



**Submission to the
Royal Commission into Family Violence
May 2015**

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About Women's Health East

Women's Health East (WHE) is a regional women's health promotion agency working across the Eastern Metropolitan Region of Melbourne (EMR). Working within a feminist framework, WHE addresses the social, political and environmental factors impacting on the health, safety and wellbeing of women in the region. We work to build the capacity of services and programs in the region to optimally address issues affecting women.

Our work involves:

- Providing leadership around women's health issues of regional significance and facilitating integrated responses.
- Working in partnership with local governments, health and community agencies and other stakeholders to promote gender-based health promotion and service delivery, and to improve service system access and responsiveness for women.
- Shaping responses to the promotion of women's health and wellbeing through research, advocacy and consultancy.
- Providing information and advice to key stakeholders in order to raise awareness of health and wellbeing issues experienced by women and to promote women's health and wellbeing.
- Delivering training and education programs for our partner organisations on women's health issues and gender sensitivity in planning and service delivery.

WHE has three core priorities – the prevention of violence against women, gender equity for health outcomes and sexual and reproductive health.

WHE has provided leadership in the area of violence prevention for many years. Being well connected to the key stakeholders across the region, WHE play a central role in bringing together partner agencies from across the East to collaborate on the prevention of violence against women. In 2012, WHE led the development of [Together for Equality & Respect: A Strategy to Prevent Violence Against Women in Melbourne's East 2013-2017](#) and continues to influence and provide leadership at a regional level through the coordination and implementation of [Together for Equality & Respect Action Plan](#) and accompanying Evaluation Plan.

In line with our work, this submission is primarily focused on the prevention of men's violence against women.

A note on the use of language:

'Family violence' is used throughout this document in line with the language specified by the Royal Commission. It should be noted however that family violence sits along a broader continuum of violence perpetrated against women. This document draws on evidence around good practice for the broader area of preventing men's violence against women, as the vast majority of all family and sexual violence is perpetrated by men against women.¹

'Gender equality' is the absence of discrimination based on your gender impacting on your opportunities, and access to power and resources. 'Gender equity' is about fairness. A 'gender equity approach' recognises that the playing field is not currently level and so treating everyone the same will not get us to equality. In fact, it will perpetuate existing inequalities. A gender equity approach usually involves different strategies for men and women and aims to rectify the imbalances in order for us to move toward an outcome of equality.

Summary of Recommendations

Leadership and Governance

- That appropriate governance mechanisms are immediately put in place to oversee responses to family violence and that these ensure a distinct primary prevention focus. All structures formed must involve high-level representation from across government departments and the community.
- The role of Women's Health Service in the prevention of violence against women must be recognised and strengthened. An additional ongoing commitment of 1.5 EFT per women's health service is essential to enable the depth and focus of the required work. As leaders in prevention, WHS must have a clear role in the governance structure.

A Focus on Primary Prevention

- A gender equity focus must be central to any efforts aimed at preventing family violence.
- The prevention of family violence requires a commitment to long term, coordinated action and evaluation
- There must be a commitment to a long-term family violence prevention policy, and to adequate funding for the implementation of evidence-based primary prevention initiatives under the new policy. This funding commitment should include funds for leadership and coordination, local action and evaluation.
- Any policy or plan addressing the prevention of family violence should include a central focus on intersectionality.
- Immediate funding of a 0.5 EFT program coordinator to support the Eastern Media Advocacy Program's continuation.

Other Areas for Attention

- Prevention policies and action should include responses to the pervasive and significant issue of sexual violence against women outside of the family violence context.
- The prevention of family violence in same sex attracted relationships requires attention and investment to build a more robust evidence based response.
- A comprehensive response is required to further investigate and address the links between family violence and problem gambling.

Key Messages

Leadership and Governance

1. Strong governance structures

Appropriate governance arrangements must be immediately formed to oversee Victorian primary prevention efforts under the new policy and ensure that it maintains its primary prevention focus. All structures formed must involve high-level representation from across government departments and the community. As leaders in prevention, WHS must have a clear role in this governance structure. ***See the proposed governance structure on page 5.***

Recommendation:

That appropriate governance mechanisms are immediately put in place to oversee responses to family violence and that these ensure a distinct primary prevention focus. All structures formed must involve high-level representation from across government departments and the community.

