Royal Commission into Family Violence: Submission of Women's Health Victoria

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Primary prevention and gender equity

The nature and dynamics of men's violence against women

Women's Health Victoria accepts the use of the term 'family violence' by the Commission. However, we note that family violence is one of several interrelated forms of violence against women. It is important to have a shared understanding of the implications of specific terminology, and what it makes visible or invisible in terms of policy development.

As acknowledged by the Royal Commission Issues Paper, the term 'family violence' recognises that violence is not solely perpetrated by male partners or ex-partners against women and can involve anyone in an intimate or familial relationship including siblings, same sex partners or elders.

However, as the Issues Paper states ' it is overwhelmingly women and children who are affected by family violence, and men who are violent towards them.' The impacts and severity of violence experienced by women are also much greater than they are for men. The term family violence is gender neutral and obscures what we know to be the reality of the problem we are trying to address.

The term 'family violence' also excludes forms of violence against women that occur in public life (rather than in the home) such as dating violence, street harassment, stalking, sexual assault, sexual harassment and technology facilitated abuse. These forms of violence against women are widespread, share the same root causes as family violence, and have serious impacts for women's safety and health and their ability to participate in and contribute to their communities. For these reasons we prefer 'men's violence against women' as a more accurate term to describe the harms done to women through male violence.

The following terms may be useful to the Royal Commission going forward to understand and separate various forms of violence which have tended to be collapsed under the umbrella term of family violence:

- **Family violence:** includes things like sibling , child and elder abuse. Men's violence against women in the most prevalent form of family violence.
- **Intimate partner violence:** refers to behaviours by an intimate partner or ex-partner (often referred to as family violence or domestic violence).
- **Violence against women:** refers to all forms of men's violence against women, whether occurring in private or public life or perpetrated by strangers or people known to the victim (also referred to as gender-based violence).

Each specific form of violence against women can include,

- physical abuse and aggression such as slapping, hitting, kicking and beating
- rape and other forms of sexual coercion, unwanted sexual advances or harassment, forced prostitution and trafficking for the purposes of sexual exploitation
- intimidation, belittling, humiliation and other forms of psychological abuse
- controlling behaviours (such as isolating women from their family and friends, monitoring movements, or restricting access to economic resources, information, assistance and other resources) (VicHealth 2011).

Technology-facilitated abuse is an emerging form of men's violence against women which has serious and ongoing impacts for women's health and wellbeing and ability to participate equally in public life. Technology facilitated abuse includes:

- hacking social media accounts,

- posting sexual videos or photographs on social media in order to humiliate,
- online stalking and sexual harassment, and
- using GPS tracking to monitor women's whereabouts.

> *My ex-partner harassed and stalked me for the last four years. He has breached intervention orders constantly. He has contacted colleagues and friends …. spread rumours…and has made public calls and 'pages' on Facebook for people to come and take our child from me so I 'get what I deserve'. In between these incidents of abuse he has proposed marriage to me, begged me to go back to him and sent me gifts. He has previously broken into my home... I report everything to the police*. (Quote from survivor, (Woodlock 2014)

All forms of men's violence against women share the same determinants:

- belief in and adherence to rigid gender stereotypes
- gender inequality and unequal power structures between men and women, and
- broader violence supportive attitudes[2]

An effective primary prevention strategy for men's violence against women is one that works across society as a whole to change the structures and social norms that enable all forms of violence against women to occur.

Recommendation 1:

It is important to have a shared understanding of the implications of specific terminology, and what it makes visible or invisible in terms of policy development. It is overwhelmingly women and children who are affected by family violence, and men who are violent towards them.

The Royal Commission should recommend the use by government of the more accurate terms 'men's violence against women' and 'intimate partner violence' instead of family violence. The use of these terms should be consistently applied to policy, programs and services.

Men's violence against women; serious, prevalent and preventable

Family violence is the most pervasive and common form of men's violence against women in Victoria. It is the leading cause of death and disability in women under 45 and the biggest contributor to women's ill health (VicHealth 2007).

In Victoria in 2013 there were more than 65,000 incidents of family violence reported to police, comprising a third of all police work (Victoria Police, 2012/13). Yet an estimated 67 percent of women have *not* been in contact with the police after their most recent incident of physical assault by a male, and as many as 85 percent of victims do not report their experiences of sexual violence to police, or otherwise disclose to friends, family or service workers (Australian Bureau of Statistics 2013). This means that the current demand for services responding to men's violence represents the tip of the iceberg compared to the actual incidence of violence against women.

[2] The causes or determinants of violence against women are explored in more on page 5.

National victimisation data demonstrate that intimate forms of violence, such as family and sexual violence, are highly gendered. As the commission acknowledges, the vast majority of victims are women, and the vast majority of perpetrators are male. The Australian Bureau of Statistics' 2012 Personal Safety Survey found that in the 12 months prior to the survey, irrespective of gender, respondents were three times more likely to experience violence by a man than by a woman. Victoria Police data show that women represent 92 percent of victims of sexual assault, while 99 percent of offenders are male, consistent with figures across Australia and internationally (Powell 2010). An Australian Human Rights Commission study of sexual harassment found that in 90% of cases experienced by women the perpetrator was male (Australian Human Rights Commission 2012).

There are also differences in the ways men and women use violence. Men are generally more likely to use violence to threaten, control and create fear (Flood 2006). Women, on the other hand, are more likely to use violence in self-defense (Flood 2006). The same research also shows that men over-estimate while women under-estimate their experiences of violence: men typically use violence more frequently than women do and at levels more likely to cause physical and emotional harm than women. An important distinction in the context of health and wellbeing is that men are less likely to be to living in fear of a female partner than women are to be living in fear of a male partner (Flood 2006). This is also reflected in data of young people's experience of relationship violence where young women between the ages of 12 and 20 were four times more likely to have been frightened by the experience of violence than young men (Indermaur 2001).

As the Commission is aware, men's violence against women has serious short and long-term impacts on physical, mental, sexual and reproductive health for women and for their children, and leads to high social and economic costs.

Understanding and addressing the root causes

At an individual level the biggest risk factor for experiencing intimate partner violence or sexual assault is being female. The most consistent predictor of the use of violence against women by men is their agreement with sexist, patriarchal, and/or sexually hostile attitudes (VicHealth 2010, World Health Organization 2014). Different norms and attitudes reinforce and support violence in different ways. Internalised beliefs about rigid gender roles can make women vulnerable to believing they must accept male violence. Traditional beliefs about decision-making and financial power can leave women vulnerable to not being able to leave an abusive relationship. By themselves, factors such as alcohol and drug use or childhood exposure to violence, have been found to be neither necessary nor sufficient conditions for violence against women to occur. These are contributing factors and can exacerbate the frequency or severity of violence, but only when they occur in conjunction with the key determinants related to gender norms, gender inequality and power (VicHealth 2007).

Attitudes and norms about gender roles frame both men's and women's attributions of responsibility, blame, cause, and affective responses of victim sympathy. Social and cultural norms that maintain conservative gender roles, trivialise or deny violence and its effects, blame the victim, insist on the privacy of the family, and encourage the sexual objectification of women, all contribute to collective beliefs which support and normalise men's violence against women (Australia. Department of Social Serivces 2010).

To stop men's violence against women from occurring we must address what the evidence tells us are the underlying causes which are common across all population groups;

- belief in and adherence to rigid gender roles and stereotypes,
- a wider context of gender inequity where there is unequal distribution of power and resources between men and women

- violence supportive attitudes

We must work with and across the community as a whole to change the power imbalances, attitudes and behaviours that cause men's violence against women.

> *Difficult conversations are not only inevitable, they are essential. We need difficult conversations for change to occur. It's through conversations that we get to name, examine and potentially shift the personal and cultural attitudes and practices that contribute to violence against women* (VicHealth 2014).

Intersectionality: Balancing universal approaches with targeted strategies for those most at risk

For women, the impact of men's violence is compounded by the fact that gender-based discrimination interacts with other types of lived experiences of inequality. This interaction, in which one experience impacts on another, is termed 'intersectionality'. Social and structural inequalities, such as class, race, sexuality, disability and residency status may act to increase women's vulnerability to violence. Primary prevention programs in Victoria must take this into account, and be tailored accordingly.

Intersectional disadvantage exponentially compounds the impacts of family violence. The prevalence of men's violence against women means that women in all cultures, socio economic groups and areas across Victoria are at risk, and most women know the men who are violent towards them.

However, certain groups of women experience much higher rates of violence than others, because

a) they experience additional barriers to escaping violence and seeking appropriate support, and
b) they may be harder to reach through universal primary prevention(or early intervention) strategies due to social isolation and other factors.

These groups include women with disabilities, Aboriginal women, immigrant and refugee women, same-sex attracted women, young women and ageing women and women in rural and regional areas.

Primary prevention programs in Victoria must take into account the way that gender-based discrimination interacts with other determinants. However, while different groups will require specialist, targeted approaches, all strategies (spanning from primary prevention to early intervention) should include these core universal messages:

- Men's violence against women is **serious**, **prevalent** and **preventable.**
- Men's violence against women takes many forms, but is characterised by a male (usually an intimate partner) choosing to use violence, coercion, threats and fear to control a female partner or ex-partner
- Men's violence against women on an individual level is both directly caused by, and an expression/enforcer of, broader gender inequity, belief in rigid gender roles and violence-supportive attitudes

Recommendation 2:

Primary prevention programs in Victoria must take into account the way that gender-based discrimination interacts with other determinants and be tailored accordingly. However, while different groups will require specialist, targeted approaches, all strategies (spanning from primary prevention to early intervention) should employ a consistent analysis of the primary cause of men's violence against women across all groups – gender inequity.

Primary prevention strategies need to balance consistent, universal approaches with tailored, targeted strategies for those most at risk.

