

Submission to the Royal Commission into Family Violence

By Women's Health Loddon Mallee

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RESPONSE TO ROYAL COMMISSION

Contents

Introduction	2
Recommendations	3
Introducing Women’s Health Loddon Mallee	6
Recognition as a leader in Primary Prevention of Violence.....	9
Question Four Response:	10
1. Bystander Training in Workplaces.....	11
2. ‘Violence Prevention – It’s Everybody’s Business’ Conference	133
3. Regional Forums	15
4. Regional Action Plan for Prevention of Violence Against Women	16
5. Educating children in schools.....	168
Question Five Response: The Importance of Addressing Gender Equity	19
Gender Equity training.....	20
Development of resources eg Gender Fairness Cards.....	20
Question Seventeen Response: Rurality	22
Question Twenty-one Response:	25
Appendix1: Violence against Women and Children Governance and Advisory Structure	

Introduction

Women’s Health Loddon Mallee (WHLM) appreciates the investment being made to refreshing state knowledge and responses to Violence Against Women (or Family Violence) through this Royal Commission and congratulates the State Government on the initiative. We welcome the opportunity to submit ideas arising from our core interest which is primary prevention of violence against women in our region (and the state).

We have drawn on our activities to highlight strengths and opportunities that our evidence shows will make a difference.

We have acknowledge some contributions by others that articulate well structures, strategies or principles that align with our experience and our understanding of how our collective work can be strengthened.

Recommendations

The following recommendations are listed according to the questions they are responding to, and in relation to the programs and issues in each sub-heading.

Question Four: If you or your organisation have been involved in programs, campaigns or initiatives about family violence for the general community, tell us what these involved and how they have been evaluated.

Bystander Training

- 1) **On the evidence of data collected so far, there is strong support for workplace-based bystander training addressing cultures of violence and gender norms. This model should be continued and expanded to workplaces across the region.**
- 2) **Settings based bystander training is able to be adapted for use with a wide variety of community, volunteer and recreation organisations. An investment in developing this variation is required.**

Professional Development and Capacity Building

- 3) **Continue to invest in local, regional and State-wide conferences and forums - they build knowledge, commitment and collaboration.**
- 4) **It is vitally important for workers from small communities and small organisations to be actively supported to attend conferences, forums and professional development.**
- 5) **Workforce training and for specialist prevention workers and mainstream workers should be funded.**

Regional Planning and collaboration models

- 6) **Regional planning and collective impact approaches to engaging regions in violence prevention work should be funded.**
- 7) **Strategic collaboration should be valued and funded.**
- 8) **Further research about primary prevention of violence and coordinated evaluation of initiatives be funded at a regional level with a view to further building the evidence base for rural best practice. In particular this should address relevant intersectional factors and rural characteristics.**

Educating all children in schools

- 9) **Embed core skills through the school curriculum and address barriers to delivery, with consideration to constraints in rural schools**

Question Five: What circumstances and conditions are associated with the reduced occurrence of family violence?

- 10) We support the concept of a multifaceted, intersectional approach by government, industry and community to seriously addressing gender inequality as the key driver of violence against women, through education, capacity building, mass media campaigns and resources arising from best practice research in this area.
- 11) A State-wide Community of Practice for Gender Equity Workers be supported to enable further training, resource sharing, project work and research to be initiated in a comprehensive umbrella, rather than, as is the current situation, in a piecemeal fashion.
- 12) Gender equity training to be seen by government as a vital component of addressing violence against women. Government to look at ways of assisting, by encouraging workplaces, sporting, recreation, community and faith organisations to take up this training.
- 13) Resourcing for educational programs so that at every stage of life, relevant issues of respectful relationships/gender equity are addressed. This includes professional development for all people working with children, from child care centres and kindergartens through to senior school age, and community organisations.

Question Seventeen: Are there specific cultural, social, economic, geographical or other factors in particular groups and communities in Victoria which tend to make family violence more likely to occur, or to exacerbate its effects? If so, what are they

- 14) Recognise that rural communities have a significant burden with regards to the experience, response and prevention of family violence.
- 15) Empower rural women's health services - through long-term funding and authority - to continue to leverage their leadership and expertise to support prevention activities.
- 16) Intersectional disadvantage experienced by sectors of the community such as Indigenous, disabled, homeless, isolated rural, CALD and young women be addressed with adequate resourcing to ensure their safety, as these groups experience a greatly enhanced risk of violence.
- 17) Strengthen access to good quality resources through accessible online and other options.
- 18) Invest in provision of the Baby Makes 3 program across the Loddon Mallee region.

Question Twenty-one: The Royal Commission will be considering both short term and longer term responses to family violence. Tell us about the changes which you think could produce the greatest impact in the short or longer term.

- 19) Primary prevention of violence against women should be a recognised women's health priority by the Department of Health and Human Services - within in its funding of Integrated Health Promotion and not as component of mental health.
- 20) Long-term funding be provided to regions, especially to women's health services to coordinate regional PVAW plans and capacity building in the regions.
- 21) We endorse the Violence Against Women and Children Governance and Advisory Structures document¹ developed by the domestic violence sector, and support the creation of a Primary Prevention State-Wide Advisory Committee and the Primary Prevention Regional Leadership. This structure aligns with our experience of what is needed to strengthen the work of the emerging primary prevention sector.
- 22) Further, there needs to be infrastructure created to support the model in Recommendation 21. This includes leadership resourcing and partnership building.
- 23) We endorse the recommendations outlined below arising from the Joint Statement by peak organisations in the Family Violence and Health sectors.² They are in brief:
 - i. Develop a long term, bipartisan, whole of government and whole of community plan.
 - ii. Address structural and normative gender inequality as the key driver of men's violence against women, through an intersectional approach.
 - iii. Develop a monitoring, accountability and reporting framework.
 - iv. Establish strong governance and quality assurance mechanisms.
 - v. Significantly increase and sustain funding to support the above, and to ensure good programs are systematised and upscaled.
 - vi. Ensure universal reach through inclusive and tailored approaches.
 - vii. Engage communities through established organisations and networks.
 - viii. Build a skilled prevention workforce, within existing sectors, and as specialists.
 - ix. Undertake an intersectional gender analysis of all government policy, legislative development and budgeting.
 - x. Support ongoing research and evaluation for knowledge building and innovation.

