of violence against women. The task of prevention is to address these with the aim of decreasing the likelihood of perpetration or experience of violence against women. Several studies mentioned above looked at the evidence base for the effectiveness of existing prevention programs or initiatives. A 2011 review drew on emerging empirical evidence of what works to prevent intimate partner violence in low and middle income countries,[31] and a Background Paper[32] prepared for a UN international Expert Group Meeting on prevention of violence against women and girls also reviewed and included many well-evaluated examples of effective prevention programs and initiatives. Most recently, the United Kingdom Department for International Development's *What works: a global program to prevent violence against women and girls* is currently generating new evidence from action research projects in Africa, Asia and the Middle East.

Determining the effectiveness of prevention initiatives is not a simple exercise: our knowledge of 'what works' to prevent violence against women is evolving. The question of 'are prevention initiatives effective?' cannot be answered with a simple 'yes' or 'no.' Much depends on what is being evaluated, the quality of the program, where and with whom it is taking place. The analysis below looks at the main challenges to establishing evidence of effectiveness, and the conclusions that can be drawn from international research and evaluations to date.

## Some initiatives have proven they can decrease future perpetration or victimisation, but evaluation is complex (and rare)

First of all, what is it that tells us whether an initiative is effective (or not) at preventing violence against women? The most obvious answer is 'levels of violence': we want to decrease future levels of perpetration or experience of violence against women among those participating in the initiative. To do this we need first to establish a baseline (how often are participants already perpetrating/experiencing violence against women?) and compare any 'post-intervention' changes against this baseline to those of a control group (how many are perpetrating or experiencing violence against women since the initiative, compared to those who didn't participate?). We then need to continue measuring frequency/levels of participants' (and the control group's) perpetration/experience of violence against women at regular intervals into the future – ideally over their lifetimes (i.e. a longitudinal study).[33]

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[31] Heise, L (2011) *op cit* 21.
[32] 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.
[33] See for example, WHO (2010) *op cit* 4, section 3.2.

**Example A – Safe Dates**

Safe Dates is a US school-based program involving a 10-session curriculum for years 8 and 9. It aims to increase students' knowledge about what constitutes a healthy or violent dating relationship, the causes and consequences of violence; to equip them with effective communication and conflict resolution skills; and to provide them with the tools they need to help a friend who may be experiencing violence in a relationship. It also involves parents and carers by providing resources about the topics covered in Safe Dates to encourage discussion at home.

It is one of the longest running initiatives whose effectiveness is being tested through a randomized controlled longitudinal evaluation. Four years after implementation, those students who had participated in Safe Dates reported 56 per cent to 92 percent less physical, serious physical, and sexual dating violence victimisation and perpetration than students who did not.[34] That is, the program has proven highly effective – on the most rigorous evaluation techniques available – in the primary prevention of violence against women.

At the time of the release of the World Health Organisation report (2010), only Safe Dates and a handful of other initiatives – also schools-based dating violence programs – had been evaluated this rigorously over time. Another example was the Canadian schools program 'The Fourth R':

**Example B – The Fourth R**

The 'Fourth R' is a Grade 9 Physical and Health Education program in Canada, including a 21-lesson curriculum delivered over 28 hours by teachers with additional training in the dynamics of dating violence and healthy relationships. It was evaluated with a cluster randomised controlled trial design with a 2.5 year follow up with 1,722 students aged 14 to 15 years. Control schools targeted similar objectives without the training or materials.

Results indicated that physical dating violence was about 2.5 times greater among control versus intervention students. That is, teaching young people about healthy relationships skills as part of their required health curriculum reduced their future perpetration or victimisation of physical dating violence when measured against a group that didn't participate in the program, two and half years later.

Schools-based dating violence prevention /respectful relationships programs are some of the best evaluated primary prevention activities internationally. Unfortunately, while many schools-based

[34] 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.

programs meeting good practice principles are currently being implemented in Australia, none have had investment in longitudinal evaluations against a control group that would allow us to definitively conclude effectiveness with regards to reduced future perpetration.

Internationally, other types of initiative (outside school settings) have also been shown to reduce levels of violence against women perpetration or victimisation for participants over time. One example is the 'IMAGE' microfinance initiative highlighted below.