Women with disabilities

Violence against women with disabilities must be understood in the context of the intersections between gender and disability, power and marginalisation (Women with Disabilities Victoria (WDV) 2014). Australian women and girls with disabilities are twice as likely as women and girls without disabilities to experience violence throughout their lives, but less likely to receive an adequate service response (Healey 2008). A 2013 national symposium on violence against Australian women and girls with disabilities reported the following alarming levels of violence:

- Data indicates that women with disabilities are victims of assault, rape and abuse at a rate twice that of women without disabilities, regardless of age, race, ethnicity, sexual orientation or class (Women with Disabilities Australia (WWDA) 2013).
- Women with disability are 40% more likely to be the victims of domestic violence than women without disability
- 90% of women with an intellectual disability have been subject to sexual abuse, with more than two-thirds (68%) having been sexually abused before they turn 18 years of age (Women with Disabilities Australia (WWDA) 2013).

Furthermore, research suggests that the experience of violence for women with disabilities tends to be significantly more diverse in nature and more severe than for women in the general population, with a greater number of perpetrators involved and abuse lasting a longer period of time (Frohmader, Dowse and Didi 2015). The fact that women with disabilities experience violence from carers, partners, ex-partners and institutions further reinforces the limitation of a narrow focus on family violence.

The need for primary prevention programs tailored for women with disabilities is clear. And yet, despite this, women and girls with disabilities are often not actively consulted on responses to this violence, nor in policy and management or on structural changes in service systems, which is particularly important given that far too many women disabilities are ignored and disbelieved (Women with Disabilities Victoria (WDV) 2014).

Recommendation 3:

The *Gender and Disability Workforce Development Program* increases awareness of how to deliver gender equitable and disability-sensitive services as a key strategy for improving women's well-being and preventing men's violence against women.

Fund the continuation of Women with Disabilities Victoria's Gender and Disability Workforce Development Package

Aboriginal and Torres Strait Islander women

Aboriginal and Torres Strait Islander women are more likely than non-Aboriginal women to experience male violence. Indigenous Australians represent little more than two percent of the population and yet indigenous women are almost ten times more likely to die from assault than non-Aboriginal women and are 35 times more likely to be admitted to hospital as a result of intimate partner violence (Australian Institute of Health and Welfare (AIHW), Al-Yaman, Van Doeland 2006). Of the 71 intimate partner homicides recorded in Australia in 2003-2004, 24 percent involved an indigenous victim, indigenous perpetrator or both (Mouzos 2005).

Men's violence against women in indigenous communities cannot be examined in isolation from the devastating effects of colonisation on Aboriginal people in Australia and the failure of successive governments to address the loss of land and culture that have impacted so greatly on Aboriginal communities. However, family violence in Aboriginal communities as in non-Aboriginal communities is highly gendered. Women and children make up the majority of victims of physical and sexual violence, and men known to them make up the majority of perpetrators.

It is essential that programs for preventing violence in Aboriginal communities involve Aboriginal people, are culturally safe and sustainable and do not disregard the historical and contemporary contexts within which violence against Aboriginal women occurs. For example, the multiple layers of discrimination that Aboriginal women experience on the basis of race and gender discourage them from accessing much needed services for fear of child protection intervention. Factors including strong cultural and familial ties and high incarceration and suicide rates in Aboriginal communities make it harder for women to separate from violent partners.

A tailored approach is required to work with Aboriginal communities, one which incorporates recognition of intersecting determinants specific to Aboriginal communities' experiences of violence - including gender inequality.

Recommendation 4:

Primary prevention programs specifically for Aboriginal communities should be developed by Aboriginal controlled organisations and should address the universal causes of violence against women (gender inequality) as well as culturally specific factors.

Ensure specialist family violence services for Aboriginal and Torres Strait Islander women and children have secure and adequate funding so that they can develop best practice services and programs that are culturally safe and Aboriginal community controlled.

Immigrant and refugee women

Although men's violence against women in Australia occurs among all cultural, religious and socioeconomic groups, women marginalised by culture, ethnicity and visa status may be more vulnerable to experiencing violence while less equipped with resources to address it.

Intersectional experiences of marginalisation, low socio-economic status and disadvantage mean that some women from culturally and linguistically diverse communities are at heightened vulnerability to ongoing intimate partner violence (VicHealth 2007). Immigrant and refugee women are particularly vulnerable. This is because some experiences specific to the process of settling in a new environment and adjusting to a new dominant culture increase the risk factors for men's violence, both by reinforcing risk factors for perpetration and creating barriers for women seeking assistance and early intervention (Rees and Pease 2006).

There are numerous and overlapping issues facing women without permanent residency. Women on family visas and those on spouse visas face vulnerability to violence because their visa status is tethered to their relationship status. Many women have to wait up to two years after arriving in Australia before qualifying for government benefits and other settlement or welfare assistance in their own right. Women with temporary subclass 457 visas may be vulnerable to exploitation from employers or partners if they are awaiting permanent residency eligibility. International students are vulnerable to abuse, exploitation and violence both in the housing and employment markets (Poljski 2011). Service utilisation data from the Women's Domestic Violence Crisis Service shows that 47.6% of the immigrant and refugee women accommodated in refuges in Victoria in 2009-2010 were women without permanent residency (WDVCS, 2010).

Same-sex attracted women

Because adherence to rigid gender stereotypes is a key determinant for violence against women, individuals who challenge the dominant norms linking sex and gender to sexuality risk significant levels of violence and abuse of both a physical and sexual nature.

Research on the rates of domestic violence in women's same-sex relationships in Australia is limited, however a number of national and international studies have suggested that intimate partner sexual violence occurs at a similar rate in LGBTIQ relationships to heterosexual relationships (Leonard, Mitchell, Pitts 2008). The often gendered nature of such violence has been reported in research which documents that lesbian women were more likely to encounter sexually harassing behaviours in public space compared to men who were more likely to be subject to physical violence (Tomsen and Markwell 2009).

Young women

Young Victorian women experience higher rates of violence than older women. Exploration of attitudes data shows that youth, and particularly young men (aged 16-25), are most likely to endorse violence-supportive attitudes and have the poorest understanding of what constitutes violence against women (VicHealth 2014). While gender roles and relations certainly enhance young women's vulnerability to violence in relationships, relational inexperience, age differences and lack of access to services have been demonstrated to compound the problem (Flood and Fergus 2008).

Ageing women

Various factors are suggested which may limit the reporting of violence by ageing women, including being financially dependent on abusive partners, fear of living alone, institutionalisation, generational notions of tolerance of violence, normalisation after long-term victimisation, and a sense of duty to care for a lifetime partner.

Violence against ageing women overlaps with elder abuse. Elder abuse can be emotional, psychological, financial, physical or sexual abuse, or neglect, and is compounded by the fear of reporting violence due to shame, and a fear of retaliation or institutionalisation. Recent focus on the sexual assault of older women in Victoria has found that sexual violence occurs in a range of settings, remains largely invisible, and services seem incapable of adequate response (Mann, Horsley, Barrett 2014).

The most recent survey into Australian community attitudes reveals key differences between older and younger age groups. Older people (men and women) are more likely to agree with some misconceptions about sexual assault (for example, that it is usually perpetrated by strangers). They are however more likely than younger respondents to understand more complex aspects of violence in relationships such as the range and seriousness of behaviours that constitute domestic violence, if and when it can be excused, and who are most likely to be victims (VicHealth 2014).

Women in rural and regional areas

Women in regional and, even more so, rural locations encounter further barriers to escaping men's violence. These include but are not limited to geographic and social isolation, limited private finances, greater opportunities for the surveillance of survivors, challenges with maintaining anonymity and privacy, expensive private and limited public transport networks, limited crisis accommodation, less access to support and health services than is available in metropolitan areas, and limited access to legal services. This results in 'postcode' justice for victim/survivors of men's violence, where access to justice, safety and support depends enormously on what part of Victoria you live in.

Women living in smaller communities face a greater likelihood of encountering conflict of interest issues when seeking legal assistance. Women may not be believed because the perpetrator may be regarded as a reputable member of the community. Women seeking support from regional and rural areas may also encounter the 'digital divide' when accessing information and assistance as well as additional risk factors such as perpetrator gun ownership (George and Harris 2014). Services and support for Aboriginal and Torres Strait Islander (hereafter, ATSI) survivors, culturally and linguistically diverse (CALD) survivors and survivors with disabilities are also more limited in rural and regional areas (George and Harris 2014).

We refer the Royal Commission to the submissions made by regional women's health services which will highlight issues and priorities specific to each geographic region.

Recommendation 5:

Landscapes of Violence: Women Surviving Family Violence in Regional and Rural Victoria (2014) makes a number of important, specific recommendations relating to addressing men's violence against women in regional and rural areas.

Review and implement recommendations of the Landscapes of violence: women surviving family violence in regional and rural Victoria report (2014).

Primary prevention of men's violence against women

Primary prevention refers to activities and interventions that seek to prevent violence against women before it occurs. The overall goal of primary prevention is to reduce the actual incidence of men's violence against women experienced within the population. Primary prevention aims to challenge the underlying

causes of violence, by identifying and modifying the factors that produce or perpetuate it, in order to influence behaviour on the individual level.

Primary prevention is often confused with early intervention strategies which aim to prevent *further* violence from occurring, for example, casework with individuals who have already experienced violence. In contrast, primary prevention strategies are aimed are universal strategies directed at the whole population (though sometimes requiring tailored approaches for different groups) with the aim of addressing the social determinants or root causes of men's violence against women. These are:

- Belief in and adherence to rigid gender roles and stereotypes,
- A wider context of gender inequity where there is unequal distribution of power and resources between men and women, and
- Broader violence supportive attitudes

Primary prevention requires specific expertise and a whole of society (universal) approach focused on challenging commonly held attitudes and behaviours, whereas early intervention and crisis response focusses on individual women or families. Primary prevention means evolving strategies to readjust structural power imbalances and adopt more nuanced approaches to changing the conditions which support gender inequality and violence.

