Royal Commission
into Family Violence

WITNESS STATEMENT OF LARA FERGUS

I, Lara Fergus, Director, Policy and Evaluation, of Our Watch, Melbourne, in the State of Victoria, say as follows:

1.   I am authorised by Our Watch Ltd (**Our Watch**) (previously, The Foundation to Prevent Violence Against Women and their Children Limited) to make this statement on its behalf.

2.   I make this statement on the basis of my own knowledge, save where otherwise stated. Where I make statements based on information provided by others, I believe such information to be true.

Current role

3.   I am currently employed as Director, Policy and Evaluation at Our Watch.

Background and qualifications

4.   I hold a Master in Public and International Law from Melbourne University (2012), a Doctor of Philosophy from Victoria University (2010) and a Master of Arts (Women's Studies) from Deakin University (1998).

5.   I have worked as a researcher, advocate and policy advisor, in the field of preventing and responding to violence against women, for over a decade.

6.   From May 2004 to July 2006 I held the role of Research Officer, then Senior Research Fellow and Acting Coordinator, at the Australian Centre for the Study of Sexual Assault.

7.   From mid-2006 to mid-2008 I worked as a consultant researcher on policy and practice to end violence against women, including evaluating a schools-based primary prevention program (Respect, Protect, Connect) and researching good practice in national action plans for Amnesty International Australia's Stop Violence against Women Campaign.

8. From May 2008 to June 2011 I held the role of Senior Policy Officer, then Program Manager, Prevention of Violence against Women at the Victorian Office of Women's Policy.

9. From June 2011 to November 2012 I held the role of Expert Adviser, Ending Violence against Women Section at UN Women. I also conducted an earlier project for UN Women from August 2010 to early 2011 as a consultant while in my Victorian Government employment.

10. From late 2012 to mid-2014 I worked as a consultant in strategic research and policy development to end violence against women.

11. In early 2014 I commenced in my current role as Director, Policy and Evaluation at Our Watch.

Our Watch

12. Our Watch began as the Foundation to Prevent Violence Against Women and their Children, an independent, national, not for profit organisation working to raise awareness and engage the community in action to prevent violence against women and their children.

13. Registered on 5 June 2013 as a company limited by guarantee, Our Watch was created by the Commonwealth of Australia and the State of Victoria and operates at arm's length from government. The Northern Territory, South Australian, Queensland and Tasmanian Governments have since agreed to become members. All state and territory governments have been invited to become members.

14. The work of Our Watch derives from the National Plan to Reduce Violence against Women and their Children 2010 – 2022 and gives expression to many of the activities in the Second Action Plan 2013–2016 – Moving Ahead.

15. Our Watch's organisational vision is an Australia where women and their children live free from all forms of violence. It has a mandate to stop violence before it occurs through primary prevention. Its approach is about challenging deeply ingrained attitudes, beliefs, practices and power imbalances that give rise to violence against women, and engaging the institutions that reinforce, allow or do not challenge these attitudes and behaviours.

16. Our Watch aims to reach the largest possible number of people with quality, sustained and meaningful interventions that encourage shifts in the way people think about and behave in relation to gender and violence through:

    16.1. improving the public's awareness of what forms violence can present in a woman's life;

    16.2. offering national leadership to prevent all forms of violence against women and children; and

    16.3. community engagement, public discussion and support of practitioners, grow the primary prevention movement and its impact across the country.

National Framework to Prevent Violence against Women and their Children

17. No country in the world has a national, evidence-based road map to prevent violence against women and their children in a coordinated way. Our Watch is partnering with the Victorian Health Promotion Foundation (**VicHealth**) and Australia's National Research Organisation for Women's Safety (**ANROWS**) to create a National Framework to Prevent Violence against Women and their Children (**National Framework**) that will provide that roadmap.

18. Local and international evidence for prevention has grown exponentially over the past decade. Australia led the way: VicHealth's 2007 Preventing Violence before it Occurs: A Framework and Background Paper to Guide the Primary Prevention of Violence against Women in Victoria (**VicHealth Framework**) was a ground breaking, world-first model that solidified the best evidence at the time. Since then, work by international organisations such as the World Health Organisation, the European Commission and the United Nations (**UN**) has reinforced and built on that evidence base.

19. Thus far the learnings are, broadly speaking, largely consistent with what we knew in 2007 with the introduction of the VicHealth Framework. However, we now have a more nuanced picture of the drivers and contributing factors of violence against women, and a stronger evidence base on what makes for effective prevention through addressing these drivers.

20. It is becoming increasingly clear that the underlying driver of such violence is gender inequality (in structures, norms and practices). I outline the most recent findings in my statement below.

21.   The National Framework will build on the VicHealth Framework and bring together the international research, and nationwide experience, on what works to prevent violence. It will be launched in November 2015.