2. The role of women's health services in leading and coordinating regional action

Women's Health Services (WHS) are experts and leaders in the prevention of violence against women.

There are 12 WHS across Victoria – 9 regional services (of which WHE is one) which together cover the entire State, and 3 statewide services (Women's Health Victoria, Multicultural Women's Health and Women with Disabilities Victoria) who bring specialist knowledge and statewide coordination. Together the sector brings a regional focus, specialist expertise and statewide reach.

WHS are experts in primary prevention and evaluation across an array of issues. In particular the sector has had a shared focus on the primary prevention of violence against women for many years.

In each region of Victoria, WHS are using their many and varied partnerships and expertise in the sector to lead and coordinate the prevention of violence against women.

The following WHS are leading primary prevention action through coordinated and collaborative regional strategies and actions plans that are the result of comprehensive development processes involving many partners in their regions.

- Women's Health West, Preventing Violence Together
- Women's Health East, Together for Equality and Respect
- Women's Health in the North, Prevention of Violence against Women Strategy
- Gippsland Women's Health Service
- Women's Health Goulburn North East
- Women's Health and Wellbeing Barwon South West

WHS currently working towards strategies and action plans for their regions include:

- Women's Health in the South East
- Women's Health Grampians
- Women's Health Loddon Mallee - Loddon Mallee Takes a Stand

Women's Health Victoria plays a statewide coordinating role for regional work and Multicultural Centre for Women's Health and Women with Disabilities Victorian provide ongoing specialist input.

All WHS undertake a range of other primary prevention work including:

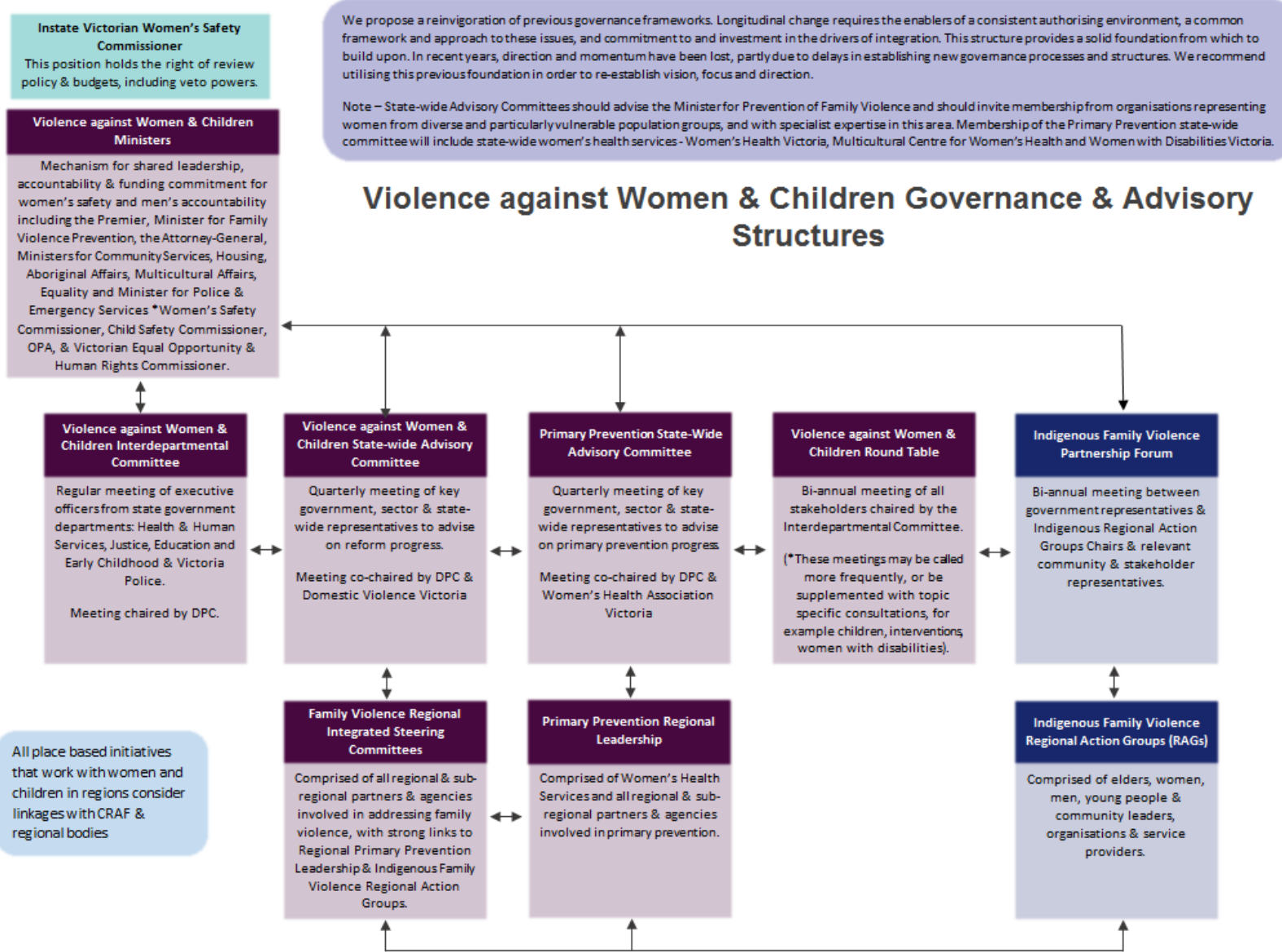
- partnerships development and maintenance;
- gender equity training and workforce capacity building;
- support for organisational change in relation to gender equity