Strategies that do not have an explicit focus on violence against women but still address its underlying causes (such as any initiatives towards gender equality for its own sake) are also primary prevention strategies (VicHealth 2007). In other words, in addition to achieving change on the individual/relationship level, primary prevention strategies target the structural, cultural and societal inequalities which enable violence against women to occur. The Government's recent commitment to gender equity for all future public board appointments is a great example of a primary prevention strategy for violence against women because is addresses gender inequity through structural change.

Recommendation 6:

The government's strategy to address and reduce men's violence against women (including primary prevention) should employ a clear and consistent acknowledgement of the causes of men's violence against women:

- ***Belief in and adherence to rigid gender roles and stereotypes,***
- ***A wider context of gender inequity where there is unequal distribution of power and resources between men and women***
- ***Violence supportive attitudes***

Recommendation 7:

To address men's violence against women the government should develop strategies for responding to violence which has already occurred (including early intervention and crisis response) in addition to a standalone primary prevention strategy to stop violence occurring in the first place.

Universal primary prevention strategies are especially important because approximately 80 per cent of women who have experience men's violence never come forward to report the violence or seek help, and are therefore not assisted by family violence response system.

Properly resourced strategies for both responding to violence and for prevention are essential to ensure a comprehensive solution to men's violence against women.

The government should develop a stand-alone short to long term primary prevention strategy to eliminate men's violence against women.

The primary prevention strategy should have its own dedicated funding to ensure that resources allocated to primary prevention are not syphoned into the early intervention or crisis response streams.

Recommendation 8:

Under the Public Health and Wellbeing Act 2008, the Victorian government is required by legislation to produce develop a Victorian Public Health and Wellbeing Plan. The Plan is used by local government to guide the development of local and regional health and wellbeing plans across the state, as well as guiding the priorities of community and primary health services. The next State health and Wellbeing Plan provides a critical opportunity to embed the prevention of violence against women across each of these sectors as well as supporting a whole of government, coordinated approach.

Strengthen the next Victorian Health and wellbeing Plan to include prevention of violence against women as a stand-alone priority in its own right.

Primary prevention strategies and frameworks

Consistent and clear frameworks and messaging are essential if we mean to reduce, respond to and ultimately prevent violence against women. Following work done on an international level by WHO, VicHealth developed *Preventing violence before it occurs: A framework and background paper to guide the primary prevention of violence against women in Victoria*, 2007. The VicHealth Framework provided the basis for the two subsequent state government action plans for violence against women (*A Right to Respect* and the *Action Plan to Address Violence Against Women and Their Children*), and provided a shared statewide framework for the wide range of primary prevention programs that have since been rolled out across multiple settings including education, media and sports. The framework provided new and expert stakeholders with shared language and concepts backed up by current national and international evidence.

Women's Health Victoria believes that the evidence, language and core concepts used in VicHealth Framework could provide a strong foundation for a more detailed state government primary prevention strategy going forward. However, challenges to the public health approach to preventing violence against women (rather than a human rights-based model) have been raised, and must be acknowledged.

Unlike smoking, obesity, alcohol abuse and other practices with health impacts – violence against women is not only a matter of public health – it is also an abuse of human rights and a crime. As such it imposes a high and immediate obligation upon states to take action, and brings urgency to policy and legislative development.

Victorian health policy has been actively engaged in social and political leadership in primary prevention for the last decade. Social marketing, community education and media discourse have placed the issue of violence against women firmly on the agenda and continue to sustain efforts to increase knowledge and awareness. The approach has so far concentrated on changing attitudes to violence rather than changing gendered attitudes in order to affect social gender norms.

Preventing men's violence against women in Victoria needs to move beyond assumptions that community education about violence against women is sufficient to change entrenched social norms and behaviours. The societal-level determinants of gender inequality and inequity remain to be challenged and changed as we seek to reduce rates of intimate partner and sexual violence (World Health Organization and London School of Hygiene and Tropical Medicine 2010).

Recommendation 9:

Several primary prevention programs for key settings such as workplaces, schools and maternal and child health services have already been developed, piloted and evaluated under the VicHealth framework. They include

- ***Take A Stand***- this program strengthens the organisational capacity of workplaces (male-dominated workplaces in particular) to address attitudes and behaviours that enable men's violence against women. *Take A Stand* works with organisations to implement policies and equip bystanders to challenge violence-supportive attitudes and promote respectful relationships between men and women.
- ***Partners in Prevention –*** a state-wide project which fosters the development of a cross-sector community of practice for primary prevention work with young people (respectful relationships education programs) and
- ***Baby Makes 3-*** This project addressed the issue of gender equality within relationships for first-time parents.1

Instead of replicating efforts or investing in a new set of pilot programs, the Royal Commission should favourably consider rolling out these evidence-based programs within a coordinated approach. They have been teste and evaluated and have been demonstrated to be effective.

Invest in a long-term strategy of proven programs to prevent sexism, discrimination and violence, and promote respectful relationships in schools, sporting clubs, workplaces and the media. Continue to evaluate primary prevention programs to build the evidence-base on what works.

Getting serious about change: Shared principles for primary prevention in Victoria

Primary prevention of violence against women is a specialist and emerging field internationally, with work undertaken in Victoria over the past 8 years leading the way nationally and internationally.

For this reason, Women's Health Victoria has joined with other experts in primary prevention to develop a shared statement of principles to guide and underpin future strategies.

Getting serious about change: The building blocks for effective primary prevention of men's violence against women is intended to inform the work of the Royal Commission. The statement distils our shared knowledge about what needs to happen for prevention work to be effective – drawn from our combined experience and the latest international research.

Attached to our submission, please find a Joint Statement is submitted on behalf of nine signatory organisations with long experience of, and expertise in, primary prevention of men's violence against women in Victoria.

The role of women's health services and Women's Health Victoria in driving primary prevention

Vision: Women's Health Victoria delivers a well understood and coordinated comprehensive primary prevention strategy with regional and metropolitan women's health services, in partnership with local government, businesses and schools.

Understanding the role of specialist women's services

> "*Providing services for vulnerable women through mainstream organisations presupposes that services can achieve the same outcomes for women without applying gender-informed practice. The history of social policy and our knowledge of best practice in achieving outcomes for vulnerable women does not support this assumption.*" (Women's Services Network (WESNET) 2015)

We join with the Commission in acknowledging the sustained and ground breaking work of those women whose tireless, specialist work over many decades has made violence against women a policy priority on the state, national or international levels. The contribution of specialist women's and domestic violence services over the last forty years cannot be overstated. The specialist women's domestic and family violence sectors' expert understanding of the dynamics and complexity of violence against women is essential to maintain and develop (Women's Services Network (WESNET) 2015).

Women's health services and specialist domestic violence services (such as the Women's Legal Service, the Domestic Violence Resource Centre Victoria, No To Violence, Women with Disabilities Victoria, Aboriginal controlled domestic violence services, women's refuges and others) provide the backbone to statewide reform relating to men's violence against women and are the Commission's greatest asset in terms of driving this work forward**.**

Through tireless, often voluntary, often dangerous and always under resourced work women's organisations started the first community-run women's refuges in the 1970s. Despite being a sophisticated welfare state by this time, neither government nor the police identified or understood domestic violence as an issue. By listening to women escaping violence, women's organisations were the first to research and conceptualise the prevalence, nature and dynamics of domestic violence (as it was then known). They began to collect evidence and inform policy development.

It was specialist women's services who first understood and explained why women don't 'just leave' violent relationships. They listened to women and learned that as soon as a woman took steps to leave a violent partner she was immediately at an increased risk of further injury and murder. They advocated for (the enforcement of) intervention orders and believed women at a time that the whole system was stacked against them. Because of specialist women's services we can offer safe, expert support services for victim survivors.

Specialist services identified the key groups likely to come into contact with women experiencing violence - police, judges and doctors, and challenged them to do better, and built their capacity to do so. In Victoria specialist services developed the *Common Risk Assessment Framework* - now regarded as essential training for all direct service providers.

Because of specialist women's services we now know that pregnancy is often when violence first starts, or when it escalates. As a result we have developed training for all maternal and child health nurses to help them spot the warning signs and respond appropriately.

> *Has the perpetrator been controlling or jealous, has he stalked her, has he tried to kill himself or has she, has he sexually assaulted her? Do either of them have mental health issues, has he threatened to harm or kill the kids, has he breached an intervention order? Is she pregnant or does she have a new baby? Together, information about these risk factors – 18 in all – will help form a picture of the level of risk of the caller, and her children. Equally crucial will be the woman's own assessment of the level of risk the perpetrator poses. And that's just the beginning of the work.* (Maltzahn 2015)

Without specialist workers we would not know anything about the coercion and control that makes domestic violence different from street violence, we wouldn't know about the risks and impacts of psychological and financial abuse, cultural abuse, threats to harm pets, the killing of children. We wouldn't have safe spaces in courts police codes of conducts. Without specialist services we would not understand about the intersection of gender with disability.

These typically very small, under-resourced organisations have, with sustained effort and in partnership with government and community identified violence against women as a problem, and provided the solutions. One specialist organisation can resource an entire region or network of service providers to ask the right questions, collect the right data, design best practice interventions, inform policy development, support appropriate and effective work with perpetrators.

The expertise, and credibility of specialist women's services remains the greatest asset our society has to addressing violence against women. Protecting and nurturing these organisations, enabling them to build the capacity of others is the bedrock of effective policy development, system reform, primary prevention strategies.

Recommendation 10:

Women escaping violence require specialist workers and services. It is essential that future tendering processes do not disadvantage specialist women's services. To do so will result in the further reduction of women's access to specialist support, increase risk to women and children affected, and further enhance structural and systemic gender inequality.

Create a funding stream specifically for violence against women which is separate from funding for homelessness so that funding is better targeted and accounted for.

Recommendation 11:

The gendered nature of family violence should underpin program design and service delivery across the spectrum. Specialist women's services play a crucial role in resourcing the work of every other sector impacted by violence against women (police, justice, homelessness, drug and alcohol services. GPs, etc).