¹ See Attachment 1 p...

² CASA Forum, DV-Vic, WHAV, Our Watch, et al, Getting Serious about change; the building blocks for effective primary prevention of men's violence against women in Victoria.

Introducing Women's Health Loddon Mallee – focus of our work

Women's Health Loddon Mallee (WHLM) is one of the 9 regional women's health services and 2 statewide women's health services funded by the Department of Health and Human Services. WHLM is based in Bendigo with an outreach service based in Ouyen. The Loddon Mallee region covers approximately one quarter of Victoria with a population of nearly 150,000 females. We are funded primarily to address women's health through systems level work (provide leadership and co-ordination, provide advice, identify gaps in data, support the trial of new interventions and approaches and build the evidence base) and direct service (partner with other organisations, identify priority health issues and interventions and deliver evidence based interventions).³



The Loddon Mallee, which stretches from the relatively affluent Macedon Ranges, through areas of small and comparatively isolated rural farming communities in towns struggling for their economic survival, up to and along the Murray River, is a very disparate region. It contains some of the largest Indigenous communities in Victoria such as Robinvale and Mildura, as well as diverse populations of seasonal fruit and vegetable pickers.

³ Victorian Women's Health Program, Guidelines 2013-17, DHHS

Factors that we discuss later in this paper relating to rural disadvantage⁴, have impacted greatly on the vulnerability of women in relation to family violence. As a result, this region has some of the highest per capita instances of family violence in Victoria; see table below.

LGA	Family violence incidents per 1,000 population (2013/14) ⁵	Number of incidents (2014)
Buloke (S)	6.9	45
Campaspe (S)	42.8	595
Central Goldfields (S)	33.4	255
Gannawarra (S)	15.1	149
Greater Bendigo (C)	14.9	1632
Loddon (S)	1.7	68
Macedon Ranges (S)	9.6	388
Mildura (RC)	25.6	1,415
Mount Alexander (S)	11.0	201
Swan Hill (RC)	24.9	518
Loddon Mallee	14.0	
Victoria	11.2	

WHLM's integrated health promotion plan prioritises Prevention of Violence Against Women and Sexual and Reproductive Health in the Loddon Mallee region. Gender Equity underpins all aspects of the work and organisation. WHLM work uses a social model of health with a focus on determinants at a primary prevention level. WHLM also delivers counselling, sexual and reproductive health advice and pap testing. Our recent training in gender transformative health promotion has strongly influenced our primary prevention work as it relates to gender equity.

Backbone of collective impact approach⁶ to Prevention of Violence in the region.

WHLM is the only health organisation with a regional catchment in the Loddon Mallee.. It uses health promotion (clear logic about working to address determinants, settings approach, multi level and integrated strategies) and a partnership approach. WHLM has a leadership role in the primary prevention of violence against women, which means that we are in fact the backbone of regional PVAW. (Most of the funded activity in the region is response focused and is led through the respective funded organisations). WHLM has had a role in supporting and building regional activity focused on prevention of violence against women. In recent years this role has included the following – see table below.

⁴ See p?

⁵ VicPol LEAP data, 2013-14

<http://www.collaborationforimpact.com/collective-impact/>

WHLM activity to support Violence Prevention Initiatives in the Loddon Mallee region

Project	WHLM role	Benefits and Challenges
Prevention of Violence Against Women and Children in Our Community (local government cluster pilot project)	<p>Collaborator in developing the submission – primary prevention knowledge.</p> <p>Reference group member – connection to community sector, primary prevention knowledge.</p>	Worker embedded in 3 local government organisations was able to identify and utilise opportunities to educate across the organisations and develop strategies that were a good fit to each of the three local government orgs. Time to build trust and gain traction is required. This project has made a significant difference to the understanding and capability of these three councils – the difference between their approaches and others in the region is notable.
Why Didn't You Ask project (Community Legal Centre)	Project advisory group – expertise in gender issues.	Rare opportunity to do primary research.
City of Greater Bendigo Violence Prevention Advisory Group	Member of working group - advice on strategy, assist to develop wording and align with statewide/expert concepts. Validate purpose to external and internal audiences. Provide LMTAS training as an action.	Local government is an influential community leader and its actions in this area assist our broader goals of encouraging action.
North West Region CFA Violence Prevention Advisory Group	Advisory group members. Provision of training to regions and subregional groups – gender equity, LMTAS.	Relationship has developed out of planning process and our conference. Best opportunity yet to reach 18,000 with gender equity promotion.
'Living Safer Sexual Lives', a peer led program that addresses interpersonal safety within the context of sexual relationships for people with intellectual disabilities.	Provision of a staff member during the pilot, implementation of the model. Member of multi organisational group seeking funding for further delivery.	Investment in disability and sexuality is extremely hard to obtain – no funding streams, not high profile need. The model is a very good example of best practice.
'Go Goldfields'	Participation in reference group, provision of expertise about violence prevention options	Linkage of work being done under Go Goldfields with resources and programs in the region.
Say No to Violence Project	Reference group participation. Assistance to promote the project and invite subject participation	Ability to link prevention strategies to legal issues through learnings of the project.
White Ribbon activities in the Mallee	Coordination of response and community organisations to run white ribbon events along the Mallee Track	Education and engagement of remote communities and organisations. Linking individuals to services.