- workplace and community-based programs (e.g. bystander, women's leadership and financial literacy);
- gendered health promotion planning;
- best-practice respectful relationships in schools;
- social marketing capacity building and campaigns
- capacity building of women on boards;
- media advocacy programs for the prevention of family violence
- forums and conferences;
- evaluation and research; and
- development and dissemination of the evidence base.

Recommendation:

The role of WHS in the prevention of violence against women must be recognised and strengthened. An additional ongoing commitment of 1.5 EFT per women's health service is essential to enable the depth and focus of the required work. As leaders in prevention, WHS must have a clear role in the governance structure.

Proposed Governance Structure



We propose a reinvigoration of previous governance frameworks. Longitudinal change requires the enablers of a consistent authorising environment, a common framework and approach to these issues, and commitment to and investment in the drivers of integration. This structure provides a solid foundation from which to build upon. In recent years, direction and momentum have been lost, partly due to delays in establishing new governance processes and structures. We recommend utilising this previous foundation in order to re-establish vision, focus and direction.

Note – State-wide Advisory Committees should advise the Minister for Prevention of Family Violence and should invite membership from organisations representing women from diverse and particularly vulnerable population groups, and with specialist expertise in this area. Membership of the Primary Prevention state-wide committee will include state-wide women's health services - Women's Health Victoria, Multicultural Centre for Women's Health and Women with Disabilities Victoria.

Violence against Women & Children Governance & Advisory Structures

Adapted from A Right to Safety & Justice and A Right to Respect

A Focus on Primary Prevention

3. Gender Equity is key to prevention

While family violence impacts on everyone, evidence has clearly established family violence as a gendered issue. We know that addressing the primary determinants of men's violence against women – namely gender inequality and adherence to rigidly defined gender roles² – will help to prevent all forms of violence against women before it occurs, including family violence. A gender equity focus needs to be central to any efforts aimed at preventing family violence.

Case Study - Gender Equity Training

WHE have delivered Gender Equity Training to raise awareness and build the capacity of organisations in the EMR to address gender equity in the workplace. While this training is tailored to suit the needs of different organisations the general purpose for participants is to:

- Understand the link between gender inequality and violence against women
- Take a gendered approach to program planning
- Encourage action on gender equity in their workplace

The training is an important tool to help participants and organisations begin to unpack the concept of gender and gain skills to create a workplace that models and promotes gender equity. Participants are also provided with some practical examples of what other Local Councils, Health and Community organisations are doing to influence change in their workplaces.

In recent years the training has engaged eight organisations and over 297 workers from a range of sectors including Local Government, Community Health, and Department of Human Services in the EMR. This training will continue to expand and be rolled out to willing Partner organisations of Together for Equality & Respect which will be rigorously evaluated.

Evaluation outcomes of the training demonstrate:

- Significant increase in awareness of the issue of gender inequity and the link to violence against women
- Participants were able to see how gender is relevant to their current role / workplace
- Expressed motivation to progress work around promoting gender equity and preventing violence against women

“Enforces my commitment to ensuring that family violence is a community, not a private issue” (Training Participant, CHS)

Recommendation: A gender equity focus must be central to any efforts aimed at preventing family violence.