The government should strengthen, protect and properly fund specialist women's services to respond to and prevent violence against women. Ensure that tendering processes for men's violence against women (family violence) services consider the expertise of specialist services, and that a gendered analysis of violence underpins the response given to service users by any contracted organisations. This will ensure the best return on investment for government, as well as the best outcomes for women and their children.

The role of Women's Health Services in Victoria

Women's Health Victoria is one of nine regional and three statewide services that comprise the Victorian Women's Health Program. Together the women's health services provide a strong infrastructure for the coordination of women's health programs and objectives across the state. WHV plays a statewide coordination, resourcing and leadership role. Primary prevention of violence against women, sexual and reproductive health and women's mental health are shared priorities for all women's health services.

Women's' health services recognise that primary prevention requires long term social change and that it will take time, partnerships and resourcing to achieve.

Many women's health services are already playing a leadership role in primary prevention activities across their regions. For example, WHV's *Take A Stand* program has now been delivered across 3 metropolitan and regional areas, by regional women's health services in partnership with local businesses and communities. Women's health services will continue to support its partners and local communities to work towards gender equity, including addressing the convergence of gender, disability, race, age and other factors that in combination increase the incidence of harm to women through violence.

Recommendation 12:

Together the women's health services provide a strong infrastructure for the coordination of women's health programs and objectives across the state.

That women's health services across the state are recognised as providing a strong existing infrastructure to support the coordination of state-wide and regional primary prevention strategies.

Women's Health Victoria: A leader in in primary prevention

WHV works collaboratively with women, health professionals, policy makers and community organisations to influence and inform health policy and service delivery to improve the lives of Victorian women. In addition to strategic preventative health promotion work we provide a number of direct health services to women (such as *BreaCan*, a successful gynaecological and breast cancer support and information service).

In addition to these direct services, as the statewide body, WHV leads, coordinates and resources women's health services as well as undertaking research, advocacy and policy work.

Men's violence against women is the leading cause of death and disability in women under 45 and the biggest contributor to women's ill health (VicHealth 2007). Addressing the social determinants of violence against women is our best evidenced strategy for addressing the attitudes and beliefs that support gender inequality and enable men's violence against women to continue. Women's health services are leading primary prevention efforts across the state and Women's Health Victoria has a key role to play in leading and coordinating this work, including:

- Mapping existing activities, avoiding duplication and identifying gaps
- Collecting and analysing evidence through evaluation
- Developing innovative new strategies including fostering partnerships with non-traditional stakeholders such as businesses
- Development of best practice guidelines for regional planning of primary prevention initiatives

WHV has worked at the centre of primary prevention activities in Victoria since 2007 and works closely with women's health services at the regional level, VicHealth on the state level, and Our Watch on the national level. We have developed a number of programs and resources which have the potential to play an important role in primary prevention going forward.

Recommendation 13:

With a strong history of leadership and expertise in primary prevention and the ability to coordinate and resource statewide and regional activities, Women's Health Victoria is strongly positioned to help role out a comprehensive, consistent and statewide primary prevention strategy in partnership with government and other stakeholders.

Women's Health Victoria's *Take a Stand: Violence Against Women Is Everyone's Business*

In 2007, VicHealth piloted and evaluated a suite of complementary best practice primary prevention programs across a number of key settings (schools, workplaces, sports and leisure, parenting, etc.) in partnership with expert community organisations including WHV. WHV developed Australia's first workplace and businesses program aimed at the prevention of domestic violence. *Take A Stand* is a multiple award winning[3] primary prevention program originally funded by VicHealth and piloted at Linfox. The program has been tested and evaluated, and includes an evaluation report and feedback, which showed very promising results.

Take A Stand strengthens the organisational capacity of workplaces (male-dominated workplaces in particular) to address attitudes and behaviours that enable men's violence against women. *Take A Stand* works with organisations to implement policies and equip bystanders to challenge violence-supportive attitudes and promote respectful relationships between men and women.

Evaluation showed that participants felt they were more likely to challenge violence-supportive attitudes and behaviours as a result of the training, and understood how sexism occurs on a continuum of violence against women.

- 87 % felt that the training helped them understand how things people say or do can support domestic violence.
- 89% felt that they were very likely or quite likely to speak out against domestic violence as a result of the training.

Following the *Take a Stand* training, 95% of participants were happy or very happy that Linfox was working with a not for-profit organisation to prevent domestic violence.

Comments from participants at Linfox included:

> "Made me think twice about my behaviour and response to situations."
>
> "Well done, strong message sent across, will think about it more now. Thank you."
>
> "Thanks for being proactive. Everyone should do this." (Durey and Women's Health Victoria 2011)

Take a Stand has since been used in other workplaces, with the original trial including over 500 participants at Linfox and has since been delivered to 400 participants in one local government area. In 2014 the 'Train the Trainer' component of Take A Stand was implemented at Melton City Council and Women's Health Loddon Mallee. Women's Health Barwon South West is currently delivering the program across the region with 1800 staff set to participate.[4]

[3] Certificate of Merit, Australian Crime and Violence Prevention Awards, 2009,VicHealth Award, 'Organisational Development' Category, 2010, and Victorian Community Sector Awards, 'New approaches to Partnerships with Philanthropy and Business' Category, Runner-up, 2010.

[4] A recent article on the implementation of *Take A Stand* in the Barwon South West region can be found online at*:* http://www.standard.net.au/story/2633422/time-is-right-to-take-a-stand/?cs=75

Recommendation 14:

Engaging workplaces in primary prevention through completion of *Take A Stand* should be a core component of statewide primary prevention activities.

That Women's Health Victoria should is adequately funded to roll out of Take A Stand across state and local government workplaces, as well as private businesses, in partnership with regional women's health services.

Best Practice Guidelines: Women's Health Services Leading Regional Action

The *Women's Health Services Leading Regional Action to Prevent Violence Against Women and Children 2013-2015* project is a program developed by Women's Health Association of Victoria (WHAV) and funded by the Department of Human Services (DHS) as an agreed prevention initiative of *Victoria's Action Plan to Address Violence against Women and Children 2012-2015.* WHV is the lead agency and coordinator of the project and will play a primary role in ensuring the guidelines are maintained and updated and that the tools and resources are current and evidence based.

This project's outcomes support a consistent and coordinated approach to primary prevention activities across Victoria. The project will develop best practice guidelines to support regional women's health services and their partners to develop and implement the most effective plans, strategies and activities to prevent violence against women.

Project outcomes include:

1. Lead organisations and communities to deliver effective primary prevention activities
2. Build partnerships and connecting Victorian women's health services and communities to raise awareness of the value of a common approach
3. Create a shared online and up to date planning guide for developing Regional Action Plans with associated template resources and tools to support best practice in planning and coordination across regions
4. Develop a Community of Practice structure for women's health services involved in preventing men's violence against women including the creation of an online 'hub' for the collection of evidence to guide best practice activities

Recommendation 15:

Funding is required to ensure the *Women's Health Services Leading Regional Action to Prevent Violence Against Women and Children 2013-2015* project can be sustained, updated and improved so that it can be as useful as possible in resourcing best practice, efficient and effective regional planning for future primary prevention efforts.

Fund Women's Health Victoria to maintain and update the Regional Action Best Practice Guidelines and to train regional women's health services, local government and other stakeholders to use the guidelines to support robust, evidence-based primary prevention programs.

The Women's Health Services online Health and Gender Equity Data Book

Women's Health Victoria is currently developing a statewide data book to assist regional women's health services to make evidence-informed decisions around service design, emerging priorities and program planning.

The data book will be an interactive, current, online resource to help women's services to access relevant, current sex disaggregated data drawn from key state-level and regional data sources across all key indicators for gender equity, men's violence against women, mental health and and sexual and reproductive health. The data book will also include a range of fact sheets relating to other priority areas for women.

Recommendation 16:

The Women's Health Services Health and Gender Equity Online Data Book pilot is currently funded by the Department of Health and Human Services for development and should be funded to ensure the resource is kept up to date with high quality gendered data across key indicators impacting on women's health and wellbeing.

Gaps in existing knowledge and approaches

The VicHealth Framework (2007) provided strong concepts and guidance to direct primary prevention activities over key settings. However, eight years later there are opportunities to strengthen this framework by incorporating a more comprehensive understanding of violence against women and developing strategies for hard to reach, yet crucial settings.

Primary prevention efforts must now be strengthened and embedded in the broader Victorian community. Taking a stronger stand against sexism, misogyny and discrimination will require a greater contextual engagement with how gender inequality is experienced in the lives of women in Victoria (Wall 2014).

Women experience violence at all ages and in every area of their lives. This violence is perpetrated by partners, strangers, colleagues, relatives and friends. While the focus in Victoria and nationally is on violence against women by men known to them (because the data suggests this to be of highest prevalence), there is more work required at other sites on the continuum of gender-aggressive behaviours that are still tacitly condoned, tolerated, excused and accepted within society. The range of gendered behaviours towards women which act to effect, reinforce and institutionalise gender inequity, power inequality and subordination constitute the lived experience of gender inequality for women.

Women's Health Victoria has identified four (overlapping) areas where current primary prevention efforts could be significantly strengthened. Through research, partnerships and evidence-based program design we can design more effective and efficient primary prevention strategies:

- *Sexual and reproductive abuse in the context of intimate partner violence – health impacts and implications for primary prevention*
- *The sexualisation and objectification of women and girls through everyday media - health impacts and implications for primary prevention*
- *Media as a setting for primary prevention – opportunities and obstacles*
- *Technology-facilitated violence against women - health impacts and implications for primary prevention*

Women's Health Victoria has the expertise and relevant partnerships to research, design interventions, and roll out programs to fill these overlapping knowledge and practice gaps, significantly contributing to the efficacy of statewide primary prevention efforts.

