Submission to the Royal Commission into Family Violence

Contact:
Marianne Hendron
Chief Executive Officer
Women's Health Grampians
5322 4100

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Women's Health Grampians provides regional leadership in the primary prevention of violence against women. We work in partnership with local organisations across the region from a range of sectors (government, community, health, media and private business) to address the causes of gendered violence in our community.

This submission has been endorsed by the following key partners:

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Executive Summary

Women's Health Grampians (WHG), along with the other women's health services operating across Victoria, adopts a primary prevention approach to violence against women. This means we focus on preventing violence before it occurs. We also use a population approach, so we target the underlying causes of violence against women: the culture, attitudes and beliefs that support gender inequality, not at an individual level, but at a community and societal level.

Through our work in prevention of violence against women over the past nine years, WHG has gained significant knowledge and experience, particularly in terms of region specific issues, primary prevention, local-level engagement and a 'whole of community approach'. We have witnessed the beginnings of a cultural shift in community attitudes to family violence over this time and believe the opportunity exists to leverage for significant and lasting change.

This submission highlights the following key issues as vital for consideration by the Royal Commission into Family Violence in meeting the commission's goals, particularly in: fostering a violence-free society; reducing and eliminating family violence; building respectful relationships; and reinforcing community rejection of family violence:

- Rural women and children are at an increased risk of family violence
  Women living in regional, and particularly in rural areas, are at an increased risk of family violence. Resource distribution should reflect this increased risk and the compounded disadvantage relating to such issues as isolation and lack of local services. A comprehensive and systemic approach is required to address the determinants that create increased risk and poor access to key services for women and children exposed to family violence.

- Family violence is a gendered issue
  The gendered nature of family violence needs to be explicit and central in ongoing discourse, planning, policy and program development and resource allocation aimed at both prevention and improved responsiveness to family violence. A gender transformative approach challenges norms and deeply embedded cultural beliefs.

- Primary prevention at the local level – enablers
  Primary prevention at the local level is greatly enhanced by a whole of community and systems approach; national and state-level leadership; and evidence based frameworks. Leveraging political and community momentum and strengthening support in these areas will improve primary prevention outcomes.

- Primary prevention at the local level – barriers
  There are key barriers or areas that require significant improvement to support primary prevention activities in practice at the local/regional level. These include:
  - Resourcing
    Current resourcing for primary prevention activities is inadequate. Increased funding and the model of funding provision should reflect the level of change required and the long term nature of this type of change.

  - Coordination
    Improved coordination would optimize the resources that are available. Structures that seek to improve access to models and programs that have shown success in other regions are required.

  - Data
    Improved access to regional level data would support primary prevention activities at the regional level.

  - Increased structural incentives or regulation to support social change
    Regulation or legislative measures would positively complement and reinforce primary prevention activities.

  - Recognition and understanding of what primary prevention is
    Prevention activities occur on a spectrum ranging from primary (preventing violence before it occurs) to early intervention (taking action on early signs) to intervention (intervening after violence has occurred). Improved understanding of the distinction between these approaches, and the relevant strategies, skills and expertise associated with each, would benefit the work of primary prevention.

Recommendations

Recommendation 1: That the Royal Commission acknowledges the increased risk for women and children living in regional and rural Victoria, along with the issues compounding their situation and ensure adequate resourcing to support the prevention of violence against them and appropriate support once violence has occurred.

Recommendation 2: That localised ‘whole of community’ approaches are adopted for rural communities in the primary prevention of violence against women to particularly address the traditional values and rigid gender stereotypes more pervasive in these communities.

Recommendation 3: That the Royal Commission ensures the gendered nature of family violence is central in the language used to describe it, and in all policy, planning and resourcing decisions.

Recommendation 4: That a gender transformative approach is applied to all aspects of addressing violence against women and this be modelled at government level through strong leadership. This would include primary prevention at the population level to early intervention, secondary prevention and response initiatives at the individual level.

Recommendation 5: That the Royal Commission seeks to strengthen primary prevention activities at the regional level by supporting a systems based and whole of community approach; and ensuring sufficient resources are provided for national and state-level leadership and up to date evidence based frameworks.

Recommendation 6: That the Royal Commission seeks to improve both the amount and the model of funding for primary prevention activities delivered at the local level. Funding should be sufficient to support the level of social change required and the long term nature of this type of change. Funding needs to support work in the mainstream and at the margins.