4. Long term, coordinated action across society

The prevention of violence against women is a long term undertaking. Family violence will only stop when community norms and societal structures that perpetuate unequal relations between men and women are changed.^{2,3} As seen in other successful campaigns, such as SunSmart and Road Safety initiatives, changes to attitudes and behaviours require long-term, coordinated action.

One off or short term projects will not prevent family violence. Effective prevention requires a range of mutually reinforcing, evidence based strategies reaching out to the whole of the community.^{2,3} We need both structural and cultural change which result in gender equality in our:

- Personal relationships – partners, family and friends,
- Community – at school, at work, in community groups, faith based groups, sporting clubs, and
- Society – in the media, advertising and popular culture, in those holding positions of leadership / power, including in our governments, and in regulatory or legislative frameworks that support gender equity.

In order for this to occur, active engagement of a range of sectors is required e.g. local government, health, community, education, workplaces, sports, media.⁴ Action needs to be planned and coordinated to ensure that the whole of community is being reached, strategies are evidence informed, evaluation is occurring and learnings are being documented and shared. Coordination also results in avoidance of duplication and thus enables efficiencies of effort. Together for Equality & Respect is an example of a coordinated approach – see case study below.

A Case Study - A Regional Approach to Prevention in the East

[Together for Equality & Respect \(TFER\): A Strategy to Prevent Violence Against Women in Melbourne's East 2013-2017](#) is an example of regional integrated effort to prevent violence against women. TFER was developed with the input, enthusiasm and commitment of organisations across the 7 local government areas in the EMR - including all Local Governments, Community Health Services, Women's Health, Medicare Locals, Primary Care Partnerships and the Regional Family Violence Partnership. Led by Women's Health East, the Strategy brings together more than 25 agencies working on a shared regional priority to prevent violence against women through an evidence-informed approach. This work has been guided by VicHealth's Framework for Action.⁴ The Strategy describes a uniting vision to prevent men's violence against women.

The regional approach promotes the prioritisation, coordination and integration of effort, and supports accountability, efficiency (through shared resources/tools), and consistency in messaging and peer-learning opportunities among Partner organisations.

Examples of local initiatives taking place in the EMR include:

- Gender Equity training being delivered to TFER Partner organisations
- Organisational Gender Audit Tool being utilised by TFER Partners
- Social marketing capacity building – and the use of shared messaging to promote gender equity
- Consultations with Chinese and Indian communities to build knowledge on effective prevention
- Gender equity initiatives focused on specific populations groups e.g. early years providers, young women, primary and secondary school children, first time parents, Aboriginal young people and sporting clubs

Why TFER is unique:

- TFER has a focus on rigorous evaluation at a regional level of the impact of TFER to prevent violence against women across a range of settings and population groups.
- This evaluation has been enabled through the development of shared objectives, shared indicators of success and shared evaluation tools.
- It addresses an identified gap in knowledge around the impact of mutually reinforcing primary prevention initiatives within a designated area across multiple settings. A key outcome will be to generate data that captures the impact of an integrated regional Strategy, including barriers and enablers to good practice.

Achievements to date (as identified through a partnership evaluation):

- The prioritisation of the prevention of violence across the region – on everyone's plans, and consistency across plans, giving credibility, strength and backbone to the issue.
- The development of a Regional Strategy, a Regional Action Plan and Evaluation Plan.
- Common objectives and evaluation tools.
- A growing momentum, engaging more people as the project moves along.

This evaluation also identified success factors so far. These include:

- The planning work was done within the partnership, freeing organisational resources to focus on implementation.
- The inclusive approach – the partnership is open to any organisations who are interested and the number of partners continues to grow over time.
- Having an organisation (Women's Health East) that is expert and prepared to lead.

For more information contact Dr Sue Rosenhain, [REDACTED] TFER website: <http://whe.org.au/tfer>

For a more detailed summary of the Partnership Evaluation data, see Appendix 1.1

Recommendation: *The prevention of family violence requires a commitment to long term, coordinated action and evaluation.*

5. Increased and sustained funding and policy emphasis on prevention

Violence against women is a serious human rights abuse, placing an obligation on government and funders to take action to prevent it. An increased focus on prevention is critical to halt the escalating incidence of family violence and to prevent family violence in the future.