Recommendation 17:

Women's Health Victoria has identified four key (overlapping) areas where current primary prevention efforts could be significantly strengthened. Through research, partnerships and evidence-based program design we can design more effective and efficient primary prevention strategies.

Fund Women's Health Victoria to undertake research and build the evidence base. Issues requiring greater exploration and incorporation within primary prevention include:

- ***Sexual and reproductive abuse in the context of intimate partner violence – health impacts and implications for primary prevention***
- ***The sexualisation and objectification of women and girls through everyday media - health impacts and implications for primary prevention***
- ***Media as a setting for primary prevention – opportunities and obstacles***
- ***Technology-facilitated violence against women - health impacts and implications for primary prevention***

Sexual and reproductive abuse in the context of intimate partner violence – health impacts and implications for primary prevention

There is an emerging discourse about the overlapping relationship between experiences of intimate partner violence and sexual violence. Service system responses and prevention strategies have tended to separate domestic violence from sexual assault. This is partly because of ongoing erroneous cultural assumptions that

- sexual assault is most often perpetrated by strangers, and simultaneously
- that sexual assault does not occur within marriage or long term relationships because consent is either assumed or irrelevant.

Women escaping violence are not often asked about their past experiences of sexual violence because this is not seen as the most immediate concern for women in the context of a crisis. This means support they receive for each issue is siloed despite co-occurrence of both forms of violence being extremely common. Recent research in Queensland has found that 'almost 40% of clients reporting sexual violence also report domestic violence, highlighting the prevalence of forced sex within ongoing relationships that are also abusive in other ways' (Kerr 2015). Intimate partner violence and sexual violence can lead to unintended pregnancies, induced abortions, gynaecological problems, and sexually transmitted infections.

Pregnancy is a particular risk factor for violence: almost one in four women (22%) experiencing partner violence have experienced it during pregnancy, and 13% of those women were pregnant when the violence started (Australian Bureau of Statistics 2013).

We can be more proactive about asking women about their experiences of sexual violence including reproductive coercion and get better at responding holistically to women's experiences of gender-based violence. A response system which better incorporates the sexual and reproductive health and mental health impacts of violence against women would assist women's recovery. Primary prevention programs should address all forms of men's violence against women including sexual assault and sexual violence.

Currently Victorian Respectful Relationships Education programs address either intimate partner violence or sexual assault (with a focus on stranger or dating-based sexual assault). Additionally, critical media skills education programs (which give students the skills to critique an 'unpack' problematic messaging) tend to

not take a gendered approach. This means that the objectification of women and promotion of rigid gender stereotypes (factors which contribute to men's violence against women) are not considered.

There are opportunities to develop respectful relationships education programs which integrate all three elements:

- Intimate partner violence
- Sexual assault
- Critical media skills

This would also support schools who currently have to pick and choose between these types of programs.

Recommendation 18:

Currently respectful relationships education programs in Victoria address either intimate partner violence or sexual assault (with a focus on stranger or dating-based sexual assault). Additionally, critical media skills education programs tend to not take a gendered approach. There are opportunities to develop respectful relationships education programs which integrate all three elements

Fund WHV to work to lead a collaborative approach to strengthening Respectful Relationships Education in schools by including all forms of violence against women as well as critical media skills within one best practice curriculum. Evaluate the new program to measure the extent to which a more holistic approach improves outcomes.

The objectification of women and girls through everyday media - health impacts and implications for primary prevention

Everyday media (including print, television, advertising and core content like children's television shows) plays a key role in influencing expectations of what are acceptable roles and behaviours for men and women. The objectification of women and girls in media therefore represents a significant barrier to the broader cultural change that the government and community are working together to achieve in other settings to prevent violence against women. Objectification is defined occurring when:

> *A woman's sexual parts or functions are separated out from her person, reduced to status of mere instruments, or else regarded as if they were capable of representing her. To be dealt with in this way is to have one's entire being identified with the body*... (Bartky cited in Moradi and Huan 2008)

The portrayal and reinforcement of women as sexualised objects has serious physical and mental health implications for young women. It is linked to eating disorders, depression, and sexual dysfunction, each of which is more prevalent among women than among men (Fredrickson and Roberts cited in Moradi and Huan 2008).

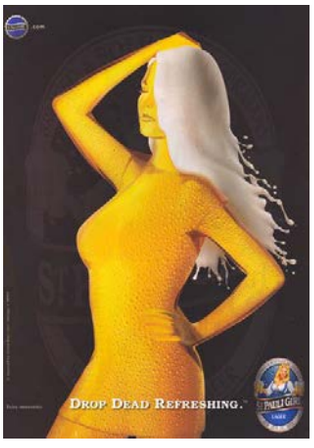
- Objectification undermines women's confidence and comfort in their bodies and increases body dissatisfaction and appearance anxiety. Young women who read fashion magazines rather than news magazines prefer to weigh less, are less satisfied with their bodies, more frustrated about their weight, more preoccupied with the desire to be thin, and more afraid of gaining weight than their peers (Szymanski, Moffitt and Carr 2011).

- Objectification impacts on physical performance. The more girls view their bodies as objects and are concerned about their physical appearance, the more likely they are to have poor motor performance in physical activities. Objectification limits the effectiveness of their movements, the likelihood that they will participate in physical activity, and it also limits the health benefits they would get from being physically active (Szymanski, Moffitt and Carr 2011).

Objectification and sexualisation of women and girls is not just an individual health issue – it permeates our culture and shapes expectations about relationships between men and women.

Examples include the use of women's bodies and body parts explicitly to sell products and the use of images which only show parts of women's bodies or depictions of women as inanimate objects for consumption. The objectification of women perpetuates and reinforces stereotypes, encourages negative views of women's status in society, and fosters attitudes about women and sex that are less than positive (Szymanski, Moffitt and Carr 2011). The failure to represent the diversity of women in terms of body size and shape, as well as race, sexuality, disability and religion also contributes to a culture of objectification.

Research on objectification has shown that women and men exposed to sexually objectifying images from mainstream media were found to be significantly more accepting of rape myths, sexual harassment, sex role stereotypes, interpersonal violence, and adversarial sexual beliefs about relationships (American Psychological Association Task Force on the Sexualization of Girls 2007). Men who were shown print advertisements in which women are presented as sex objects were more accepting of violence against women than men exposed to other kinds of advertisements (Flood and Pease 2006). Exposure to sexualised content has also been shown to affect how women actually behave and how men treat and respond to real women in subsequent interactions: after being exposed to sexualised content, men's behaviour toward women became more sexualised, and they treated women more like sexual objects (American Psychological Association Task Force on the Sexualization of Girls 2007).



These advertisements are examples which objectify women and contribute cultural attitudes that enable and perpetuate men's violence against women.

Recommendation 19:

The sexualisation and objectification of women contributes to attitudes than excuse or minimise violence against women including sexual violence. It is therefore important that a review of the role of mainstream media in violence-supportive attitudes is a key component of the government's Royal Commission into Family Violence.

A review of the role of mainstream or 'everyday' media, including advertising, in objectifying women and contributing to attitudes that enable men's violence against women should be a key component of the Government's Royal Commission into Family Violence.

Media as a setting for primary prevention – opportunities and obstacles

'Media' was identified under the VicHealth framework as a key setting for primary prevention interventions. Yet, aside some from some notable projects such as the EVAs[5] which provides guidance and incentives for individual journalists to improve the reporting of violence against women, everyday mainstream media has remained the 'too hard' basket.

The everyday sexisms that trivialise and perpetuate gender inequality are role modelled and perpetuated through media. These include but are not limited to sexist jokes, derogatory remarks and attitudes which regard women as property and possessions.

The prioritisation of men's sports over women's, the disproportionate number of children's shows aimed at and starring boys instead of girls, the characters and roles allotted to men and women which reinforce rigid gender stereotypes contribute to permissive cultures of sexism and discrimination.

Primary prevention strategies rely on consistent, clear messaging in multiple settings (reinforcing one another) to change community attitudes over time. If we are going to sufficiently target the underlying conditions in relationships, communities, and society that make violence possible we must challenge ourselves to develop a more ambitious strategy for the media setting. Because of media's pervasive impact, all of our efforts to challenge violence supportive attitudes and gender stereotypes in sporting clubs, in schools, with parents are will be undermined if we cannot influence the counter-messaging of everyday media.

> *Addressing the media's representations of women and women's relationships to men remains an overwhelming gap in prevention and gender equity activities.* (Quote from Rita Butera, Executive Director, Women's Health Victoria)

Given that the media and advertising are important social determinants that influence women's health, Women's Health Victoria regularly engages in advocacy related to advertising and entertainment that degrades women. For example, prior to 2012 the objectification of women was not identified as an issue in the Australian Association of National Advertisers' Code of Ethics. The revised Code now states that 'advertising or marketing communications should not employ sexual appeal in a manner which is

[5] The Eliminating Violence Against Women Media Awards (The EVAs) were a Victorian awards event that acknowledged excellence in reporting of violence against women in print, television, radio and online media; and celebrated media contributions to the prevention of violence against women. They ran in Victoria between 2008 to 2013, funded by the Victorian Government and managed by DV Vic in partnership with No To Violence and the CASA Forum.

exploitative and degrading of any individual or group of people'. This inclusion was a specific recommendation of WHV.

To date, WHV media advocacy has engaged with reviews of:

- The Australian Association of National Advertisers' Code of Ethics
- The Federal Government's Senate Inquiry into the National Film and Literature Classification Scheme
- A House Committee Inquiry into the Regulation of Billboard and Outdoor Advertising
- The Australian Law Reform Commission's review of the National Classification Scheme

Women's Health Victoria advocates for careful consideration of the representation of women in advertising. Images of women in sexualised advertisements which demean and perpetuate stereotypes of women as sexualised 'objects' de-humanise women and normalise forms of masculinity which emphasise male entitlement and dominance.

Recommendation 20:

Everyday media is a key influencer of cultural attitudes and what is considered acceptable behaviour.