**Example C – IMAGE**

The IMAGE program was a microfinance initiative targeted the poorest women in South African communities with participatory training, institution building and community mobilisation on HIV, gender norms, domestic violence and sexuality. A randomised clinical trial evaluation found that after two years, the risk of past-year physical or sexual violence by an intimate partner for the participating women was reduced by 55 percent.[35]

Women interviewed on the reductions attributed the reductions to them being better able to challenge the acceptability of violence, expect and receive better treatment from partners and leave abusive relationships, as well as the overall impact of increased community awareness (and decreased tolerance) of violence against women.[36] While most prevention initiatives are focussed on engaging men to decrease perpetration, the IMAGE evaluation demonstrated that economic and social empowerment of women could similarly reduce levels of violence against women.

Such evaluations are still rare, in part because of the relative 'newness' of prevention activity, meaning many longitudinal evaluations have not yet begun to show results. Nevertheless, a new online database[37] of studies measuring the impact of interventions directly on violence shows 94 results for studies of interventions aimed at preventing intimate partner or sexual violence, many demonstrating effectiveness.

## A much larger number of initiatives have positively shifted the attitudes, behaviours, practices and power imbalances known to drive violence against women

For the vast majority of violence against women prevention initiatives, longitudinal and/or randomised controlled evaluations have not been undertaken or even envisaged. They are often

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[35] Pronyk PM, Hargreaves JR, Kim JC et al (2006) *Effect of a structural intervention for the prevention of intimate-partner violence and HIV in rural South Africa: a cluster randomized trial*, Lancet (368) pp.1973-1983; Pronyk PM, Kim JC, Abramsky T et al (2008) *A combined microfinance and training intervention can reduce HIV risk behaviour in young female participants*, AIDS, 22 (13), pp.1659-1665; and Kim J et al. (2009) 'Assessing the incremental effects of combining economic and health interventions: the IMAGE study in South Africa,' *Bulletin of the World Health Organization*, 87(11):824–832.

[36] *Ibid.*

[37] Centre for Public Health, Liverpool John Moores University *Violence Prevention Evidence Base*: http://www.preventviolence.info/

considered cost-prohibitive by funding bodies under their own pressures to use limited resources for 'doing' (rather than 'measuring') or – conversely – to show results, but show them quickly.[38] Such evaluations are also arguably not 'fit for purpose' when it comes to the smaller-scale pilot projects that make up the bulk of initiatives. Much innovative prevention work is still in the initial stage of trialling new methodologies, or building engagement and capacity for more substantive future work, and so not yet at a stage of readiness for a large-scale longitudinal study.

As a result, most evaluations of such work (when they do exist) have sought to measure more immediate *changes against the underlying drivers* of violence against women (as identified above) rather than levels of violence against women itself. For example, they may measure shifts in participants' attitudes or beliefs around gender and violence, changes in organisational or institutional practices that are more supportive of gender equity, and/or increases in participant skills that promote gender equitable and non-violent social norms (e.g. proactive bystander intervention in cases of sexism or sexual harassment).[39]

**Example D – Coaching Boys into Men**

The Coaching Boys into Men (CBIM) program is intended to alter norms that drive violence against women perpetration by using coaches as positive role models to deliver prevention messages to adolescent male athletes. This is done through a 60-minute training program, and a further eleven training cards that guide coaches to create 10-15 minute conversations, about respect, bystander intervention, and prevention of violence against women weekly throughout a sporting season.

2,006 male athletes from 16 high schools in California, USA, took part in a cluster-randomized controlled trial, which measured the effectiveness of the program. The participants were randomly allocated into two groups: the participants, or CBIM group (n=1008) and a control group (n=998). 15-minute self-report online surveys were conducted at the start of each sporting season and at the end (12 weeks later). Compared to controls, CBIA groups reported higher levels of bystander intervention behaviour, recognition of abusive behaviours and positive bystander intervention. Improvements in intentions to intervene were also found, with participants' mean scores remaining stable (adjusted mean change=-.04, p=.29), while control athletes' worsened over time (adjusted mean change =-.08, p=.07), resulting in an intervention effect of .12 (95% CI:.003-.24). Researchers concluded that this study supports the effectiveness of a high-school athletic program in reducing future perpetration of violence against women.