The primary prevention of violence needs to be strongly supported by government policy. A whole of government long term commitment is required. This must be matched with a substantially increased and sustained funding allocation in order to effect long term change. The current investment in prevention is vastly inadequate. This increase must be in addition to adequate funding of services which respond to family violence.

Funding needs to include:

- Support for leadership and coordination – Victoria has paved the way in guiding and informing evidence based primary prevention practice. At both government and local levels, leadership should be acknowledged and built upon to further strengthen Victoria’s efforts to prevent family violence. As outlined earlier, leadership and coordination of on the ground work is essential and requires funding support. A coordinated state-wide response should make use of established plans, networks and infrastructure at the state, regional and local level. WHS in every region of Victoria are leading and coordinating regional action. The role of WHS in leading, coordinating and supporting organisations to undertake primary prevention work is resource intensive and requires funding support. Our experience in the East is that bodies such as local government and community health organisations also have important leadership roles and reach at a local level.
- Funds to support local action – while commitment across Victoria to the prevention of violence against women is growing, specific funds to support organisations and others to undertake sustained, evidence informed local action is crucial.
- Investment in evaluation – The prevention of violence against women remains an emerging area of practice. While there is evidence to support the need for action to address the key determinants of violence (gender inequality and adherence to rigid gender roles) and while information is known about some specific interventions, there are still gaps in our knowledge. In particular, the evidence base would benefit from greater investigation of what works with specific population groups and in particular settings. One area where evidence is missing relates to the impacts of undertaking a range of mutually reinforcing activities at a population level. Well evaluated regional action plans have the capacity to add to this gap in evidence.

Recommendation: *There must be a commitment to a long-term family violence prevention policy, and to adequate funding for the implementation of evidence-based primary prevention initiatives under the new policy. This funding commitment should include funds for leadership and coordination, local action and evaluation.*

6. Recognising the intersection of different forms of discrimination faced by women

Factors such as Aboriginality, class, age, sexuality, ethnicity and disability intersect with gender to shape the experience and risk of family violence, as well as access to appropriate responses. Women’s diverse backgrounds, contexts and life experiences demands a sophisticated, long term commitment to addressing the diverse and intersecting forms of discrimination faced by women and ensure an approach to both prevention and response that is accessible, inclusive and relevant. There is a clear need to build the evidence base around effective and culturally relevant prevention approaches for culturally and linguistically diverse communities in Victoria.

Recommendation: *Any policy or plan addressing the prevention of family violence should include a central focus on intersectionality.*

7. Importance of women's voices

Action to prevent family violence needs to pay adequate attention to the important leadership role of women in prevention. Women who have experienced violence have a wealth of knowledge and insight into both the service sector and primary prevention. Women's voices need to be represented in important conversations about family violence and its prevention. The Eastern Media Advocacy Program is a powerful example of this – see case study below. This program has been able to continue through a series of short term funds. As a resource intensive program, it requires an immediate investment of funds to enable its continuation. Funds to support a 0.5 EFT program coordinator (to be matched through WHE core funds) would enable this to occur. In addition other similar program should be supported to be developed.

Case study - The Eastern Media Advocacy Program

The [Eastern Media Advocacy Program](#) (EMAP) supports women who have experienced family violence and/or sexual assault to talk with the media and at public speaking engagements about their experience of violence. Advocates participate in a 3-day training program and are provided with ongoing support to speak out about their stories. The program is led by Women's Health East, in partnership with the Eastern Domestic Violence Service and the Eastern Centre Against Sexual Assault.

Through media and public speaking opportunities, the project:

- Ensures that the voices of women who have experienced sexual assault and family violence are heard.
- Seeks to bring about change in community attitudes, systems and legislation in order to prevent violence against women.

EMAP recognises the strong role of the media in effecting change in community attitudes and beliefs and thereby in influencing public policy. Through EMAP, advocates challenge misconceptions and stereotypes around sexual assault and family violence, encouraging responsible reporting and a more informed public discourse.

Critically, the voices of women who have survived violence are powerful. They need to be listened to, heard and acknowledged as part of the important public and political dialogue around this issue.