Recognition as a leader in Primary Prevention of Violence

A major project undertaken by WHLM over the past 3 years is Loddon Mallee Takes a Stand. WHLM coordinated the submission writing process to obtain this grant and was endorsed by key local organisations as the logical lead organisation for region wide prevention work. Factors that contribute to this include:

- Role in health promotion and understanding of primary prevention approaches
- Long history of work in violence prevention
- Strong relationships with key violence response organisations
- Regional catchment
- Connected to a wide range of organisations through networks
- A core role in prevention
- Understanding of the gendered nature of intimate partner violence
- Trained in the use of a 'Gender Lens' in social analysis and strategic planning to address underlying causes of violence

Responses to Relevant Questions in Commission Issues Paper

Question Four:

If you or your organisation have been involved in programs, campaigns or initiatives about family violence for the general community, tell us what these involved and how they have been evaluated.

PROJECT: Loddon Mallee Takes A Stand

In November 2012 Women's Health Loddon Mallee, was successful in attracting funds from the Department of Justice, to undertake a regional Preventing Violence against Women project in the Loddon Mallee.

WHLM is the lead organisation in a regional consortium whose members include:

- Centre for Non-Violence (CNV)
- Mallee Domestic Violence Services
- Loddon Campaspe Centre Against Sexual Assault
- Northern Districts Community Health Services
- Bendigo-Loddon Primary Care Partnership/ Campaspe primary Care Partnership
- Prevention of Violence in Our Community Project (Mt Alexander Shire)

Loddon Mallee Takes a Stand uses a multi-pronged approach to address primary prevention of family violence in the workplace and in the wider community. The components are:

1. Bystander training in workplaces.
2. ***Violence Prevention – It's Everybody's Business Conference*** in Bendigo, October, 2014.
3. Regional Forums in Mildura and Swan Hill and workshops in Wycheproof, Wedderburn, Kerang and Echuca to ensure that people throughout the region have an opportunity for participation and engagement.
4. The development of a Regional Action Plan for the Prevention of Violence against Women in the Loddon Mallee.

PROJECT: Ouyen P-12 Health Education– a whole school approach

5. Through its Sexual and Reproductive Health Priority WHLM has been working to improve education in schools, with a particular focus on the Mallee. This work addresses the determinants of violence and the strategy is linked to the concept of developing knowledge and understanding early in development.

1. *Bystander Training in Workplaces*

Loddon Mallee Takes a Stand, is targeting 1000-1500 employees in a variety of local government, community and industry sectors across the Loddon Mallee Region (LMR). Using the 'train the trainer' model; multiagency training teams go into workplaces to carry out training with the aim of creating cultures and systems that foster nonviolent norms. Employees are trained to reduce acceptance of violence condoning attitudes and behaviours and workplace culture change will be strengthened with relevant Human Resources policy and Quality Improvement.

Take a Stand is one of VicHealth's violence prevention projects, piloted by Women's Health Victoria with Linfox. It uses workplaces as settings for intervention and a universal approach that targets all male and female employees of the participating workplaces. It raises community awareness by supporting attitudinal and behavioural change in organisations and therefore communities through workforce-focused initiatives, resources and tools.

Take a Stand specifically responds to workplace norms and beliefs and has been found to be effective in:

- Altering understanding about violence.
- Altering perceptions about what is acceptable – "It's not OK".
- Altering perceptions about what others in the workplace think is acceptable – "Most people do not condone violence."
- Facilitating appropriate responses that challenge violence accepting attitudes – "I know what to say to my mates."
- Providing safety for voicing attitudes that challenge perceived dominant norms – "My sense of belonging, my pride and my respect won't be damaged if I say I don't condone violence."

Evaluation Methodology

An external evaluator, the Centre for Excellence in Child and Family Welfare was engaged to carry out the program evaluation.

The evaluation design was determined to be a pre-post design with data collected at three points in program delivery:

- Focus groups will be conducted in larger organisations and in depth interviews will be used to collect qualitative data pre and post training in small organisations.
- Facilitator diary data.
- Pre/post bystander training participant evaluation forms

Preliminary findings from the ***Take A Stand Program Evaluation Interim Report # 3, November, 2014 by the Centre for Excellence in Child and Family Welfare**** using a sample of 285 participants:

- There was a 20% increase in capacity to seek support for self or colleague after training.
- 77% of respondents said that the training had a big impact on their understanding of common community attitudes to domestic violence after round one of training. This increased to 88% after subsequent training.
- The training was almost uniformly considered to provide useful day to day, real life tools for responding to perpetuating attitudes to or evidence of domestic violence when encountered in daily lives – over 90% of respondents agreed with this.
- 78% of participants claimed that they could remember the tools provided after completion of training.
- 63% of respondents reported having used the tools provided in their day to day lives.

The latest data from a further sample of approx. 300 pre and post training surveys, (Session 1 May, 2015) suggests that prior to the training, participants had very little knowledge about the underlying causes of violence against women. Most believed that family violence was caused by alcohol and drugs, financial pressures, up-bringing and relationship pressures. This training gave them a greater understanding of the issues.

Learnings:

- ***“The causes of domestic violence were different to what I initially thought”***
- ***“Causes of DV and ways to deal with it’.***
- ***“Domestic violence needs to be taken on as an issue by us all. We need to change attitudes and actions in our society”***

Participants found the Take a Stand tools and the support kit with information about local services the most useful.