In order to see large scale measurable change in harmful attitudes the government should seek opportunities to address the role of everyday media in contributing to attitudes and beliefs that cause violence against women. This should include a review of everyday media messaging and its role as a contributor to violence-supportive attitudes, and the introduction of relevant regulation and legislation to ensure that everyday media becomes part of the solution, rather than part of the problem.

Unchartered territory in primary prevention

> *We desperately need to start making the connections, stop making excuses, and stop compartmentalising that which is clearly linked If we truly aim to prevent violence against women. (Murphy 2015)*

There are types of violence against women for which the health burden is still insufficiently acknowledged or poorly understood. For example, experiences such as street and sexual harassment are frequently overlooked. Being subjected to sexual harassment and street harassment is a highly prevalent and common experience for women, with at least one large-scale Australian population study describing it as one of the most common forms of violence against women (Pina and Gannon 2012, Rees, Silove, Chey 2011).

Street harassment and sexual harassment are highly gendered experiences: women are overwhelmingly the victims and men the perpetrators. Street harassment is part of the spectrum of Victorian women's experiences of gender-aggressive behaviours which comprise men's violence against women, occurring when a man asserts his power to objectify a woman by making unsolicited sexual advances or comments (Fileborn 2013). Street harassment and unwanted sexual attention comprise a broad range of behaviours, including:

- intrusive questions or comments about private life or appearance; unnecessary familiarity
- unsolicited and unwanted touching and physical contact/physical behaviour of a sexual

- stalking, which can be perpetrated by strangers, partners or ex-partners
- use of the internet, mobile phones and SMS to transmit pornographic and other offensive material (Pina and Gannon 2012).

A survey of 1426 Australians in 2014 explored women's experiences of harassment in public areas and perception of safety in public spaces, finding that among those who have experienced street harassment, the majority of women first encounter it before they are even of voting age, while they are still at school. Harassment occurs primarily when women are alone and is conducted, overwhelmingly, by men (Johnson and Bennett 2015). Many women suffer harassment when going about their daily lives, which includes more physical forms of harassment, such as being followed or having their path blocked. Other findings included:

- 87% of Australian women have experienced at least one form of verbal or physical street harassment.
- Among those who had experienced street harassment:
    - 56% of women were alone when they last experienced street harassment
    - Three in four women (74%) were harassed by a man or a group of men
    - A majority of women (54%) were younger than 18 when they first experienced street harassment
- 40% of Australian women do not feel safe when walking alone at night in the area where they currently live, compared to 17% of men
- 87% of Australian women have taken at least one action to ensure their own personal safety in the last 12 months (e.g. avoiding walking home alone at night) (Johnson and Bennett 2015).

Street and sexual harassment can have a profoundly negative effect on victims. Women's perceptions of safety are often impacted, resulting in women more likely to engage in avoidance or protective techniques in public spaces (Stanko 1996). The net effect constrains women's freedom of movement and use of public space, which in turn negatively impacts upon their social and economic wellbeing and physical health. Feeling unsafe in public spaces can restrict when and where women are able to work or engage in social settings in ways which men generally do not experience (Fileborn 2013).

Likewise, the effects of stalking by a partner or ex-partner, and particularly the increased rates of technology-facilitated stalking (such as smartphone and GPS devices), are only just beginning to be understood and documented. In the recent *SmartSafe* research (DVRCV, 2012), 84 percent of participants said that experiencing unwanted contact through technology-facilitated stalking had impacted on their mental health and wellbeing. This included depression, sleeplessness, weight loss, anxiety and panic attacks.

Women's Health Victoria is concerned that wider accessibility to R18+ computer games will serve to perpetuate violence-supportive attitudes within our community, and desensitise gamers to the impact and consequences of violence. R18+ computer games contain violent, offensive and sexualised content that reinforces violence supportive attitudes and behaviours. Making these games more widely available, where they can easily be accessed by those under 18, means that more people are exposed to interactive games and images that support the objectification of women and reward violence-supportive and misogynistic forms of masculinity.

An area which warrants much further investigation and concern is the unwanted sexual attention received by young women in particular, from strangers online. The incidence and impact on young women in Australia is yet to be adequately determined. Alongside everyday media, primary prevention strategies to date have tended to put the representation and treatment of women online in the too hard basket.

Recommendation 21:

There are forms of men's violence against women for which the health burden is still insufficiently acknowledged (sexual harassment and discrimination online, technology-facilitated abuse, sending of threatening, sexually explicit or constant text messages or 'textual harassment', etc).

Primary prevention interventions for social media and online settings have yet to be developed. The government should fund WHV to build on its existing knowledge and undertake research to develop and evidence base and strategies so that these settings are not excluded from primary prevention efforts and so that women's perception of unsafety in the physical community is not compounded by a lack of safety and respect online.

Statistically we know that many women experience many forms of gender-based violence over the course of their lives. A victim of prolonged abuse by an intimate partner is, because of her gender and the pervasive nature of violence against women, also likely to experience unwanted sexual attention or street harassment, she may also become a victim of stranger sexual assault. The impacts of experiencing multiple forms of violence will be cumulative and re-traumatising for many women.

Women unfortunately factor in how to keep 'safe' from male violence every day, to and from work, whilst exercising, on the way home from outings. Fear of male violence significantly limits the participation of women and girls in community life. Too many women also experience fear of male violence in their own homes. We know violence against women is the leading contributor to death and disability for Victorian women aged 15-44.

While it is essential to hold individual perpetrators to account, and ensure we have the right services in place to support women, it is also critical that we work together to prevent men's violence from happening in the first place.

Evidence tells us that where countries are more equitable there tends to be lower rates of violence against women. We need to work towards shifting the structures and social norms that enable violence against women.

Reducing violence will require significant investment and a coordinated, sustained approach. We must commit to work with men and boys and girls and women, across every indicator of gender inequity, challenging the systems, the policies, the beliefs, and attitudes that contribute to violence against women.

Promising work towards achieving these goals has already been piloted in schools and workplaces, though mitigating the impact of the way women are represented in media remains a significant challenge. Women's Health Victoria is committed to working with the Victorian government, community sector and businesses as part of a coordinated and comprehensive statewide strategy to prevent men's violence against women.

Responding to violence against women and their children

The focus of Women's Health Victoria's efforts relating to men's violence against women is primary prevention. However, as the statewide body for women's health services in Victoria we cannot let this opportunity pass without drawing the Commission's attention to specific early intervention, response and recovery services and systems in urgent need of additional funding. Together these interventions are essential in ensuring health and safety of Victorian women.

With demand continuing to grow across the full spectrum of family violence related services and supports (including police response, crisis support, emergency housing and refuge, court and justice system supports, counselling, case management and men's behaviour change programs), the family violence system in Victoria which has always struggled to respond to demand for their services, is currently overwhelmed and unable to adequately respond to thousands of women and children at immediate and ongoing risk of being exposed to further violence, made homelessness or killed by their male partners or ex-partners.

> *Our political leaders have to stand up and be counted, to see where failure by governments to act – on safe housing, in the courts, on the status of women and across other areas of policy and practice – puts women and children at risk of family violence.* (No More Deaths Coalition 2014)

The No More Deaths Coalition[6] has grouped the most urgent priorities into key themes, including:

- Keeping women and children safe and housed
- Make the justice system safe ad supportive
- Hold violence perpetrators to account

Keep women and children safe and housed

> *Housing affordability is the key bottlenecking in the system now … the abuse of power and control by their abusers often mean women don't have the means to rent or buy.* (Elder 2014)

The current demand for safe accommodation and housing means that as services increasingly prioritise only the most high risk clients many women and children who have reached out to police or family violence services for help cannot access support.

Tightening eligibility criteria excludes many women, including the most marginalised. Payment is required for some refuges (co-contributions), excluding women who are unable to pay, despite the fact that their experience of violence may have included financial abuse and affected their ability to work or receive Centrelink payments.

Many refuges do not have appropriately trained staff who are able to work around the clock to provide specialist support to women with mental health issues, histories of alcohol and drug abuse. Women with

[6] The members of the *No More Deaths* coalition are: Domestic Violence Victoria, Federation of Community Legal Centres, No To Violence, Women's Legal Service Victoria, Domestic Violence Resource Centre Victoria, Women's Domestic Violence Crisis Service, Women with Disabilities Victoria. Together they represent most statewide and local organisations working with women and children, community legal services and men's behaviour change programs across Victoria

adolescent male children often struggle to find accommodation because many refuges are unable to accept teenage boys in case they pose a threat to other women and children using the service.

Many women cannot escape violence because they lack options. We need to build and promote a system that validates that women who are experiencing violence and who have reached out for help (putting themselves and their children at immediate increased risk of experience further violence from controlling partners) have done the right thing in coming forward, that what they have experienced is serious and unacceptable and a crime, and that we will support them to recover and achieve safety.

Fundamental to this is safe, secure, and appropriate accommodation options which enable women to re-build their lives while maintain education and employment. Access to child care services, specialist legal help and financial counselling services should be part of a holistic suite or supports to help women rebuild their lives and achieve long term safety. The current housing crisis across Victoria means women and children are being forced to remain in violent households because they have nowhere else to go.

Recommendation 22:

Keep women and children safe and housed by implementing the recommendations of the No More Deaths Coalition
http://www.dvrcv.org.au/sites/thelookout.sites.go1.com.au/files/NoMoreDeaths-FactSheet-1.pdf

Make the justice system safe and supportive

The supports and services available to families impacted by family violence are unequally distributed across Victoria, often reinforcing disadvantage and resulting in 'postcode justice'.

As of late 2014:

- Only 5 out of Victoria's 53 Magistrates Courts currently have court employed victim support workers.
- Only 1 court in Victoria has a dedicated safe waiting space for family violence victims so women and children are not at risk at coming into contact with the perpetrator.
- No court in Victoria employs a disability advocate or culturally specific worker for victims at high risk, and only 2 courts fund a Koori support worker. This is despite evidence showing that women and children with disabilities or from culturally diverse backgrounds are many times more likely to suffer family violence, with Aboriginal women 31 times more at risk of being hospitalised.
- Lack of accountability for perpetrators saw at least 820 offenders breach intervention orders at least three times in 2013-14 – with the real breach numbers expected to be much higher.