An independent evaluation of EMAP was conducted in 2013. Findings included that:

- Advocates reported increased self-confidence, enhanced knowledge and skills and a sense of empowerment that has "assisted all advocates to move forward in one way or another on their personal journey". Other positive impacts described by advocates included an increased sense of health and wellbeing, a reduced sense of isolation and an increased feeling of social connectedness.
- Media outlets and organisations who had engaged with the program demonstrated a heightened awareness around the issue of family violence and sexual assault.
- Media produced through the program demonstrated more accurate and sensitive reporting on the issue when compared with responsible reporting guidelines.
- Advocates reported positive experiences when dealing with the local media, using words such as sensitive, helpful and sympathetic when describing their interviews.

For more information about EMAP, contact Kate Gibson, [REDACTED]

For a more detailed summary of the EMAP Evaluation, see Appendix 1.2

Recommendation: Immediate funding of a 0.5 EFT program coordinator to support the Eastern Media Advocacy Program's continuation.

Feedback from Advocates

In April 2015, WHE conducted focus groups to hear from EMAP Advocates on what they would like to see happen in the Royal Commission into Family Violence. Key themes that arose from this consultation are outlined below.

Prevention

- Education across the ages. “Education is the key to end violence.” Advocates noted the importance of starting prevention early. Education should address:
 - Male privilege and gender stereotypes
 - Respectful relationships
 - Naming men as the key perpetrators of violence
 - Gender socialisation, pornography and representations of women in the media *“Pornography is influencing boys in their perception of women”*
- Ensuring that feminist principles underpin actions that flow out of the Royal Commission recommendations.
- Breaking down patriarchal structures through a long term approach. *“I personally don’t want this [fight for gender equity] to be the AIDS topic of the 80’s. I want this to be something to continue and continue and continue and continue until it gets in their heads – on every level of society.”*

Response

- Funding – ensuring that funding for response is not cut.
- Referral pathways that are easy to navigate – once family violence has been committed ensuring that there are accessible and easy referral pathways. This was noted as especially important for parents to be equipped on how to respond to children when they are disclosing and to know where to go for help. *“Parents have no idea where to turn for help”.*
- Incorporating a component on Domestic Violence counselling in broader public health contexts e.g. substance abuse courses, mental health recovery, government housing, and where relevant, DV counselling should be included in judicial convictions.

Other Areas for Attention

Sexual assault outside of the family violence context

While we understand that the Royal Commission is focused on violence within a family violence context, we believe this constitutes an opportunity lost. We believe the Commission should also look into other forms of sexual assault/violence such as acquaintance rape, street sexual harassment and workplace sexual harassment, all of which are pervasive and significant health and social issues. In relation to the prevention of sexual violence against women we know that the causes of this violence are the same as for family violence ie gender inequality and rigid gender stereotypes. Therefore responses to sexual assault in all contexts should be included in any prevention policy and action.

Recommendation: *Prevention policies and action should include responses to the pervasive and significant issue of sexual violence be expanded to include sexual violence against women outside of the family violence context.*

Problem Gambling – a contributing factor to family violence

There is an established link between Intimate Partner Violence (IPV), family violence and problem gambling, with research suggesting that there is family violence in up to 50% of families where there is problem gambling. This includes high rates of physical harm towards children. Research indicates that people who have gambling problems are more likely than people without gambling problems to be victims and perpetrators of family violence.⁵

The Increasing the Odds for Safety and Respect project is an early intervention and prevention project which is working with family violence and problem gambling service providers across the eastern and northern metropolitan areas of Melbourne to share knowledge about the link between family violence and problem gambling.

The project aims to strengthen; the relationships between the sectors, risk assessment mechanisms, referral pathways and service delivery and, in doing so, increase the safety of women experiencing violence from male partners. The project evolved from a growing recognition that there is a relationship between problem gambling and family violence, but that it is not yet well understood, nor is it comprehensively addressed at the prevention or response level. The project is led by Women's Health In the North in partnership with Women's Health East, [Inner East Primary Care Partnership](#) and [North East Primary Care Partnership](#). Funding has been secured from the [Victorian Responsible Gambling Foundation](#) from July 2014 to December 2015. See case study below.

Case Study - Family Violence and Problem Gambling

Increasing the Odds for Safety and Respect Project, 2014-2015

"As a problem gambling financial counsellor, I see family violence every day."

(Consultation participant, 2015)

Context

There is an established link between family violence and problem gambling, including high rates of child abuse, with research suggesting family violence occurs in up to 50 per cent of families where there is problem gambling.