Recommendation 7: That the Royal Commission seeks to improve the coordination of knowledge, best practice, and resources, across Victoria to optimise available resources and build the evidence base for primary prevention activities. Resourcing should also be provided to roll out programs that have been successfully trialled and evaluated.

Recommendation 8: That the Royal Commission seeks to improve the data available at the regional/local level, that will support primary prevention activities.

Recommendation 9: That the Royal Commission supports government initiatives relating to the achievement of gender equity via structural incentives such as legislation, regulation, accreditation and/or quotas. Accreditation models that support gender equity initiatives in workplaces should particularly be explored.

Recommendation 10: That the Royal Commission recognises that primary prevention is informed by a public health approach which differs from the approach and context for crisis response. Primary prevention activities should be resourced in line with this.

Context for this submission

Established in 1991, Women's Health Grampians (WHG) is one of 11 women's health services operating in Victoria, funded by the Victorian Government Department of Health and Human Services. It covers 11 local government areas across the Grampians region, extending in a wedge from Bacchus Marsh to the South Australian border. WHG aims to drive and support systemic change that will impact positively on the lives of women in the Grampians region. WHG has two priority areas: sexual and reproductive health and the prevention of violence against women (PVAW).

WHG adopts a population based, primary prevention approach to reduce and prevent violence against women. WHG seeks to address the social and cultural factors underlying violence against women: that is, gender inequities and attitudes and beliefs that support gender inequality, sexism and discrimination. Working in this area for over eight years, WHG has gained significant knowledge and experience, particularly in terms of region specific issues, primary prevention, local-level engagement and a 'whole of community approach'.

1. Overarching issues

Rural women and children are at an increased risk of family violence

It is well documented that women living in regional and even more so rural areas, are at an increased risk of family violence (George & Harris, 2014). Local data supports this. The Grampians region has particular areas of high risk when compared to state averages. In Ballarat, for example the rate of family violence reported to police is 50% higher than the state rate, in Ararat it is 70% higher and in Horsham it is more than double the state rate. (Please refer map of the region below.) Children are also more likely to be present. In Ararat and Horsham they are more than twice as likely to be present, when compared with the state average (based on Victoria Police data for 2013-14, [rate per 100,000] reported incidents by LGAs).

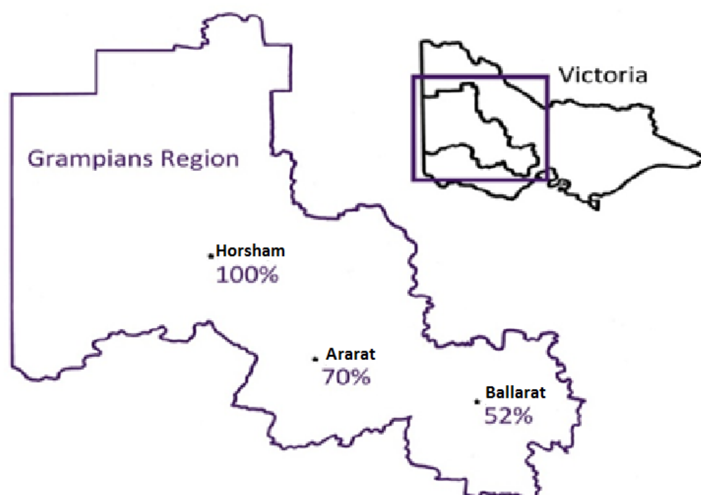

Figure 1. Map indicates rates of family violence reports to Victoria Police above the state average.

Rural women and children face particular circumstances that can compound their disadvantage and experience of family violence. These include such challenges as: conservative patriarchal values perpetuating rigid gender stereotypes reinforced by long held traditions such as farming property ownership passed through generations of sons; lack of anonymity for reporting family violence, poor access to services including legal, transport, housing and healthcare, increased visibility if remaining in the area after leaving, increased risk of disaster such as flood/bushfire, which has been linked to increased family violence, increased gun ownership, physical isolation making immediate response difficult and poor community understanding of the issues associated with family violence and a tendency to blame the women (George & Harris, 2014).