Recommendation 23:

Make the justice system safe and supportive by implementing the recommendations of the No More Deaths Coalition
http://www.dvrcv.org.au/sites/thelookout.sites.go1.com.au/files/NoMoreDeaths-FactSheet-2.pdf

Hold perpetrators to account

Despite some great local initiatives, thousands of Victorian perpetrators go undetected when Intervention Orders are not reinforced or supported; this can put women and children at risk, and men do not receive the interventions that can head off future violence.

- Men's behaviour change programs are struggling to cope with the demand and do not have the capacity to fulfil their early intervention potential.
- Lack of family violence specialist knowledge in non-specialist services means that they can blame women for 'failing to leave' violent partners rather than address the men's violence.
- Men in prison or on Community Corrections Orders can miss out on specialist family violence interventions when family violence is not understood as different from other acts of violence.

Recommendation 24:

Hold perpetrators to account by implementing the recommendations of the No More Deaths Coalition

http://www.dvrcv.org.au/sites/thelookout.sites.go1.com.au/files/NoMoreDeaths-FactSheet-3.pdf

Recommendations

Recommendation 1:

It is important to have a shared understanding of the implications of specific terminology, and what it makes visible or invisible in terms of policy development. It is overwhelmingly women and children who are affected by family violence, and men who are violent towards them.

The Royal Commission should recommend the use by government of the more accurate terms 'men's violence against women' and 'intimate partner violence' instead of family violence. The use of these terms should be consistently applied to policy, programs and services.

Recommendation 2:

Primary prevention programs in Victoria must take into account the way that gender-based discrimination interacts with other determinants and be tailored accordingly. However, while different groups will require specialist, targeted approaches, all strategies (spanning from primary prevention to early intervention) should employ a consistent analysis of the primary cause of men's violence against women across all groups – gender inequity.

Primary prevention strategies need to balance consistent, universal approaches with tailored, targeted strategies for those most at risk

Recommendation 3:

The *Gender and Disability Workforce Development Program* increases awareness of how to deliver gender equitable and disability-sensitive services as a key strategy for improving women's well-being and preventing men's violence against women.

Fund the continuation of Women with Disabilities Victoria's gender and Disability Workforce Development Package

Recommendation 4:

Primary prevention programs specifically for Aboriginal communities should be developed by Aboriginal controlled organisations and should address the universal causes of violence against women (gender inequality) as well as culturally specific factors.

Ensure specialist family violence services for Aboriginal and Torres Strait Islander women and children have secure and adequate funding so that they can develop best practice services and programs that are culturally safe and Aboriginal community controlled.

Recommendation 5:

Landscapes of Violence: Women Surviving Family Violence in Regional and Rural Victoria (2014) makes a number of important, specific recommendations relating to addressing men's violence against women in regional and rural areas.

Review and implement recommendations of the Landscapes of violence: women surviving family violence in regional and rural Victoria report (2014).

Recommendation 6:

The government's strategy to address and reduce men's violence against women (including primary prevention) should employ a clear and consistent acknowledgement of the causes of men's violence against women :

- ***Belief in and adherence to rigid gender roles and stereotypes,***
- ***A wider context of gender inequity where there is unequal distribution of power and resources between men and women***
- ***Violence supportive attitudes***

Recommendation 7:

To address men's violence against women the government should develop strategies for responding to violence which has already occurred (including early intervention and crisis response) in addition to a standalone primary prevention strategy to stop violence occurring in the first place.

Universal primary prevention strategies are especially important because approximately 80 per cent of women who have experience men's violence never come forward to report the violence or seek help, and are therefore not assisted by family violence response system.

Properly resourced strategies for both responding to violence and for prevention are essential to ensure a comprehensive solution to men's violence against women.

The government should develop a stand-alone short to long term primary prevention strategy to eliminate men's violence against women.

The primary prevention strategy should have its own dedicated funding to ensure that resources allocated to primary prevention are not syphoned into the early intervention or crisis response streams.

Recommendation 8:

Under the Public Health and Wellbeing Act 2008, the Victorian government is required by legislation to produce develop a Victorian Public Health and Wellbeing Plan. The Plan is used by local government to guide the development of local and regional health and wellbeing plans across the state, as well as guiding the priorities of community and primary health services. The next State health and Wellbeing Plan provides a critical opportunity to embed the prevention of violence against women across each of these sectors as well as supporting a whole of government, coordinated approach.

Strengthen the next Victorian Health and wellbeing Plan to include prevention of violence against women as a stand-alone priority in its own right.

Recommendation 9:

Several primary prevention programs for key settings such as workplaces, schools and maternal and child health services have already been developed, piloted and evaluated under the VicHealth framework. They include

- ***Take A Stand***- this program strengthens the organisational capacity of workplaces (male-dominated workplaces in particular) to address attitudes and behaviours that enable men's violence against women. Take A Stand works with organisations to implement policies and equip bystanders to challenge violence-supportive attitudes and promote respectful relationships between men and women.
- ***Partners in Prevention –*** a state-wide project which fosters the development of a cross-sector community of practice for primary prevention work with young people (respectful relationships education programs) and

- ***Baby Makes 3-*** This project addressed the issue of gender equality within relationships for first-time parents.1

Instead of replicating efforts or investing in a new set of pilot programs, the Royal Commission should favourably consider rolling out these evidence-based programs within a coordinated approach. They have been teste and evaluated and have been demonstrated to be effective.

Invest in a long-term strategy of proven programs to prevent sexism, discrimination and violence, and promote respectful relationships in schools, sporting clubs, workplaces and the media. Continue to evaluate primary prevention programs to build the evidence-base on what works.

Recommendation 10:

Women escaping violence require specialist workers and services. It is essential that future tendering processes do not disadvantage specialist women's services. To do so will result in the further reduction of women's access to specialist support, increase risk to women and children affected, and further enhance structural and systemic gender inequality.[1]

Create a funding stream specifically for violence against women which is separate from funding for homelessness so that funding is better targeted and accounted for.

Recommendation 11:

The gendered nature of family violence should underpin program design and service delivery across the spectrum. Specialist women's services play a crucial role in resourcing the work of every other sector impacted by violence against women (police, justice, homelessness, drug and alcohol services. GPs, etc).

The government should strengthen, protect and properly fund specialist women's services to respond to and prevent violence against women. Ensure that tendering processes for men's violence against women (family violence) services consider the expertise of specialist services, and that a gendered analysis of violence underpins the response given to service users by any contracted organisations. This will ensure the best return on investment for government, as well as the best outcomes for women and their children.

Recommendation 12:

Together the women's health services provide a strong infrastructure for the coordination of women's health programs and objectives across the state.

That women's health services across the state are recognised as providing a strong existing infrastructure to support the coordination of state-wide and regional primary prevention strategies.

Recommendation 13:

With a strong history of leadership and expertise in primary prevention and the ability to coordinate and resource statewide and regional activities, Women's Health Victoria is strongly positioned to help role out a comprehensive, consistent and statewide primary prevention strategy in partnership with government and other stakeholders.

Recommendation 14:

Engaging workplaces in primary prevention through completion of *Take A Stand* should be a core component of statewide primary prevention activities.

That Women's Health Victoria should is adequately funded to roll out of Take A Stand across state and local government workplaces, as well as private businesses, in partnership with regional women's health services.

Recommendation 15:

Funding is required to ensure the *Women's Health Services Leading Regional Action to Prevent Violence Against Women and Children 2013-2015* project can be sustained, updated and improved so that it can be as useful as possible in resourcing best practice, efficient and effective regional planning for future primary prevention efforts.

Fund Women's Health Victoria to maintain and update the Regional Action Best Practice Guidelines and to train regional women's health services, local government and other stakeholders to use to the guidelines to support robust, evidence-based primary prevention programs.

Recommendation 16:

The Women's Health Services Health and Gender Equity Online Data Book pilot is currently funded by the Department of Health and Human Services for development and should be funded to ensure the resource is kept up to date with high quality gendered data across key indicators impacting on women's health and wellbeing.

Recommendation 17:

Women's Health Victoria has identified four key (overlapping) areas where current primary prevention efforts could be significantly strengthened. Through research, partnerships and evidence-based program design we can design more effective and efficient primary prevention strategies.

Fund Women's Health Victoria to undertake research and build the evidence base. Issues requiring greater exploration and incorporation within primary prevention include:

- ***Sexual and reproductive abuse in the context of intimate partner violence – health impacts and implications for primary prevention***
- ***The sexualisation and objectification of women and girls through everyday media - health impacts and implications for primary prevention***
- ***Media as a setting for primary prevention – opportunities and obstacles***
- ***Technology-facilitated violence against women - health impacts and implications for primary prevention***

Recommendation 18:

Currently respectful relationships education programs in Victoria address either intimate partner violence or sexual assault (with a focus on stranger or dating-based sexual assault). Additionally, critical media skills education programs tend to not take a gendered approach. There are opportunities to develop respectful relationships education programs which integrate all three elements

Fund WHV to work to lead a collaborative approach to strengthening Respectful Relationships Education in schools by including all forms of violence against women and critical media skills within one best-practice curriculum. Evaluate the new program to measure the extent to which a more holistic approach improves outcomes.

Recommendation 19:

The sexualisation and objectification of women contributes to attitudes than excuse or minimise violence against women including sexual violence. It is therefore important that a review of the role of mainstream media in violence-supportive attitudes is a key component of the government's Royal Commission into Family Violence.

A review of the role of mainstream or 'everyday' media, including advertising, in objectifying women and contributing to attitudes that enable men's violence against women should be a key component of the Government's Royal Commission into Family Violence.

Recommendation 20:

Everyday media is a key influencer of cultural attitudes and what is considered acceptable behaviour.