Learnings:

- ***“The practicality of the tools.”***
- ***“It was very realistic and practical in a casual setting.”***
- ***“Ways of dealing with situations’.***
- ***‘I really liked the scenario based discussions. It applied the tools to real life situations.”***

Participants were surprised and shocked at the extent of the problem.

Participants reported difficulty in speaking up when witnessing family violence prior to doing the workshop.

- ***‘Uncomfortable about interfering and fear of making things worse’.***

After the training, participants were more motivated to take a stand because they knew what to say.

- [I didn’t speak up because] ***“It was a family occasion and I felt it was up to them. I would speak up now with one of the 5 tools.”***
- ***“I can Take A Stand against family violence’***
- Some female participants indicated that they would seek support due to the training. ***“I realised that I needed help”.***

Participants learned that there were a number of forms of violence, not just physical violence. An overwhelming 98% would recommend the program to all staff. Where improvements were suggested, the most common was to extend the training to allow for further exploration of the issues and encourage more discussion. Trainers have reported that disclosures occur after most sessions.

Summary of Learnings: Why Is Bystander Training in the Workplace Important?

- By targeting all people as bystanders, and thereby moving away from focussing on ‘perpetrators’ and ‘victims’, there is an acceptable opportunity for all workers or community members to consider being active in violence prevention.
- Workplaces are settings that reach a lot of people and have opportunities to provide training that would not be sought out unless provided.
- It provides an immediate action response – “this is what I can do”.
- It provides tools which are non-threatening and easy to understand and to use
- It is empowering – people can replace a feeling of being powerless in an uncomfortable situation with, “I can safely act”.
- It replaces assumptions and myths with facts and an understanding of the reality of the situation.
- By working collectively in the training situation, it raises peoples’ consciousness around issues of gender, power and control.

2. *‘Violence Prevention – It’s Everybody’s Business’ Conference*

The Conference aimed to reach a broad and diverse group of people from both regional (targeting the Loddon Mallee) and metropolitan centres to be a catalyst for action to prevent violence against women, and to raise awareness of violence prevention approaches. The ‘Violence Prevention – It’s Everybody’s Business’ Conference, aimed to be a conversation starter for our region. The conference brought together the most eminent thinkers and authorities in the sector. This gave our community members access to quality, current information on the types and causes of violence; provided the community with knowledge /skills to identify and prevent violence; raised awareness of violence prevention approaches in the community and instigated action to eliminate violence against women.

Conference delegates

Two hundred and eighty-five delegates were fully registered for the ‘Violence Prevention – it’s everybody’s business’ conference. Over 300 people attended overall.

The conference was successful in attracting delegates from local government, health and community services and the education sector.

Increased levels of knowledge and awareness

The conference delegates rated themselves as having some prior knowledge of the types of violence against women (Good 26%, Very good 35% and Excellent 33%), however the self-ratings of knowledge of the types of violence shifted significantly after the conference (Good

5%, Very good 40% and Excellent 54%). Similarly, there were significant shifts in knowledge after the conference about the causes of violence against women and of approaches to prevent violence against women.

The delegate survey results clearly show that the conference increased awareness about the types of violence, the causes of violence against women and knowledge of approaches to prevent violence against women, meeting the objectives of the conference.

Quality of the conference

Many people have cited the conference as “the best conference on family violence I have ever been to”. When asked what it was about this conference that was so special, they spoke of how the personal stories of family violence survivors such as Rosie batty and Anj Barker ‘brought the message home’ and engaged the audience in a powerful way on an emotional level. This contextualised the issues, so that the focus was maintained on the personal while examining the theoretical issues of violence prevention. At the same time practical examples of programs such as Baby Makes 3, Take A Stand, Living Safer Sexual Lives, Act@Work which are addressing primary prevention across the State were demonstrated so that delegates were given concrete pathways for action.

Where to from here?

A common theme arising from the conference was the need to focus on the underlying causes of violence against women (gender inequity and the acceptance of violence).

The conference has clearly acted as a catalyst for action and provided delegates with ideas about how they can contribute to the prevention of violence against women now or in the future (88% agreed or strongly agreed).

Areas which conference delegates identified as needing to be addressed in future conferences:

- how to engage men in PVAW
- strategies for PVAW in diverse communities
- a stronger rural focus
- strategies for women with disabilities
- violence in Aboriginal communities due to the different underlying causes of violence (colonisation versus the gendered construction)
- more about child protection and the role they have in PVAW
- school based strategies

3. *Regional Forums*

Two regional forums were held in Mildura and Swan Hill in March, the first of a series of post-Conference Forums to be held across the region.

The Keynote Speaker at both forums was Dr Shannon Spriggs Murdoch, of the Mentors in Violence Prevention program, Griffith University. She stressed the vital role of bystanders in challenging prevailing social attitudes which act to minimize or condone violence against women. Her workshop was confronting in that it demonstrated the progression from jokes which demean women, all the way through to rape and domestic violence. Her key message was that bystanders have an opportunity to influence change, and she demonstrated ways this could be achieved without putting oneself at risk of harm.

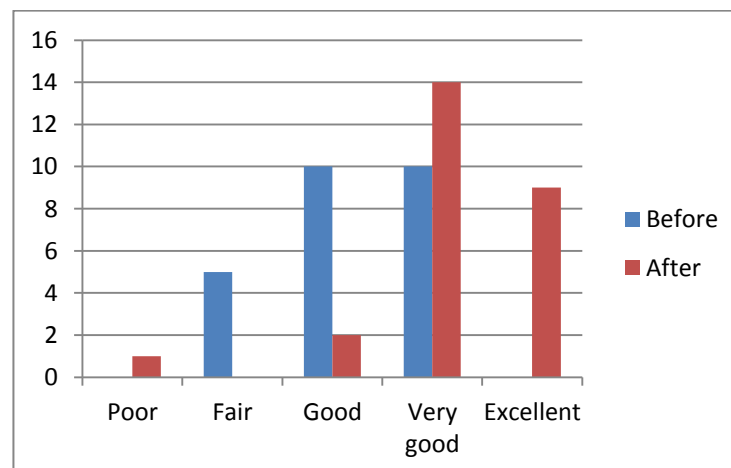
Other presentations on PVAW projects such as Baby Makes #, Loddon Mallee Takes A Stand and Living Safer Sexual Lives were well received.