Our Watch submission

22.   Our Watch made a two-part submission to the Royal Commission into Family Violence, dated 5 June 2015 and 19 June 2015 respectively. I refer to and adopt that submission.

22.1.   Attached to this statement and marked **LF-1** is a copy of Part One of Our Watch's submission, dated 5 June 2015 (**Part One**).

22.2.   Attached to this statement and marked **LF-2** is a copy of Part Two of Our Watch's submission, dated 19 June 2015 (**Part Two**).

23.   Part One of the submission outlines 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. Part Two explains the new National Framework to Prevent Violence against Women and their Children that is being developed by Our Watch, and sets out implications and recommendations for Victorian system, policy and practice development.

24.   I set out below a summary of some of the key points from Part One and Part Two of Our Watch's submission.

25.   I also refer to and adopt the joint submission made by nine organisations[1] titled 'Getting serious about change: the building blocks for effective primary prevention of men's violence against women' (**Joint Submission**).

25.1.   Attached to this statement and marked **LF-3** is a copy of the Joint Submission.

What is primary prevention?

26.   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. Primary

[1] 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.

prevention is not new; it 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.

27.   Primary prevention of violence against women 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.

28.   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 the learnings from prevention science in other areas shows us that such change cannot be achieved in isolation from a broader challenge to the underlying drivers of violence across communities, organisations, and society as a whole.

The value of the public health model, and alternative/additional conceptualisations

29.   Work to prevent violence against women has been happening for decades, and women's organisations (particularly those responding to violence) led the way, with schools programs, community campaigns, and policy advocacy. But while we knew how to raise awareness about violence, how to bring it out in the open and establish a sense that this was wrong and had to be stopped, we didn't have a tested or comprehensive method to measurably prevent it by addressing its deepest causes.

30.   The application of a public health model to the issue over recent decades (led by VicHealth – see below) has enabled significant gains. It provided an evidence-based way of defining the problem by identifying various contributing or 'risk' factors, then developing strategies that addressed those factors, evaluating what was effective and sharing the knowledge gained. It gave us the methodology and a means to move beyond one-off, isolated and basic strategies (such as campaigns with simple 'say no to violence' style messaging), that could never have broad impact. We now know that for prevention to be effective, multiple interventions are required across different settings and levels, with tailored (and sometimes intensified) efforts for different groups, and in a strategic and coordinated way.

31. Some have criticised public health models for relying too heavily on measurement and evaluation. But proponents of public health approaches are clear that a lack of evaluation evidence must not be a reason or excuse for inaction. They note that, 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. So the evidence-based demands of 'prevention as a science', so to speak, must not be used by governments or funders as a justification for avoiding investment or innovation in policy and programming.

32. Some place the public health model in opposition to other frameworks or disciplinary approaches, such as the human rights model, in which violence against women is seen as a crime and an abuse, rather than a public health issue. But public health is interdisciplinary, so in my view, the way in which we conceptualise these issues does not need to be an 'either/or', and innovative applications of the public health model (such as that used by VicHealth) have drawn heavily on human rights and other theoretical frameworks.

33. It is clear that any model we use for prevention of something as complex as violence against women needs to be more sophisticated and elastic than one that makes sense for relatively uncomplicated or less socially entrenched behaviours, such as smoking, drink driving and obesity. In doing so it is worth looking at the learnings from broader areas of social change and from across disciplinary frameworks. But we should do so in a way that builds on the gains and learnings of the public health approach, and in particular keeps the long-term, comprehensive, multi-layered and evidence-building elements that have proven so successful. This is a challenge we are currently trying to address in the development of the National Framework.

The difference between drivers, and contributing factors, of violence against women

Drivers of violence against women

34. The literature reviews undertaken for the VicHealth Framework had already noted that, as a complex social problem, violence against women does not have a single 'cause'. However, the consensus is now much stronger that the key driver underpinning violence against women is gender inequality – in structural, normative and practice-based dimensions (which I discuss in more detail below). It is gender inequality that not only correlates with or contributes to violence against women, but is consistently recognised as the key factor that drives high levels of this violence.

35.   Research by international institutions such as the World Health Organisation (**WHO**) and European Commission, as well as Australian bodies such as 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.[2]

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

    36.1.   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;[3]

    36.2.   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;[4]

    36.3.   within intimate relationships, male dominance and control of wealth is a significant predictor of higher levels of violence;[5] and

    36.4.   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.[6]

37.   The unequivocal conclusion drawn across studies is that gender inequality – in representations such as the above structural power imbalances, social/community norms, practices and behaviours – is the leading driver of violence against women. The literature therefore strongly suggests that addressing gender inequality is the way to have the most significant and far-reaching impact on violence against women – in much the same way as addressing smoking is necessary to have any significant or far-reaching impact on lung cancer.

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[2] See page 8 of Part One of Our Watch's submission for a visual depiction of the socio-economic model.