In order to see large scale measurable change in harmful attitudes the government should seek opportunities to address the role of everyday media in contributing to attitudes and beliefs that cause violence against women. This should include a review of everyday media messaging and its role as a contributor to violence-supportive attitudes, and the introduction of relevant regulation and legislation to ensure that everyday media becomes part of the solution, rather than part of the problem.

Recommendation 21:

There are forms of men's violence against women for which the health burden is still insufficiently acknowledged (sexual harassment and discrimination online, technology-facilitated abuse, sending of threatening, sexually explicit or constant text messages or 'textual harassment', etc).

Primary prevention interventions for social media and online settings have yet to be developed. The government should fund WHV to build on its existing knowledge and undertake research to develop and evidence base and strategies so that these settings are not excluded from primary prevention efforts and so that women's perception of unsafety in the physical community is not compounded by a lack of safety and respect online.

Recommendation 22:

Keep women and children safe and housed by implementing the recommendations of the No More Deaths Coalition http://www.dvrcv.org.au/sites/thelookout.sites.go1.com.au/files/NoMoreDeaths-FactSheet-1.pdf

Recommendation 23:

Make the justice system safe and supportive by implementing the recommendations of the No More Deaths Coalition http://www.dvrcv.org.au/sites/thelookout.sites.go1.com.au/files/NoMoreDeaths-FactSheet-2.pdf

Recommendation 24:

Hold perpetrators to account by implementing the recommendations of the No More Deaths Coalition

http://www.dvrcv.org.au/sites/thelookout.sites.go1.com.au/files/NoMoreDeaths-FactSheet-3.pdf

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

Issued
May 2015

CASA Forum
Victorian Centres Against Sexual Assault

Domestic Violence Victoria
Peak body for domestic violence services for women & children

Multicultural Centre for Women's Health
Putting Immigrant & Refugee Women's Health First

No To Violence
Male Family Violence Prevention Association
www.ntv.org.au

Our WATCh
End violence against Women And Their Children

Victorian Equal Opportunity & Human Rights Commission

Women with disabilities victoria
empowering women

WHAV
WOMEN'S HEALTH ASSOCIATION OF VICTORIA

Women's Health Victoria

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

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

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

This Statement: drawing on significant existing Victorian expertise

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

Victoria is leading prevention of men's violence against women work globally[1] and there is significant commitment and expertise within this state. The signatories to this document want Victoria to maintain its global leadership role in prevention of men's violence against women. Many of us have designed, implemented and evaluated projects that have been successful *among participants* at shifting attitudes, behaviours and practices supportive of violence. But we know we cannot prevent the deeply-entrenched social problem of violence against women *across the population* by undertaking 'good projects' alone.

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

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

A note on language and evidence

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

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

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

2. Victorian Royal Commission into Family Violence (2015) *Issues Paper*, para 14, p.3.
3. While some drivers are distinct to particular types of violence (holding attitudes that sexually objectify women is a more significant driver of men's non-partner sexual assault, for instance, than it is of physical or psychological partner violence), the majority of drivers are shared across all studied types of men's violence against women, and involve men's use of gender-based power, privilege and entitlement, as discussed in this Statement. European Commission (2010) *Factors at play in the perpetration of violence against women, violence against children and sexual orientation violence: A multi-level interactive model;* WHO (2010) *Preventing intimate partner and sexual violence against women: Taking action and generating evidence;*
4. See, for example, UN Partners for Prevention (2013) *Why do some men use violence against women and how can we prevent it? Quantitative findings from the un multi-country study on men and violence in Asia and the Pacific;* VicHealth (2007) *Preventing violence before it occurs: A framework and background paper to guide the primary prevention of violence against women in Victoria;* European Commission (2010) op cit 3.

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

We know:
how to 'do prevention'

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

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

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

We know:
the key driver of men's violence against women is gender inequality – both structural and normative[5]

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

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

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

5. From international research and literature reviews including European Commission (2010) and WHO (2010) *op cit 3*, and VicHealth (2007) *op cit* 4.
6. See, for example, in the Australian context, the sex disaggregation of data from the Australian Bureau of Statistics (2012) *Personal safety survey*.
7. Alternative terminology includes 'determinants' in public health discourse, and 'causes' in human rights treaties, for those factors considered necessary and sufficient to increase the likelihood of higher levels of violence against women. Further terminology of 'contributors' or 'risk factors' is usually used in public health discourse to refer to 'lower order' factors that – as implied – contribute to higher levels of violence, but are neither necessary nor sufficient in themselves.
8. Outlined in international literature reviews cited above (note 5).
9. UN Women (2010) *Investing in gender equality: Ending violence against women*
10. WHO (2010) *op cit* 2, VicHealth (2007) *op cit* 3.
11. VicHealth (2014) *Australians' attitudes to violence against women. Findings from the 2013 National Community Attitudes Towards Violence Against Women Survey (NCAS).*

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

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

We know:
isolated initiatives are not enough

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

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

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

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

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

12. UN Women in cooperation with ESCAP, UNDP, UNFPA, UNICEF and WHO (2012) *Report of the expert group meeting on prevention of violence against women and girls*, Bangkok, Thailand, 17-20 September 2012; VicHealth (20017) *op cit* 4
13. *Ibid*.
14. See, for example, the *Sharing the evidence reports*, outlining evaluation results for five initiatives funded through the VicHealth Respect, Responsibility and Equality program.
15. For example, a longitudinal evaluation of a school-based program aiming to prevent dating violence in the United States (called 'SafeDates') found the program significantly reduced psychological, moderate physical and sexual dating violence perpetration at four follow-up evaluations (one immediately after the program, then at one, three and six years later). Foshee VA et al. (1996) 'The safe dates project: theoretical basis, evaluation design, and selected baseline findings', *American journal of preventive medicine* 12 (5): 39 – 47; Foshee VA et al. (1998) 'An evaluation of Safe Dates, an adolescent dating violence prevention program,' *American Journal of Public Health*, 88(1):45–50; Foshee VA et al. (2000) 'The Safe Dates program: 1-year follow-up results,' American Journal of Public Health, 90 (10):1619 –1622; Foshee VA et al. (2004) 'Assessing the long-term effects of the Safe Dates program and a booster in preventing and reducing adolescent dating violence victimization and perpetration,' *American Journal of Public Health*, 94(4):619–624; and Foshee VA et al. (2005) 'Assessing the effects of the dating violence prevention program "Safe Dates" using random coefficient regression modelling,' *Prevention Science*, 6: 245–258.

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

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

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

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

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

Men's violence against women is arguably a more complex and historically-entrenched problem than smoking or drink-driving, and its prevention will be a difficult and long-term endeavour. Recent international policy analyses for the UN Commission on the Status of Women[18] concluded that such an effort requires governments to take a leadership role, working with private and community sector partners. Prevention of violence against women must become part of core business for government portfolios such as education, health, labour and sports, in order to coordinate and lend support and authority to the prevention efforts of organisations and communities.[19] The broad 'prevention project' must also be monitored and evaluated as a whole, not only to build evidence and improve practice, but also to enable measurement that goes beyond the individual impact on participants to an assessment of population level progress towards social change.[20]

16. An obligation well-established under international law, in particular *United Nations Convention on the Elimination of All Forms of Discrimination against Women* (1979) GA res. 34/180, art 5(a) and General Recommendation 19.
17. See for example, Fergus, L (2012) *Background paper on prevention of violence against women and girls*, prepared for the Expert Group Meeting on 'Prevention of violence against women and girls,' with WHO, UNFPA, UNDP and UN Women.
18. UN Women et al *op cit* 11.
19. *Ibid*.
20. *Ibid.*

The 'building blocks' for effective prevention

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

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

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

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

- Be developed with bipartisan support;
- Cover a period long enough to enable complex change to begin (10-12 years), and envisage shorter-tem action plans with clearly articulated responsibilities, activities and timelines;
- Include activities at all levels – from policy, legislative and institutional reforms, to multi-phase communications campaigns and programs, and coordinated prevention programming with communities and organisations;
- Comprise mutually reinforcing activities across multiple settings, such as education, sports, workplaces and the media;
- Engage people at different stages of the life course (such as children and young people or new parents) and in different groups (such as Indigenous communities, culturally and linguistically diverse communities, and women with disabilities);
- Adopt a rights-based approach, aiming for equality of outcomes across population groups and facilitating meaningful participation in the design and delivery of both universal and tailored strategies.

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

21. Amnesty International Australia (2008) *Setting the standard: International good practice to inform an Australian national plan of action to eliminate violence against women.*
22. The most recent international research on prevention should inform such a shared direction, and is currently being distilled into a *National Framework to Prevent Violence against Women and their Children*. Developed by Our Watch, VicHealth and Australia's National Research Organisation for Women's Safety, the Framework is due for release later this year as a commitment under the *Second Action Plan* of the *National Plan to Reduce Violence against Women and their Children 2010–2022*. The Framework will provide evidence-based guidance to prevention policy and practice nationwide.

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

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

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

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

3) Develop a monitoring, accountability and reporting framework

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

4) Establish strong governance and quality assurance mechanisms

Development, implementation and monitoring of prevention policy and practice should be led by a high-level steering committee comprising senior cross-government representatives and a diverse range of other prevention stakeholders. Decisions of the committee should be implemented by an adequately-resourced and technically-expert central government unit with a mandate for strategic coordination and monitoring of activity across departments[24] (ideally the Women and Equality Office within the Department of Premier and Cabinet).

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

23. Both the *Equal Opportunity Act 2010* and the *Charter of Human Rights and Responsibilities Act 2006* aim to eliminate all discrimination and promote equality for all Victorians. All duty holders and public authorities are held to this standard.
24. UN Women (2010) op cit 1.

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

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

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

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

6) Ensure universal reach through inclusive and tailored approaches

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

7) Engage communities through established organisations and networks

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

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

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

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

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

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

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

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

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

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

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

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