In rural areas in particular, the tyranny of distance makes coming together for regular meetings much harder. Participants fed back that one of the major benefits of the Forums was the opportunity for networking with other service providers. The sense of working together as a community and the opportunity to share knowledge were mentioned.

Feedback from the Forums was very positive:

- Comments : “There are ways that I can make a difference in my home, with my peers and in my workplace.”
- “I have the opportunity to create change and show insight to people through my job and personal experience.”
- “I feel that I am more mindful of gender equity in my personal life. It emphasised the need for good screening tools in my work.”

Change in knowledge about approaches to prevent violence against women



4. *Regional Action Plan for Prevention of Violence against Women*

Women's Health Loddon Mallee has been working to develop a Loddon Mallee Region Action Plan to prevent violence against women.

Women's Health Services in several regions have recognised the benefits of having previously developed regional primary prevention plans which encouraged collaboration and uptake of best practice interventions. WHLM has been working on the first plan for the Loddon Mallee region during 2014/15, using funding from Department of Justice and Regulation (as an activity of the Loddon Mallee Takes A Stand project) and the Office of Womens Affairs. Our approach has been to consult widely in the region with a view to creating an action plan and enduring governance structure which will support the ongoing shared commitment to primary prevention of violence against women.

By December 2014, 40 groups had been consulted. Consultations occurred in multiple formats including the establishment of working groups which met several times, provision of forums and workshops, running sessions within forum's which had a broader focus. The regional conference in Bendigo, Violence Prevention – It's Everybody's Business' was the launch point for the Action Plan project.

Stakeholders consulted and engaged include:

- *Organisations with lead role in addressing violence against women:* Mallee Family Violence Executive, Loddon Campaspe Integrated Family Violence Consortium, Northern Mallee and Loddon Campaspe Indigenous Family Violence Regional Action Groups.
- *Organisations involved in subregional partnerships with a focus on violence against women:* Sunraysia and Cobaw Community Health Services, Loddon Campaspe Community Legal Centre, Mallee Family Care'.
- *Organisations with a role in supporting coordination and collaboration:* Northern Mallee Community Partnership, Southern Mallee, Bendigo Loddon, Campaspe and Central Victorian Primary Care Partnerships
- *Organisations with a role in working with community members:* North West Region CFA, AFL Central Victoria, Mallee and Central Victorian Sports Assembly's, Anglican, Uniting and Catholic churches, local government workers, education institutions – schools, higher education, employers in a range of sectors.

Our Action Plan project will be complete by October 2015. Our observations arising from undertaking a broad engagement approach to increase attention on primary prevention of violence include the following:

- There is a willingness of a broad range of organisations to do something to address violence against women and children. They require a structure and leadership to channel that willingness into action.
- For many organisations with strong opportunities to influence employee, member or community attitudes and social norms (community sector) the action planning process has provided the first opportunity to initiate violence prevention activities.
- For many human services workers and community based organisations core information about prevention approaches had not been previously available ie what violence is, what

primary prevention is, the evidence about best practice prevention of violence against women and settings approaches (a core concept in health promotion).

- No other organisation in our region has the capacity (catchment, approach, role) to focus on primary prevention.

Stakeholders have said they would like to see organisations sign on to the following types of actions:

- Partnership and Leadership in the PRIMARY prevention of violence against women.
- Workforce and Organisational Development in PVAW.
- Community Education and Engagement in PVAW –including identifying a locally relevant ‘theory of change’.
- Communicating PVAW messages.
- Undertaking research in PRIMARY PVAW.
- Challenging issues of intersectionality in PVAW (that is, challenging the ways in which racism, colonialism, and able-ism also cause violence against women – not just gender inequity and rigid gender norms).

Preliminary Findings:

The evidence which has emerged to date from working on the Regional Plan is pointing to the fact that organisations in the region did not feel well informed about appropriate strategies and actions and had high levels of motivation to initiate capacity building in the area of violence prevention. The training held to date has been of immense importance in providing the opportunities for organisations to come together to learn, participate and share knowledge.

The Action Plan will continue to:

- Assist to focus attention on primary prevention of violence.
- Continue to include capacity building activities – education, partnership development, engagement.
- Support collaboration and a focus on best practice.
- The Action Plan will be more fully realised if funding is available to resource goals and resource the collective impact structure, including leadership.

5. *Educating children in schools*

Women's Health Loddon Mallee (WHLM) is collaborating with Ouyen P-12 College to streamline their Health Plan. This school has 260 students and is located in north western Victoria, 100km South of Mildura.

Teachers are expected to teach sexuality education from Foundation to Year 10, as outlined in AusVELS. Our previous research shows teachers don't always feel equipped or confident enough to implement these subjects especially in a sequential and sustainable manner.

This project has three approaches. The first is mapping the school's current Health plan, which highlights areas needing support as well as successes.

Secondly, WHLM is working directly with the Health teachers from Foundation to Year 10 to develop their Sexuality and Relationships programs with the aim of embedding sequential learning and creating a resource bank.