Rural women face additional risk and disadvantage when faced with other systems of discrimination or oppression:

- women with disabilities are twice as likely to experience family violence than women without a disability
- Aboriginal women are 35 times more likely to be hospitalised due to family violence than non-Aboriginal women
- CALD women face additional barriers to safety (including language, immigration risks, fear of police/courts and strict cultural beliefs)
- Elderly women are at an increased risk of experiencing violence

(Domestic Violence Resource Centre Victoria, 2015)

WHG believes that the increased risk and disadvantage rural women experience should be considered when developing a comprehensive approach to family violence. While WHG does not provide services at the response end, as a women's health organisation, we stress the importance of capturing and respecting women's lived experiences in order to inform system reform at the service end.

Recommendation 1: That the Royal Commission acknowledges the increased risk for rural women and children along with the issues compounding their situation and ensures adequate resourcing to support the prevention of violence against them and appropriate support once violence has occurred.

Recommendation 2: That localised 'whole of community' approaches are adopted for rural communities in the primary prevention of violence against women to particularly address the traditional values and rigid gender stereotypes more pervasive in these communities.

Family violence is a gendered issue

As noted in the Royal Commission's Issues paper "Research shows that it is overwhelmingly women and children who are affected by family violence and men who are violent towards them" (Note 14). Arguably one of the most significant developments in improving how 'family violence' is addressed is recognition that it is a gendered issue. Access Economics estimates that 87 percent of

victims of ‘domestic violence’ are women and 98 percent of perpetrators are men (The National Council to Reduce Violence against Women and their Children, 2009). It is important to acknowledge this, so that the causes can be established and then addressed. The gendered nature of the causes - unequal access to power and resources and attitudes and beliefs that support rigid stereotypes - are more difficult to address while the issue is lost in the gender neutral term ‘family violence’. Women’s Health Victoria (2009, p. 4) notes:

> This obscures the gendered nature of the violence by concealing the power relationships between women and men that are central to explaining and effectively addressing the violence….Refusing to identify men as the primary perpetrators of violence against women contributes to the damaging silence that surrounds the issue and inhibits the conceptualisation and development of solutions that address the root causes of the problem.

There is significant research that demonstrates that societies with greater gender equality have lower rates of violence against women. In line with the significant work undertaken by the United Nations and World Health Organisation, it is crucial to start, and consistently apply, a gendered lens to family violence. It is crucial to acknowledge the gendered nature of family violence to be able to adequately address the underlying causes. Gender transformative policy and practice examines, challenges and ultimately transforms structures, norms and behaviours that reinforce gender inequality, and strengthens those that support gender equality (WHV, 2012).

While there is broad community support for the call to prevent family violence, experience tells us that gender transformative strategies are difficult to implement in mainstream settings, challenging as they do, accepted norms and deeply embedded cultural beliefs. At local and regional levels, the work of organisations like WHG could be greatly enhanced and complemented by sustained, consistent and clear messages from leaders at all levels of government and other sectors that have high visibility, that promote a gender transformative approach and recognise that gender blind responses (ignoring gender norms) will continue to fail to create gender equity and indeed continue to perpetuate gender inequity (Greaves, Pederson & Poole, 2014).

A gendered perspective should be considered in all avenues related to preventing violence against women, from early intervention programs such as men’s behaviour change programs, to how response can be improved once it has occurred. That is, a comprehensive gender transformative approach is required to adequately address this issue at its root cause: gender inequity (WHO, 2007; Kelly & Westmarland, 2015; Jewkes, Flood & Lang, 2015).

Recommendation 3: That the Royal Commission ensures the gendered nature of family violence is central in the language used to describe it, and in all policy, planning and resourcing decisions.

Recommendation 4: That a gender transformative approach is applied to all aspects of addressing violence against women and this be modelled at government level through strong leadership. This would include primary prevention at the population level to early intervention, secondary prevention and response initiatives at the individual level.

2. Primary prevention in practice at the local level: What is working well?

While there is no doubt that significant improvements are required in the system/s responding to family violence, primary prevention is vital to prevent it occurring and to ultimately create safe communities for women, children and society as a whole. Primary prevention is intervention aimed at addressing the causes of violence against women before violence occurs. As noted above, the primary prevention of violence against women requires intervention at the cultural level: the beliefs and attitudes that create and support gender inequities and rigid adherence to gender roles. To do this, WHG aims primary prevention at the population level.