Challenges

Whilst there is strong evidence regarding the link between family violence and problem gambling, the link is not well understood, nor comprehensively addressed at a response and prevention level. Little information exists about best practice in working with clients living in families with family violence and problem gambling. There are no formal referral pathways between the family violence and problem gambling services in Victoria.

What works

Increasing the Odds for Safety and Respect is the only prevention project in Victoria which addresses the link between family violence and problem gambling. It aims to strengthen the relationship between the sectors, risk assessment mechanisms, referral pathways and service delivery.

Actions required

- Support for a greater level of integration between the family violence and problem gambling sectors.
- Problem gambling services commit to incorporating professional development on family violence into the annual training calendar of their therapeutic and financial counselling staff. This training should include how to work effectively and safely with women experiencing family violence and male perpetrators of violence.
- Family violence organisations, including men's behaviour change services, commit to incorporating problem gambling professional development into their annual training calendar.
- The Victorian Government legislates to make electronic gaming machines safer in Victoria.
- Resources be directed towards developing an increased knowledge base about and addressing women's use of gambling venues as a "safe space" away from family violence.
- A gendered perspective be applied to any future research into problem gambling funded by government, including the disproportionate effects of gambling on women.
- Problem gambling be included as a risk factor in the family violence Risk Assessment and Risk Management Framework (CRAF) and that family violence be included in problem gambling assessment tools.
- Problem gambling be listed as a contributing factor in the future models of the prevention of violence against women.

Recommendation: A comprehensive response is required to further investigate and address the links between family violence and problem gambling.

Same-Sex Attracted People

Family violence within gay and lesbian relationships is an under-researched and under-actioned area.

While violence among intimate partners is primarily considered a problem for heterosexual women in relationships with heterosexual men, violence between same-sex intimates occurs at alarmingly high rates.⁶ Like family violence in heterosexual relationships, violence in gay and lesbian relationships includes: a pattern of behaviour involving one partner using and maintaining power and control over the other which causes fear in the other partner.⁷

Currently there is limited data around prevalence rates, or evidence around appropriate response to or prevention of same-sex intimate partner violence. This is an area that requires significant attention and investment to build a stronger evidence base and response.

Recommendation: *The prevention of family violence in same sex attracted relationships requires attention and investment to build a more robust evidence based response.*

Appendix 1. Building the Evidence – Evaluation Findings

1.1 Together for Equality & Respect – Regional Strategy

Together for Equality & Respect: A Strategy to Prevent Violence Against Women in Melbourne's East (TFER) is a four year Strategy. The Strategy engages Partners from Local Government, Community Health, Primary Care Partnerships, Medicare Locals and the Regional Family Violence Partnership. While TFER is currently part-way through the 2013 – 2017 Action Plan available evaluation data is around Partnerships analysis that was conducted in May 2014(?). Qualitative data was collected via face-to-face consultations and over the phone. A total of nine Partners from different agencies contributed to the consultation. Partners were asked a range of open ended questions around the achievements of the TFER partnerships, organisational benefits of the partnership and suggestions for possible improvement / future directions. Feedback from the Consultation is summarised below.

Achievements

- The development of a Regional Plan, Action Plan, and shared Evaluation tools were seen as a major achievement. In addition, working towards a common understanding and shared definitions.
- Prioritising the Prevention of Violence Against Women (PVAW) across the region and having PVAW included on everyone's plans gives giving credibility, strength and backbone to the issue.
- The endorsement of the plan/s by a wide and diverse range of organisations and sectors, including high level support within organisations.
- Coordination of the TFER partnership; engaging with organisations to collaborate on one topic, with a considered way forward.
- Common objectives and evaluation tools.
- The regional mapping process validated work happening in the region and aimed to value-add by identifying gaps and opportunities for new work / programs.
- A growing momentum, engaging more people as the project moves along.
- Formulating a sense of leadership in Local Government.

Success Factors

- Working together towards a shared vision.
- The enormous amount of goodwill and trust between the organisations and WHE; people willing to share, partner and collaborate.
- Highly skilled practitioners getting their hands dirty, and contributing and committing to the process and the development of shared tools.
- Active Leadership Group & Evaluation Working Group with like-minded people around the table.
- Collaboration within the priority area - coordination of engaged partners working to PVAW equals more partners involved and a greater impact.