Thirdly the project entails supporting and developing a whole-school-approach to Sexuality and Relationships. The use of WHLM priorities, Gender Equity and Prevention of Violence against Women assists the direction of this approach. This involves teachers from all disciplines including Health, Art, Maths, Humanities and so on who have been asked to see how they can incorporate sexuality and gender themes within the existing curriculum. They are also encouraged to actively respond to conversations and situations they become aware of in the schoolyard as well as the classroom. For example responding to homophobic language and attitudes. It is expected that the teachers can use these situations as opportunities for discussion along gender and sexuality themes.

It has been interesting to realise the support for this project is not always from the expected parties, some staff have adapted to the concept quicker than others. Diverse strategies have to be implemented according to the staff involved.

Early findings show progress in all approach areas and instances of unexpected positive take up as the systematic approach is applied. This presentation will outline the model, how each area is developing and examples of progress.

This project is one of several looking to ensure that all young people receive education that equips them to build positive relationships, manage conflict and recognise when safety issues are arising, increase expectations of their own achievement and potential. This project addresses barriers in remote, rural settings. We recognise that unless the Education Department requires this to be embedded in education there will not be a guaranteed investment in interpersonal skills and personal development for all children.

Question Five:

What circumstances and conditions are associated with the reduced occurrence of family violence?

The Importance of addressing Gender Equity

A lack of gender equality is consistently cited as an underlying determinant of violence against women. The United Nations General Assembly, in its 1993 Declaration on the Elimination of Violence Against Women, noted that this violence is a manifestation of historically unequal power relations between men and women. Gender inequality as a cause of violence against women also underpins approaches to prevention by organisations such as the World Health Organisation (World Health Organisation (WHO), 2010), and, in Australia, VicHealth (VicHealth, 2007) ⁷

As has been noted in the Joint Statement by peak health and domestic violence services: *“Prevention[of violence against women] 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 individual attitudes and beliefs.”*⁸

In the education sector, and in community programs to reduce violence against women, an understanding of gender and its relationship to status must inform all training of teachers, trainers and other educators and those responsible for administering these programs. Constructs of masculinity and femininity, so defined by cultures and social norms, need work to accommodate a masculinity that does not include violence and that incorporates attitudes of mutual respect between the genders. The evidence base around how to do this is currently expanding.⁹

One of the presenters at the Violence Prevention – It’s Everybody’s Business conference, Marie Crabbe, put forward on the basis of the work she has been doing in this area, the importance of gender equity training in kindergartens to encourage early childhood educators to challenge and resist gender stereotyping of children, and respectful relationships education from a young age on-going, in developmentally appropriate ways. This compliments the work that organisations such as Our Watch are doing in developing school-based programs on respectful relationships which challenge gender-stereotyping and violence-supportive attitudes.

WHLM recognises that Gender Equity is a determinant of violence against women. We have been working to introduce this concept to the region and to improve understanding and action to achieve equity. We believe that what is required is education and training, information and resources and programmes targeting the workplace, the education system and the community.

⁷ Liz Wall, Gender Equality and Violence against Women, - What’s the connection?, Australian Centre for the Study of Sexual Assault, AIFS 2

⁸ CASA Forum, DV-Vic, WHAV, Our Watch, et al, Getting Serious about change; the building blocks for effective primary prevention of men’s violence against women in Victoria.

⁹ Liz Wall, Gender Equality and Violence against Women, - What’s the connection?, Australian Centre for the Study of Sexual Assault, AIFS 12

We also support the need for an intersectional approach to addressing ‘structural and normative gender inequality’ as called for in the Joint Statement. *“Discrimination and disadvantage associated with factors such as age, race, religion, disability, sexuality, gender identity, geographic location and socio-economic circumstances intersect with gender inequality, sex discrimination and stereotyping, and compound the experiences and impacts of violence.”*¹⁰

Gender Equity training

WHLM has targeted Gender Equity training in two areas:

- a. As a component of existing Violence Against Women training in a variety of community, education and professional development settings.
- b. Workplace Gender Equity training to train up workplaces to address issues such as lack of equal pay, provision of flexible working conditions for working parents, structural inequities in the workplace and policies addressing family violence and the sexual harassment of women.

The major difficulty we face, particularly in relation to workplace gender equity training is a reluctance by employers to invest in this training. While it has been comparatively easy to gain access to workplaces for the Take A Stand training, gender equity is not regarded as important. There are many workplaces in Loddon Mallee too small to be required to report to the Workplace Gender Equity Agency. Most people are employed in smaller businesses or local government.

Development of resources e.g. Gender Fairness Cards

In 2012 WHLM initiated a couple of resource development projects to fill a gap in resources available to educate about and guide gender equity. The Gender ***Equity Quality Standards. A Resource for Organisations*** was developed following a pilot project with a local welfare organisation. This resource assists workplaces to focus on gender equity using domains that are familiar within CQI frameworks. We have distributed copies of this (printed or available online) to organisations across Australia.

We have also produced a set of cards, in partnership with St Luke’s Innovative Resources, to resource workers to raise and discuss gender equity. The ***Gender Fairness. Conversations about Equity*** cards aim to provide users with tools for fostering discussion and exploring the concepts of gender fairness/gender equity. It is the aim that users will in turn gain insight into societal and personal assumptions regarding gender and discover ways to label inequities and fairness issues. Two of the goals are to shift cultures of gender unfairness by clearly naming and

¹⁰ CASA Forum, DV-Vic, WHAV, Our Watch, et al, Getting Serious about change; the building blocks for effective primary prevention of men’s violence against women in Victoria, 7

respectfully challenging issues of gender inequity and to developing an inspiring vision for gender equity that benefits everyone.