Several Australian programs have measured effectiveness against such indicators. For example, CASA House's Sexual Assault Prevention Program in Secondary Schools showed strong positive shifts in students' knowledge of consent and free agreement, victim/survivors' rights in reporting to police, the use of force/pressure to have sex in relationships and the legitimacy of non-verbal ways of saying 'no' to unwanted sexual behaviour.

[38] Fergus, L *op cit* 32.
[39] WHO (2010) *op cit* 4, section 3.2.

Such evaluations are often considered 'weaker' than those measuring reduced perpetration/experience of violence against women, but they are still important measures of effectiveness. Studies outlined in the previous section have given us a large degree of confidence in the underlying drivers and contributors of violence against women. So if we measure significant changes against these factors we can be reasonably confident this will have a corresponding impact on future levels of violence against women. Strengthening this 'confidence chain' should be the subject of future work. In the meantime there is no reason to dismiss initiatives that have 'only' been evaluated on changes to attitudes, practices or skills. These provide us with crucial links in the chain to ultimately reduce levels of violence against women.

Many more evaluations than are listed here have found substantive evidence of such effectiveness, for initiatives across numerous settings.[40] These have included empowerment initiatives addressing gender inequality, communications and relationship skills training with adults (in community or organisational settings); and initiatives aiming to change social and cultural gender norms (such as through working with men and boys to challenge violent constructions of masculinity, or media campaigns on violence against women and gender stereotyping).[41]

## There are caveats as to quality and context

However, while there is clearly evidence, both established and emerging, for the effectiveness of prevention programs, simple statements about these – e.g. 'schools based dating violence prevention programs are effective' – are misleading. Much of the effectiveness of any initiative rests on how well it has been conceptualised, how well it communicates to its target audience, what supports it has in place, how long it runs for, and the skills of the practitioners involved. For instance while Safe Dates is certainly effective, this does not mean that all schools-based dating violence prevention programs are effective.[42] Similarly, an initiative of a particular type or in a particular setting evaluated as 'ineffective,' does not necessarily mean that all initiatives of this type or in this setting are ineffective – improvements to conceptualisation or practice quality could well make the difference.

Another element that 'makes a difference' to the effectiveness of prevention programs is context. Certain initiatives may work in one country/community/organisation, and not in another. For example, most evaluated prevention initiatives come from high income countries, and may not be

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[40] See the Violence Prevention Evidence Base, *op cit* 37, WHO (2010) *op cit* 4, section 3.2; and Heise, L (2011) *op cit* 21.
[41] *Ibid.*
[42] Research has shown that schools-based prevention programs are effective when they take a 'whole-school approach', involving multiple sessions with students, the integration of prevention into the curriculum at all levels, the involvement of school leadership, teachers, other school staff and parents, and good pedagogic practice. Many programs have been found ineffective – and even potentially harmful – when such good practice standards are not adhered to (e.g. one-off sessions). See Flood, M., Fergus, L. and Heenan, M. (2009) *Respectful Relationships Education: Violence Prevention and Respectful Relationships Education in Victorian Secondary Schools*, Department of Education and Early Childhood Development, Victorian Government; Carmody, M, Evans, S, Krogh, C, Flood, M, Heenan, M, & Ovenden, G (2009) *Framing best practice: National Standards for the primary prevention of sexual assault through education*, National Sexual Assault Prevention Education Project for NASASV. University of Western Sydney, Australia.

transferrable to low income ones. [43] Fortunately (from an Australian perspective), a significant evidence base on the effectiveness of prevention programs has been established here – from evaluations of initiatives resourced through government funding streams, or by organisations such as VicHealth and White Ribbon. It is worth noting that we can have greater confidence in the 'transferability' of initiatives that have already been trialled and evaluated in the Australian context than elsewhere (although contextual factors such as geographic isolation, socio-economic status and rural/regional versus metropolitan locations will still need to be considered).