[3] 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.*

[4] *Ibid*, plus VicHealth (2014) *Australians' attitudes to violence against women. Findings from the 2013 National Community Attitudes towards Violence Against Women Survey (NCAS).*

[5] *Ibid*, plus 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.*

[6] *National Survey on Community Attitudes to Violence against Women 2009*, Commonwealth of Australia/VicHealth (2010), European Commission (2010) *op cit* 2.

Contributing factors

38.   There are many other factors – particularly those associated with individuals' life experiences and the environmental or material conditions in which they live – that need to be acknowledged as *contributing* to violence against women, or as affecting the severity or distribution of that violence in a given society.

39.   These contributing factors include, for example, individuals' life experiences and their psychological effects, such as the (complex) relationship between childhood experience of violence and later patterns of perpetration; alcohol and other drug use and poverty or socio-economic disadvantage. Importantly though, the research is becoming more nuanced and increasingly showing that contribution of these factors to increased perpetration only becomes significant when interacting with the driver of gender inequality.

40.   For example, 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. 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.

41.   Research in 2011 found that the contribution of alcohol abuse to increased perpetration seemed to become significant when someone who already held attitudes and beliefs that condone/support violence, gender inequality or rigid gender roles also abused alcohol. In these cases, they were often found to use violence more frequently and with more severe impacts.[7] 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.

42.   Similarly, research across five countries in 2012 found that other factors such as low socioeconomic status and unemployment could also contribute to increased perpetration of both partner violence and non-partner rape. But again, it seems that it is more likely to be those men who adhere to unequal gender norms and dominant ideals of manhood that increase the severity or frequency of their perpetration of violence under these circumstances. That is, such factors seem

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[7] Heise, L. (2011) *What Works to Prevent Partner Violence – An Evidence Overview*, STRIVE.

only to 'come into play' as contributors to violence against women when they impacted men who already held rigid attitudes about masculinity, power and violence.[8]

43.   Researchers have therefore interpreted the influence of low socioeconomic status, unemployment, 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. Emerging conclusions from such studies are that it may not so much be the circumstances themselves, but the perceived challenge that certain men feel these circumstances pose to their masculinity, that leads them to 'reassert' that masculinity through violence.

44.   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 then, according to the research in this area, 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.

45.   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 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, normative and practice-based gendered drivers of such violence if any sustainable impact is to be achieved.

46.   For a more detailed explanation of the above, please see Part One of Our Watch's submission, 'Understanding Contributing Factors', pages 9 – 12.

Structures, norms and practices: the aspects of gender inequality that are particularly significant as drivers of violence against women

47.   Broadly, gender inequality refers to the socially constructed distinctions between men and women and the unequal power relations and hierarchies within which

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[8] 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.*

they are positioned in society. It is gender inequality in this broad sense that can be considered the overarching driver of violence against women. However, there is an emerging understanding of the specific dimensions of gender inequality that are most relevant, which can best be described as expressions of three key processes.[9]

47.1. Structural: unequal economic, social and political power between men and women – and the laws and practices that support or fail to address this. Violence against women is 'deeply rooted in the greater power and value that societies afford men and boys in access to material, symbolic, and relational resources, compared with women'.[10]

47.2. Normative: social norms are rules of conduct and models of behaviour expected by a society. Social norms theory proposes that behaviour is influenced less by a person's own beliefs than by what they believe is expected of them or what they believe influential others would do in a similar circumstance.[11] This makes the dominant social norms in any given context extremely powerful, and in contemporary Australian society these are based on rigid gender roles, identities and stereotypes. They include, for example, widely held ideas about men and women, such as the assumption that men make better leaders than women, and assumptions more specific to violence, such as the view that violence is a means of asserting male dominance and defining masculinity.

47.3. Practices: the way in which gender inequality is manifested in everyday practices at individual, organisational/institutional or social levels, such as child-rearing or employment practices.

Primary prevention - what works?

48. 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.

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[9] Flood, M (2009), 'Bent Straights: Diversity and Flux Among Heterosexual Men', in *Intimate Citizenships: Gender, Sexualities, Politics*, ed. EH Oleksy, Routledge, London, pp. 223–240.

[10] Michau, L, Horn, J, Bank, Amy Dutt, Mallika, Zimmerman Cathy (2014) 'Prevention of violence against women and girls: lessons from practice, *The Lancet*, 21 November 2014, http://dx.doi.org/10.1016/S0140-6736(14)61797-9; 3.

[11] VicHealth (2014), *Australians' attitudes to violence against women. Findings from the 2013 National Community Attitudes towards Violence Against Women Survey (NCAS)*, Victorian Health Promotion Foundation, Melbourne, Australia.

49.   Broadly speaking, it can be said 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 (although evaluation of these types of initiatives is both complex and rare).

50.   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.