The card sets are being used in meetings, planning sessions, groups, organisations, businesses, professional development, training and education, community events, counselling, mentoring, supervision, and within families. We have used the cards in CFA Gender Equity training sessions, with local governments and with staff. Feedback includes:

- Humour is a great way to tackle potentially flammable discussion.
- A good starting point for thinking about gender inequity in everyday life.
- That's exactly what happens! It's so good to name it.

Other organisations, eg Municipal Association of Victoria, Our Watch, Women's Health in the West, Women's Health in the North, have developed high quality resources about violence against women, and a smaller number have developed resources about gender equity. These materials are important to assist stakeholders and community to build capacity and work towards change in their own time, in a way that suits them.

Question Seventeen

Are there specific cultural, social, economic, geographical or other factors in particular groups and communities in Victoria which tend to make family violence more likely to occur, or to exacerbate its effects? If so, what are they?

Rurality

“The geography of rural areas facilitates the isolation that accompanies and supports rural family violence”¹¹

It has been well-documented in the recent important study by George and Harris¹² that women who live in rural communities face factors such as geographic isolation, social isolation, prevalence of gun ownership, lack of alternative and crisis accommodation, less access to support and legal services; which all act to increase their vulnerability to, and in situations of, family violence. Furthermore, recent studies demonstrate that violence against women increases after natural disasters such as bushfires, floods and severe droughts. In these situations, where *‘stress levels are high, perpetrators may have been heroes and where men are often unemployed and sometimes suicidal’¹³*; speaking out in a small community may be seen as an act of disloyalty.

The focus of WHLM being on primary prevention, the issue of attachment, in rural communities, to traditional notions of masculinity and the effect this has of disempowering rural women, is of particular focus. *‘the concepts of tradition and patriarchy can serve to normalise abusive behaviour so that it became acceptable in relationships where women tolerated it and men justified it as part of their masculine role in the family’, which contributed to the lack of naming and identifying abuse. Additionally, ‘fraternities based on old school ties, kinship, farming and other associations’ can operate to exclude women from ‘participation in local power structures.’¹⁴*

This is supported by the newly released research report, *‘Will somebody listen to me?’* by the Loddon Campaspe Community Legal Centre¹⁵. Along with issues of grave concern to women such as lack of offender accountability, the need for police to be more consistent/accountable in the intervention order process and investigations of breaches, lack of services, housing, court

¹¹Adria Gallup-Black, *‘Twenty Years of Rural and Urban Trends in Family and Intimate Partner Homicide: Does Place Matter?’* (2005)

¹²Amanda George and Bridget Harris, *‘Landscapes of Violence: Women surviving family violence in regional and rural Victoria’*, 2014, Centre for Rural and Regional Law and justice, Deakin University

¹³Parkinson, *The way He Tells It: Relationships after Black Saturday*, 3,9

¹⁴Carrington and Hogg, *Policing the Rural Crisis’*, 167 and Wendt, *‘Domestic Violence in Rural Australia*, quoted in George and Harris, *ibid* 48

¹⁵ Loddon Campaspe Community Legal Centre, *Will somebody listen to me? Insight, Actions and Hope for Women Experiencing Family Violence in Regional Victoria*, 2015

privacy and safety; a theme which emerged was the *'need for a strong shift in community attitudes to occur so that violence is not acceptable'*¹⁶.

Of particular concern in rural areas is the paucity of safe, affordable short and long term housing options for women and children fleeing violence. This can have the result, in smaller rural towns, of forcing those families out of their communities altogether, which has a broader impact on the viability and cohesion of the whole community. A concomitant lack of services and alternative accommodation for perpetrators in rural areas, is one of the drivers for the homelessness of the victims.

Challenges for Health Workers in Rural and Remote Communities

Executive Officers and other Senior staff of rural health services made the following points when asked about the specific issues relating to rurality that challenge or are opportunities for primary prevention of violence against women. Their responses and our own observations about rural issues include:

Country towns are renowned for being more conservative than their metropolitan counterparts. There are several reasons which must be taken into account when designing interventions:

- Lack of anonymity and ongoing proximity means that people are less likely to challenge each other as they need to make ongoing, relationships workable. When workers cannot avoid seeing each other in community, recreational, extended family or neighbourhood situations in small towns they tend to be more careful about how they express views or work towards change. That violence against women is a real and present fact of life can be less well appreciated in rural communities.
- Distance limits opportunities for workers to attend face to face training and limits the number of people with different or new views coming into contact with workers. Exposure to new ideas or exposure to a critical mass of people who pick up those new ideas is reduced, limiting change.

There are simply fewer workers and fewer organisations. Organisations and communities are generally highly collaborative (the positive) but not challenging (the limitation). We have noticed that a barrier to participation in workplace violence prevention is the assumption that by association organisations will be falsely linked to violence. Even more so, the lack of support available to respond to disclosures about violence that inevitably occurs when the topic of violence is raised.

Primary Prevention is carried out by stakeholders for whom this role is not core business. Therefore capacity building is not simply the provision of professional development to a known workforce. It must include community awareness campaigns, community based forums – through existing networks (e.g. PCP, Area Partnerships) and provide networking opportunities.

¹⁶ *ibid.* 10

Rural pilot projects are generally located closer to Melbourne where there is already great exposure to new ideas. A considerable effort is needed to get new resources, training and projects into more distant rural locations.

As a result of lack of exposure to new ideas, gender stereotypes tend to be more traditional in rural areas (although, as the example of the growing number of savvy women farmers attests the number of real life examples that don't fit the stereotypes is a real phenomenon that remains somehow invisible when considering 'ideal rural women').

Baby Makes 3

One program which operates on a primary prevention of family violence model, providing training to new parents is Baby Makes 3. Member organisations of Communities for Children, auspiced by St Luke's, Bendigo, have identified a strong interest in Baby Makes 3 as an evidence based program that impacts on relationships of new families..