Context also matters in terms of the population or demographic group 'targeted' by the initiative.[44] So-called 'universal' strategies for prevention (aimed at a whole population rather than specific groups) will not necessarily have a uniform effect on all population groups, although they should be conceptualized in such a way as to be as inclusive as possible. Additional measures and tailored strategies specifically addressing the context of groups experiencing different forms of disadvantage or discrimination may be necessary in order to ensure we have prevention outcomes for everybody. Recommended practice for such strategies is to ensure the participation of these groups in the planning, implementation and evaluation of prevention programs.[45] It is also important to ensure prevention strategies do not unintentionally reinforce discriminatory stereotypes (e.g. that some groups are 'more violent').

[43] WHO (2010) *op cit* 4, section 3.2; and Heise, L (2011) *op cit* 21; UN Women et al (2012) *op cit* 6.
[44] *Ibid.*
[45] United Nations Population Fund (2006) *Human rights-based programming: what it is/how to do it*.

# Leading the next stage: population-level change

To international evidence base outlined in the previous section gives an idea of the 'state of the field' for primary prevention of violence against women. If we consider this work in the context of other major primary prevention 'movements', such as those addressing smoking or drink driving, then we are arguably at the third of four broad stages:

**Summary of the international evidence for prevention of violence against women**

| | |
|---|---|
| • Do we have evidence on the underlying drivers of violence against women? | Yes – solid and growing |
| • Do we have evidence of prevention initiatives effectively addressing these underlying drivers (changing norms, behaviours, practices)? | Yes – many examples in numerous settings, with caveats as to quality and context |
| • Do we have evidence of prevention initiatives effectively reducing future perpetration or experience of violence for participants? | Yes – several examples in various settings, and growing as longitudinal randomised controlled evaluations come to maturity |
| • Do we have evidence of prevention initiatives effectively reducing drivers or levels of violence against women across the whole population? | No – this is the next challenge |

To summarise, on the current international evidence base we know that violence against women prevention initiatives can be effective in shifting attitudes, behaviours and practices known to drive violence against women. Some have also proven effective at reducing future levels of violence perpetration or victimisation itself for those participating.

Based on our understandings of prevention of violence against women outlined above, and on evaluated large-scale primary prevention experiences in other fields, we can then confidently hypothesise that if we take these good practice initiatives, and implement them in a coherent and mutually reinforcing way across several settings, then we will have a greater impact. And just as similar efforts have led to reductions in drink driving or smoking across society as a whole, we can also assume that applying such an approach will, over time, lead to lower levels of violence against women at the population level.

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 Women[46] concluded that such an effort requires governments to take a leadership role, working with private and community sector partners to lend system support and authority to the prevention efforts of organisations and

[46] UN Women et al (2012) *op cit* 6.

communities.[47] 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.[48]

This section looks at some of the major 'shifts in thinking' required if Victoria is to meet these challenges and lead the world as the first jurisdiction to aim for and demonstrate population-level change.

## Making change 'stick' – reinforcement across settings and over time

While there is much to learn from existing prevention projects and initiatives, we know we will not prevent violence against women 'project by project'. Large-scale shifts in complex social problems like violence against women and children can only be achieved through engaging people across the many environments where they live, learn, work and play. A schools-based program, for instance, may well change participating students' attitudes and behaviours around gender and violence, but if they receive sexist and/or violence-supportive messaging from the media, broader peer groups or in their home environments, that change is less likely to 'hold' over time. That is, the impact of initiatives is 'dampened' when they occur in isolation, and broader community or social level practices and norms do not support its messaging.[49]

On the other hand, the effectiveness of a prevention initiative is *reinforced* and strengthened when it is carried out in concert with initiatives occurring in other settings (e.g. where a schools-based program is accompanied by a social media campaign, community initiative, and/or sports-based program). This effect is known as 'mutually-reinforcing.'

Multi-faceted, multi-setting approaches are also necessary for the simple reason of scale. If we are to decrease levels of violence against women across society as a whole, then prevention messages need to reach everybody, or at the very least a critical mass of people whose shifts in opinions and behaviours will eventually have broader influence. Yet a schools-based program, for instance, can only every reach the students and school staff participating. If done properly and supported through government education departments to ensure that *all* schools undertake such work, then the reach of the program becomes significant. But is still 'misses' everybody outside the school grounds. As such the program is unlikely to have an impact on population-level prevalence figures for violence against women, at least not for generations.