As a regional service focusing on the primary prevention of violence against women, at the population level, there are four key factors that underpin our work and support success:

1. A whole of community approach
2. A systems approach to driving social change
3. National and state level leadership
4. Evidence based frameworks

A 'whole of community' approach

This approach is based on the premise that prevention of violence against women and children is a shared societal responsibility and in order to be effective and meaningful must be multi-level, multi-sectoral and integrated. Local and regional knowledge is essential in ensuring successful community led approaches based on universal principles which are tailored to specific areas and populations. These should build on pre-existing networks and communities of interest and engage local leaders and influencers from a range of sectors, including community, health, education, business, sport and agriculture, essentially engaging mainstream partners. WHG has effectively initiated and driven several community led initiatives in the Grampians region in the PVAW space and has built a strong credibility and reputation combined with solid relationships and trust from which to leverage ongoing activity.

A systems approach to driving social change

Implicit in 'whole of community' is a systems approach, essential to engage and shift community attitudes and norms. This involves local leadership and specialist expertise to raise community awareness but also to build community capacity - to bring additional leadership and resources to addressing the underlying causes. WHG provides local leadership and specialist expertise to engage other community leaders and drive social change. To do this effectively, it is important to use a strategic approach that aims to engage at various "stages of change".

To do this, WHG's primary prevention approach has three main components, broadly targeting different stages of change in the community. WHG aims to:

1) raise awareness to the incidence and causes of violence against women, and the value of a primary prevention approach;
2) increase the uptake and implementation of evidence based PVAW initiatives by organisations in the Grampians region; and
3) provide settings based primary prevention programs to support cultural change.

WHG works within a systems framework engaging key organisations in our community who are well positioned to lead social change, either by the work that they do with the community (local government, local media) or by their leadership role in the community (Leadership Ballarat and Western Region, Commerce Ballarat, Victorian government departments etc.). WHG's flexible approach means that we can work with organisational leaders where they are at: we can support awareness raising of the issues, or if they are already wanting to take action we can support their leadership in the community (e.g., a leadership statement, oath swearing, sponsorship of 'You the man' youth project etc.), or if they are ready for direct action, we can support them with the Act@Work program which is a settings based program designed for workplaces that focuses more directly on actual behaviour and cultural change regarding the root causes.

Act@Work directly targets workplace systems that drive change (leadership, policy and communication), while also providing staff with bystander training. Act@Work specifically aims to address the underlying causes of violence against women: beliefs and attitudes that support gender inequality, sexism and discrimination, not just taking a stand against violence. (More information on Act@Work is provided in Appendix A.)

More information on the type of work we do across all three areas is provided in Appendix B.

National and state-level leadership

While primary prevention needs to be driven locally: building on the community's strengths, flexible to the community's needs and in partnership with the community; national and state-level leadership are also crucial to success at the local level. National leadership for example, provided by *Our Watch*, has the potential to assist local organisations such as WHG by providing coordination across the primary prevention space, developing key policy and resources that can be locally adapted.

It can also raise community awareness through broad mechanisms not available to regional organisations by driving the national conversation and via media awareness and education campaigns. While our work until recently tended to focus in the awareness raising sphere, with the current momentum around family violence and violence against women, community readiness to engage in change has shifted more of our work into the second two stages where initiatives are more specifically aimed at taking a stand against violence or addressing the underlying causes. While some of this shift may be attributed to the solid work we have undertaken over the last few years, the community momentum has shifted partly because of the increased level of attention this issue is receiving at national and state level.

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Evidence based frameworks and a settings based approach

The introduction of the VicHealth (2009) *Preventing violence before it occurs: A Framework and background paper to guide the Prevention of Violence against Women in Victoria* and the evidence base behind this framework has also been critical in supporting primary prevention work at the local level. The evidence based framework was significant in expanding 'prevention' work beyond the welfare/response/community sector to being recognised as an important public health issue in Victoria requiring a primary prevention and population based approach.

Significantly for regional organisations working locally, it identified the role of local governments and other key partners and it identified a settings based approach to primary prevention and the promotion of gender equality – and this is ultimately core to the work of actually creating impact at the local community level. Intervening at the settings level has enormous advantages in creating change at the community level: targeting the systems that support behaviour change such as workplaces, sporting clubs, educational institutions etc. This approach has the potential to, over time, shift community attitudes.