This program, which was introduced into discussion in the region at the "Violence Prevention – It's Everybody's Business" Conference, and the Forums, has been warmly requested all around the region, particularly by Indigenous organisations that aim to strengthen families as a means of family violence prevention. However, there is currently no funding to bring this program into the Loddon Mallee.

Question Twenty-one

The Royal Commission will be considering both short term and longer term responses to family violence. Tell us about the changes which you think could produce the greatest impact in the short or longer term.

WHLM is focussed on the long-term goal of primary prevention of violence against women. This requires a commitment by all levels of government to fundamental social change and the capacity building to create this change.

The recommendations we have made in relation to state level governance come from our experience as a participant in the work being done collaboratively in the region and at the State-wide level by a range of peak bodies in the domestic violence and women's health area. The recommendations cover issues of leadership and governance. We support long-term, on-going, systemic funding to this sector as opposed to the piecemeal, scattered approach to the various services, peak bodies, programs and projects which have characterised primary prevention work up till the present.

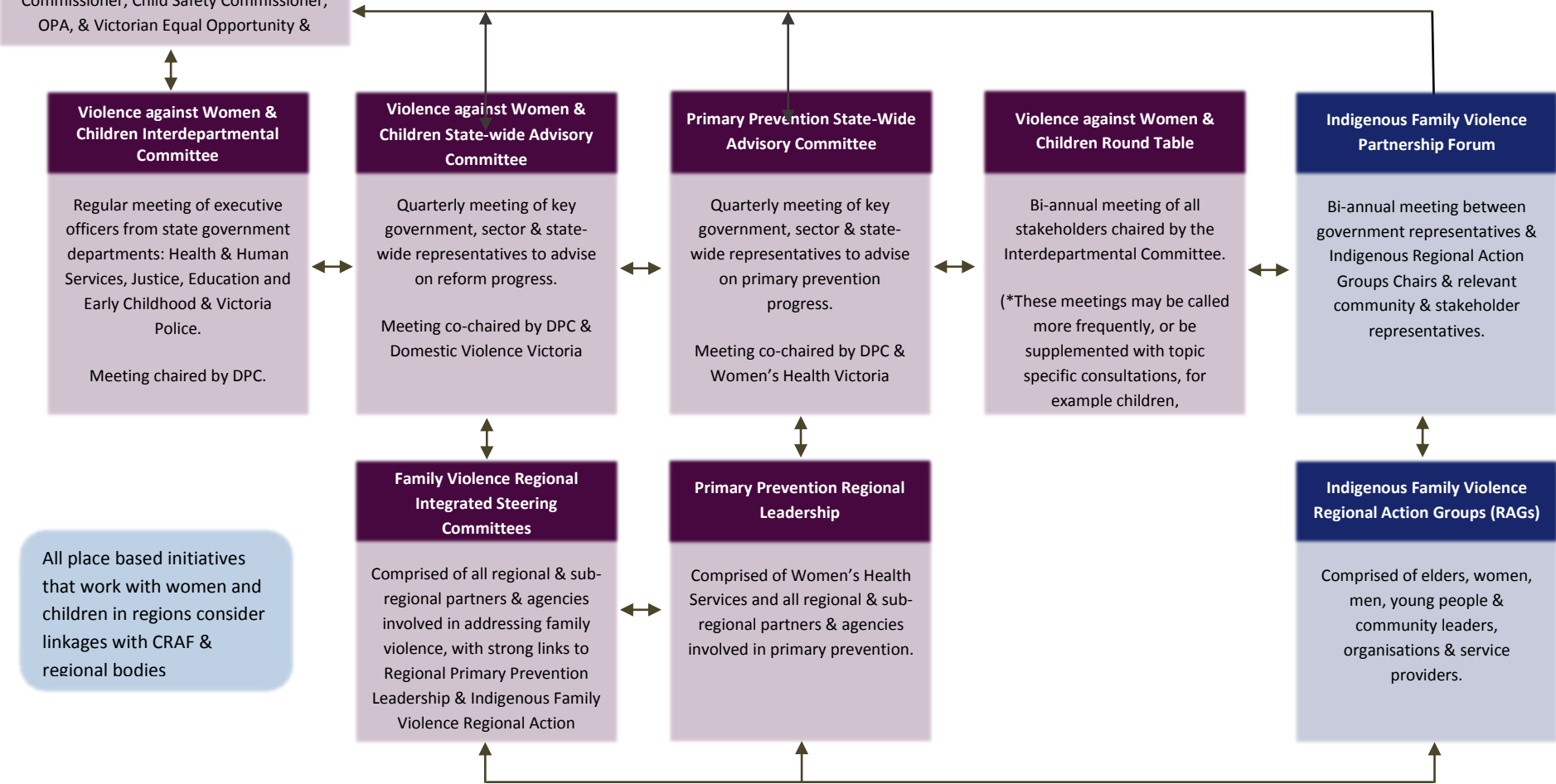
Instate Victorian Women’s Safety Commissioner
 This position holds the right of review policy & budgets, including veto powers.

Violence against Women & Children Ministers
 Mechanism for shared leadership, accountability & funding commitment for women’s safety and men’s accountability including the Premier, Minister for Family Violence Prevention, the Attorney-General, Ministers for Community Services, Housing, Aboriginal Affairs, Multicultural Affairs, Equality and Minister for Police & Emergency Services *Women’s Safety Commissioner, Child Safety Commissioner, OPA, & Victorian Equal Opportunity &

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



All place based initiatives that work with women and children in regions consider linkages with CRAF & regional bodies