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

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[47] *Ibid*.
[48] *Ibid*.
[49] UN Women *et al* (2012) *op cit* 6; WHO (2010) *op cit* 4; VicHealth (2007) *op cit* 5.

settings, sporting clubs and faith institutions.[50] 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.[51]

## Developing systems as well as programs

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

Governments at all levels have a role to play in system strengthening and reform to this end. State governments carry the bulk of jurisdictional responsibility across key sectors for prevention, and are best placed to establish mechanisms and infrastructure to drive and coordinate work across portfolios and regions. Government departments is areas such as social and community services, education and early childhood health, sports and recreation, are all critical to a comprehensive approach to violence prevention through system and policy development. Such initiatives might include curriculum development, teacher training and regional support for respectful relationships education in schools; or integrating positive and equal parenting programs into early childhood or community services statewide. Effort must be undertaken on a whole of government basis built on a shared understanding of the purpose of prevention, and with joint responsibility and accountability for delivering government commitments.

Local governments can also lend systemic support to prevention programming, by integrating it into their own programs and services, such as promoting participation of women and girls in local sporting clubs, reforming process for urban planning that prioritise women's safety, or supporting community-driven prevention activity.

## Aiming to reduce the drivers of violence at the population level

The program evaluations outlined in the previous section are critical for demonstrating effectiveness pf prevention activity, but they can only ever provide us with learnings – and indications of progress – for the individuals, communities and organisations the programs directly engage. It may take decades for relatively small changes at the program level (e.g. in schools or workplaces) to translate into impacts at the population level, and indeed such translation is unlikely to happen if programmatic approaches are not expanded and systematised.

Creating change at the state population level will be a long-term and complex exercise, engaging all levels of government and civil society. It requires the coordinated, multi-setting approach described

[50] UN Women *et al* (2012) *op cit* 6.
[51] *Ibid.*

above, as well as system-level support. But it also requires a method for measuring progress that takes us 'up a level' from program evaluations, and looks at larger-scale change.

While we measure prevalence of violence against women at the national level through the Personal Safety Survey,[52] and attitudes towards gender and violence through the National Community Attitudes Survey,[53] we know that primary prevention is a long-term endeavour, and we would not expect to see significant changes against such indicators until a comprehensive (and national) primary prevention program has been delivered for at least a five to ten year period.[54]

The current challenge, then, is to determine what short to mid-term indicators can help us assess our progress at the state (and ideally regional and local) level, and to ensure that our data collection methods are robust enough to provide meaningful learnings. This might entail identifying and measuring reductions in the drivers of violence against women against high-level indicators such as measures of structural gender equality in economic, social and political terms, as well as 'normative' measures that might include shifts in attitudes towards women and violence, levels of street and workplace harassment, representations of women and violence in popular culture, and so forth.

There are no agreed indicators for measuring such reductions in the drivers of violence against women nationally, and Victoria is well placed to lead such a project given the current commitment to a family violence index.

# Conclusion

There are very few (if any) examples of coordinated, multi-setting and sustained efforts to prevent violence against women internationally.[55] The hypothesis outlined at the start of the previous section – that if we upscale and systematise successful programming we will achieve population-level change – is yet to be fully tested for prevention of violence against women anywhere in the world. This is the next challenge of prevention, and Victoria is in a unique position to meet it. We have one of the world's strongest research and practice bases – established over a decade of political leadership – we have had significant and well-evaluated investment in prevention practice and research, and we are one of the few jurisdictions in the world to have developed and begun implementing substantive primary prevention policy frameworks for violence against women.[56] The groundwork has been laid here like nowhere else, and with the right planning and investment, we are well-placed to lead the world for this next stage.

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[52] ABS (2012) *op cit* 8.
[53] Commonwealth of Australia and VicHealth (2014) *op cit* 13.
[54] Possibly longer. As the table on p.20 indicates, we have no precedent for population-level change to prevent violence against women, and can only estimate these time spans based on experiences in other areas of primary prevention (such as smoking reduction).
[55] UN Women *et al* (2012) *op cit* 6.
[56] As at the review carried out for UN Women (2012) *Handbook in National Action Plans for Violence against Women.*

Part Two of Our Watch's submission to the Royal Commission will look at concrete ways through which Victoria can provide national (and global) leadership in this regard, informed by the latest findings and consultations for the National Framework to Prevent Violence against Women and their Children.

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