WHG have specifically focused on working with local government and in using workplaces as a setting. Ideally, with more funding, WHG would continue to work closely with local government and other local partners to drive change through their unique position and would provide more settings based programs to meet the current community interest and demand for action in this area.

Recommendation 5: That the Royal Commission seeks to strengthen primary prevention activities at the regional level by supporting a systems based and whole of community approach; resource national and state-level leadership and evidence based frameworks.

3. Primary prevention in practice at the local level: What needs to be improved?

While it is important to strengthen the issues outlined above that are contributing to success at the local level, there are also barriers, or areas that require significant improvement to support primary prevention activities in practice at the local/regional level. The most significant issue is long term, adequate resourcing. Improving data collection and availability at the regional level and recognising primary prevention as a distinct area of expertise, separate to expertise relating to early identification or response, would also enhance primary prevention work at the local level.

Resourcing

Current resourcing of primary prevention activities delivered locally is insufficient to drive the level of social change required to prevent or reduce violence against women. In fact, in the Grampians region, the level of resourcing, and the short term project funding model, has us unable to even keep up with current demand – stakeholders interested in actually taking action at the causes level. This includes both meeting the demand for primary prevention expertise on various local committees as well as providing the Act@Work program (Please see Appendix A for more information on Act@Work and Appendix C for a full list of our current involvement in local committees and networks.)

Women's Health Grampians undertakes significant, high level work to effectively address the prevention of violence against women, as can be seen from the description of our work in Appendix B. However our core funding for this area provides approximately only **one full time equivalent position to cover eleven local government areas across 49,000km^2.** We have been successful in acquiring project based funding to supplement our capacity however this has significant limitations in leveraging community momentum – a crucial component in our work. Primary prevention requires a long term vision and commitment. It also requires leadership, expertise and strong engagement with the community. The Act@Work project is an excellent example of the limitations that a short term funding approach has on this type of work. Funded to develop and trial a workplace program in four workplaces, the program is now in its final year. The community interest the program has generated has led to 12 additional workplaces expressing interest in participating in the program. (Please see Appendix A; Part 3 for the list of significant employers in our region that have expressed interest in doing the Act@Work program.) Not only are we unable to meet this keen demand, we also risk losing our skilled and experienced project staff. This lack of ongoing funding is a significant issue for WHG. With current funding finishing at the end of the year (and no indication that the program will be refunded) this is an example of a disappointing and wasted opportunity in the path to creating safe communities for women and children.

In addition to the lack of resources and limitations associated with the short term funding model broadly, additional effort and money is also required to ensure that whole of community responses are also accessible and relevant for groups within the community such as GLBTQI, CALD, disabilities, low socio-economic and Aboriginal communities whose needs may be overlooked where there is an emphasis on mainstream social change.

Recommendation 6: That the Royal Commission seeks to improve both the amount and the model of funding for primary prevention activities delivered at the local level. Funding should be sufficient to support the level of social change required and the long term nature of this type of change. Funding needs to support work in the mainstream and at the margins.

Optimising available resources: Coordination of knowledge, practices and resources

It is important that primary prevention initiatives are localised and incorporate community development principles to gain effective community engagement and commitment. However, improving access to various models, resources developed and programs delivered in other regions would enhance the quality of program development and significantly build the evidence base on which initiatives in this area can be improved. Successful primary prevention initiatives should be documented, shared and replicated. Evaluation results should be widely available and circulated to ensure recommendations and improvements can be incorporated etc.

Communities would also benefit if resources to replicate programs that had shown success in other areas, were available. Primary prevention programs in Victoria such as Baby Makes 3 and the Respectful Relationships program, for example, have solid evidence and the potential to be implemented elsewhere, if adequately resourced. Early evaluation findings indicate Act@Work is also a successful primary prevention program delivered via workplaces. Ideally there would be funding and structures to roll this out to other areas.

Recommendation 7: That the Royal Commission seeks to improve the coordination of knowledge, practices and resources across Victoria to optimise resources and build the evidence base for primary prevention activities. Resourcing should also be provided to roll out programs that have been successfully trialled.