Shifting attitudes

51.   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 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.[12] 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.

52.   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).[13]

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[12] 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.

[13] WHO (2010) *op cit* 4, section 3.2.

53. 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. There is also a short case study at page 17 of Our Watch's submission of a successful USA-based program, 'Coaching Boys into Men', which 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.

54. Such evaluations are often considered 'weaker' than those measuring reduced perpetration/experience of violence against women, but they are important measures of effectiveness. Studies outlined earlier in this statement 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.

Reducing future levels of violence

55. In the case of studies that have been shown to reduce future levels of violence, as I stated above, there are far fewer programs that have been evaluated with the necessary rigour and over a sufficiently long period of time.

56. On page 15 of Part One of Our Watch's submission, there are two short case studies about two schools-based, respectful relationships programs in the United States of America and Canada respectively. In the case of the USA program, 'Safe Dates', 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. In the case of the Canadian program, 'The Fourth R', results after two and a half years indicated that physical dating violence was about two and a half times greater among control versus intervention students.

57. Schools-based dating violence prevention/respectful relationships programs are therefore some of the best evaluated primary prevention activities internationally. Unfortunately, while many schools-based 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 – and this too should be the subject of future work.

58. Internationally, other types of initiatives (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, a microfinance initiative targeting the poorest women in South African communities with participatory training, institution building and community mobilisation on HIV, gender norms, domestic violence and sexuality, outlined at page 16 of Part One of Our Watch's submission.

Systemic change, rather than ad hoc prevention projects, is required

59. 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, is less likely to be effective in the long term if students receive sexist and/or violence-supportive messaging from the media, broader peer groups or in their home environments.

60. In addition, 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.

61. 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.

62. Finally, the right level of evaluation is required. 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 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.

63. For a more detailed explanation of the above, please see Part One of Our Watch's submission, 'Leading the Next Stage: Population Level Change', at pages 20 to 23.

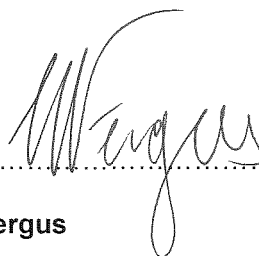**Implications for a prevention agenda going forward**

64. A number of factors have emerged out of recent research which I consider to be important to consider in crafting prevention agendas going forward, including:

64.1. explicitly focus direct effort and investment on addressing gender inequality as the key driver;

64.2. take a sociological, not individualised, approach;

64.3. link with, strengthen and support others' efforts to address contributing factors (such as alcohol abuse and socio-economic disadvantage);

64.4. distinguish between the prevention of violence against women and their children, and the broader child protection agenda (while creating partnerships with and supporting the work of child protection practitioners);

64.5. aim to create change across the three dimensions of gender inequality (structure, norms and practice), and particularly at the structural level;

64.6. strengthen cross-sector and multi-level collaboration; and

64.7. build population-level indicators – especially against the key driver of gender inequality – to inform the monitoring of prevention strategies

65. For a more detailed explanation of the above, please see Part Two of Our Watch's submission, 'Implications for a prevention agenda – aligning policy and practice with emerging analyses', at pages 9 to 15.

Conclusion and recommendations

66. In summary, the evidence base for primary prevention of violence against women has evolved over the last decade to the point where:

66.1. we can have confidence that we understand the key drivers of, and contributors to, this violence;

66.2. we know that good practice prevention initiatives can be effective at changing the structures, norms and practices that drive violence against women; and

66.3. we know that some of these strategies have even proven, in longitudinal studies, that they can reduce future perpetration or victimisation among participants.

67. The final broad stage is to begin implementing and monitoring a coordinated, multi-setting and long-term program of work that demonstrates progress in reducing drivers or levels of violence against women across the whole Victorian population. This will require the Victorian government to take a leadership role, working with private and community sector partners.

68. Further, the broad 'prevention project' must 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.

69. Our Watch makes a number of recommendations in Part Two of its submission, from pages 15 to 37, as to 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.

70. In summary, the recommendations are as follows:

70.1. develop a long term, bipartisan, whole of government and whole of community plan;

70.2. address structural, normative and practice-based gender inequality as the key driver of men's violence against women, through an intersectional approach;

70.3. develop a monitoring, accountability and reporting framework;

70.4. establish strong governance and quality assurance mechanisms;

70.5.   significantly increase and sustain funding to support the above, and to ensure good programs are systematised and upscaled;

70.6.   ensure universal reach through inclusive and tailored approaches;

70.7.   engage communities through established organisations and networks;

70.8.   build a skilled prevention workforce, within existing sectors, and as specialists;

70.9.   undertake an intersectional gender analysis of all government policy, legislative development and budgeting; and

70.10. support ongoing research and evaluation for knowledge building and innovation.

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Lara Fergus

Dated: 7 August 2015