WHE's leadership at a regional level

- Having WHE as the leading organisation freed organisational resources to contribute and engage in the process. The planning work was done within the partnership, allowing agencies the ability to focus on implementation. Having an organisation that is expert and prepared to lead has been fundamental to its success to date. Partners look to WHE to lead.
- The considered approach. WHE are constantly striving to be inclusive and open to as many people involved in the process as possible.
- Other contributing factors to success include: WHE's reputation, putting PVAW on the agenda - advocacy to Local Government and Community Health, and understanding that the strategy needs to be embedded everywhere.

Leadership - state and federal government

- Recognition by state and federal government of the importance of PVAW and having it on the agenda at all levels of government. Other important drivers have been in the growing public concern surrounding PVAW and at an organisational level.

Leadership & buy-in from key stakeholders

- Having strong buy-in and contribution across a range of sectors and at different levels of support (e.g. Local Government, Community and Health sector including CEOs, managers and workers)
- Healthy competition – enthusiasm and active involvement of some organisations championing the issue encouraged other organisations (of similar ilk, and at different stages) to become involved.
- Capitalising on existing funded projects that are evidence based – to leverage off that work.

Outcomes for Partner Agencies / Organisations

- Numerous benefits of the Regional Strategy were recognised. Some included:
 - Validating partners' goals and objectives around PVAW
 - Promoting sustainability of PVAW work
 - Being seen as an authority on PVAW outside the region
 - The power of work happening in tandem – mutually reinforcing strategies across different populations groups
- A diverse range of benefits of collaboration and working in partnership included:
 - PVAW being seen as a significant and serious health issue
 - Building a PVAW community of practice - sharing, understanding and learning from the work that other agencies are doing
 - Reducing duplication, reciprocal relationships and broader organisational/program benefits
- A common theme among the interviews was about being a part of something bigger, feeling supported in prevention work and the strength / benefits of working in partnership as opposed to working in silos.

Future benefits / opportunities

- The TFER work will enable the sustainability of PVAW work within organisations, involving different /additional people in the partnership at different stages of implementation.
- In the future TFER will be a strong piece of work that WHE can take to share with other organisations, and a resource to share once regional data has been collected.
- Opportunities to promote the Strategy, evaluation data and shared tools and resources more broadly
- Future benefits of creating an evidence base of 'trialled and tested' prevention efforts of a shared priority issue using mutually reinforcing approaches / strategies within a set region
- Adding case stories and developed tools / resources to existing facts, figures and data will be an incredibly valuable planning resource for the future (e.g. the Well)
- It was also acknowledged that four years is not enough time to see any real change or shifts in community attitudes / behaviours. There was a recognised need for ongoing support and resources to continue this important work.

For more information contact Dr Sue Rosenhain on [REDACTED]

1.2 Eastern Media Advocacy Program

An external survey of the Eastern Media Advocacy Program (EMAP) was conducted in 2013 to ascertain the impact of EMAP on advocates individually, and the quality of media reporting on violence against women for media representatives that engaged with the program. The evaluation was an impact evaluation - independently designed and implemented by an external consultant. Evaluators used a combination of qualitative and quantitative data collection strategies (i.e. survey, interview and focus group techniques) and presented key findings in a comprehensive report.

Overall, EMAP has demonstrated a positive influence on both advocates and the media. Advocates who had been actively involved in the program reported a number of positive impacts. Whilst some advocates reported individual challenges and moments of feeling uncomfortable when talking with the media or speaking in public, overall they reported increased self-confidence, enhanced knowledge and skills and a sense of empowerment that has “assisted all advocates to move forward in one way or another on their personal journey”. Other positive impacts included increased sense of health and wellbeing - particularly in regard to social support, a reduced sense of isolation and an increased feeling of social connectedness.

In regards to the media, there were also a number of demonstrated positive outcomes that became apparent via a media analysis completed on articles featuring EMAP. Media outlets and organisations who had engaged with the program demonstrated a heightened awareness around the issue of family violence and sexual assault, and media outlets demonstrated more accurate and sensitive reporting on the issue when compared with responsible reporting guidelines. Advocates also reported positive experiences when dealing with the local media, using words such as sensitive, helpful and sympathetic when describing their interviews with journalists and other media representatives.

In conclusion, the evaluation findings identified opportunities to enhance EMAP through a set of recommendations including fostering an advocate community, developing a media strategy to further engage the media and the development of guidelines and mechanisms that can assist advocates.

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