Data collection/availability

Regional services also need better access to data that can support our use of resources and assist in monitoring the impact of our work at the systems level. The Vic Health National Survey on Community Attitudes to Violence against Women, for example, could be modified to collect enough data to also provide regional level data. This level of data is important to be able to measure as to whether indeed community attitudes in each region are changing. Other avenues to collect data on change at the systems level should also be identified and utilised in a way that supports local level activity.

Recommendation 8: That the Royal Commission seeks to improve the data available at the regional/local level, that will support primary prevention activities.

Increased structural incentives or regulation to support social change

History tells us that successful public health initiatives (e.g. tobacco, TAC) usually employ multiple aligned strategies to achieve cultural and behavioural change. Increasing structural incentives through regulation or legislative measures would positively complement and reinforce activities aimed at engaging workplaces in particular, as settings for social change. This could take the form of requiring workplaces to be accredited in gender equity or including requirements from workplaces under their Occupational Health and Safety Program. The proposed use of regulation, targets or quotas in regards to gender equality in public sector bodies is welcomed and should be extended. Regulation to shift the media's use of images to ensure they are more supportive of gender equality; valuing men and women equally and demonstrating respectful attitudes to both genders, would also support the primary prevention of violence against women.

Recommendation 9: That the Royal Commission supports government initiatives relating to the achievement of gender equity via structural incentives such as legislation, regulation, accreditation and/or quotas. Accreditation models that support gender equity initiatives in workplaces should particularly be explored.

Recognition of primary prevention as a specific expertise

Prevention activities occur on a spectrum: primary prevention aims to prevent violence against women before it occurs. Secondary prevention seeks to intervene where there are 'early signs'. Tertiary prevention seeks to reduce the impact of the violence and prevent future occurrences (Vic Health, 2009). Improved understanding of the distinction between these approaches and the relevant strategies, skills and expertise associated with each, would benefit the work of primary prevention, which is often misunderstood and included with a general intention to focus on prevention.

This can influence where primary prevention funding is located. In WHG's experience, and in line with Vic Health's (2009) framework, effective primary prevention requires a particular focus and distinct approach, especially with a population approach. For example, a key strategy would be developing strong partnerships with mainstream agencies and services such as local government, local businesses, community organisations and mainstream local health services where community attitudes can be influenced (Vic Health, 2009). Primary prevention activities could be improved if this was more widely recognised and understood. This point is illustrated by the Governance Framework chart in Appendix E which maps a prevention pathway with key stakeholders.

It would also support our work if attention was directed to ensuring primary prevention messages were easily understood especially in relation to gender inequity, much like the broader health promotion approach regarding health messaging and health literacy.

Recommendation 10: That the Royal Commission recognises that primary prevention is informed by a public health approach which differs from what is required for a crisis response. Primary prevention activities should be resourced to appropriate agencies, in line with this.

References

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Appendix F: Letter of Support Horsham Rural City Council

Our Reference: F08/A16/000001:AMM:kn
Contact Name: Angela Murphy

27 May, 2015

Ms Marianne Hendron
Chief Executive Officer
Women's Grampians Health
marianne@whg.org.au

Dear Marianne

Submission to the Royal Commission into Family Violence

Council hereby supports Women's Health Grampians Submission to the Royal Commission into Family Violence.

The Horsham Rural City Council has adopted a leadership statement relating to the prevention of violence against women, and is committed to taking action to prevent violence against women in our municipality. We are involved and participate in:-

- Annual White Ribbon Day in March
- International Women's day activities; and
- Networks with a focus on preventing family violence and violence against women.

The Council's Health and Wellbeing Plan incorporates actions relating to prevention of violence against women. Our enterprise agreement includes a family violence clause for the purpose of supporting employees requiring leave.

We acknowledge that further work and development is required throughout our organisation and community to educate, raise awareness and influence behaviours and attitudes to prevent violence against women.

Please do not hesitate to contact me if you require any further information.

Yours sincerely

PETER F BROWN
Chief Executive

Address correspondence to: Chief Executive Officer PO Box 511 Horsham Victoria 3402
Civic Centre 18 Roberts Avenue Horsham Victoria 3400
Ph 03 5382 9777 **Fax** 03 5382 1111 **Email** council@hrcc.vic.gov.au **Website** www.hrcc.vic.gov.au