Royal Commission into Family Violence

WITNESS STATEMENT OF RENEE CHRISTINE IMBESI

I, Renee Christine Imbesi, Acting Manager, Mental Wellbeing of 15-31 Pelham Street, Carlton in the State of Victoria say as follows:

1. I am authorised by the Victorian Health Promotion Foundation (**VicHealth**) 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 the Acting Manager, Mental Wellbeing at VicHealth and I have held this position since May 2015. My formal ordinary role is the Principal Program Officer Mental Wellbeing. In my role I am responsible for leadership and implementation of initiatives for primary prevention of violence against women including research, programming and policy development. Previously at VicHealth I have also fulfilled the role of Program Manager, Preventing Violence Against Women.

Background and qualifications

4. Prior to my current role, I worked as the Prevention Coordinator at CASA House Centre Against Sexual Assault and as Project Leader in the Office for Women, Department of Planning and Community Development, State Government of Victoria. I hold a Bachelor of Arts/Science, a Diploma in Community Development and a Graduate Certificate in Communications.

About VicHealth

5. VicHealth was established by the Victorian Parliament in accordance with the *Tobacco Act 1987* with a mandate to promote good health. VicHealth is a pioneer in health promotion – the process of enabling people to increase control over and improve their health.

6. VicHealth is an independent statutory authority, operating under a Board that includes three Victorian Members of Parliament. Our funding comes from the Victorian Government

via the Department of Health and Human Services, and we report to Parliament through the Minister for Health.

7. VicHealth's primary focus is promoting good health and preventing chronic disease. We work with individuals, communities, organisations and governments within Victoria, nationally and internationally, with VicHealth designated as the World health Organization Collaborating Centre for Leadership in Health Promotion.

Submission to the Commission

8. On 27 May 2015, VicHealth made a submission to the Royal Commission into Family Violence which deals, among other things, with the need and opportunity to reduce the prevalence of violence against women through sustained and significant investment, with multiple strategies underpinned by a public health approach. I refer to and adopt that submission, a copy of which is attached to this statement and marked **'RI 1'**.

9. In addition to the VicHealth submission, I wish to comment in particular on the need for primary prevention strategies to be provided through a variety of settings and disciplines, and on the work that has been carried out to date in this space.

Primary prevention through a variety of settings

10. Many of the known drivers contributing to violence against women occur in the settings in which we live our day-to-day lives, such as our homes, schools, sporting clubs, communities and workplaces. This means that many of the opportunities for preventing the problem are also likely to lie in these environments. Reducing the prevalence of violence against women through primary prevention strategies requires a multidisciplinary approach, bringing together professionals, organisations, individuals and communities from very different backgrounds and with a variety of skills and experiences. The key settings and disciplines that are currently involved in intervention in violence against women (for example, women's refuges and the police), contributed to the origin of primary prevention and have an important contribution to make. However, effective primary prevention will also depend on engaging settings and sectors outside of the women's, health, social services and justice fields.

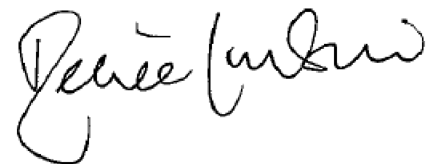
11. The key settings for action identified in the VicHealth primary prevention framework include: workplace, corporate, education, local government, sports and recreation, arts, media and popular culture, cyberspace and new technologies. Over the last several years there has been considerable activity in many of these sectors to advance the practice of

prevention and to move toward more equal and respectful relationships between women and men in those fields.

12. In particular, there have been significant achievements in the education, local government, workplace and sports settings in terms of building readiness and commitment to action. This has created a valuable foundation for further investment and activity to embed primary prevention into core business across these fields.

13. The achievements and learnings to date have also signalled the importance of sustained investment to reach long-term outcomes, as well as coordination and consistency of prevention activity, for example through the establishment of tools, standards and guidelines for use in each setting. In relation to the workplace setting, for example, VicHealth established a number of best practice principles following review of the literature in 2012. These principles have provided a useful framework for early adopted organisations to engage with prevention, for example securing leadership commitment, working in partnership and planning for sustainable activities. There is an opportunity now to build more evidence-based standards and guidelines for use in different sectors.

14. In addition, the achievements and learnings to date have also signalled the importance of a dedicated and skilled workforce in primary prevention. This can take two forms and in the future, prevention policy would ideally allow for both. First are the primary prevention experts who can work alongside workplaces and sports clubs to provide them with technical advice. Second are the in-house experts, the staff inside the workplaces and sports clubs, who can be provided with training so that they integrate prevention to their existing skillset in, for example, human resource management, sports administration, workplace wellbeing, or community development. Further and coordinated development of these two arms of the prevention workforce would enable greater traction for prevention across sectors and enhance outcomes in relation to equal and respectful relationships.



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Renee Christine Imbesi

Dated: 6 August 2015