WOMEN'S HEALTH AND WELLBEING
Barwon South West Inc.

WOMEN'S HEALTH AND WELLBEING BARWON SOUTH WEST INC.

# Royal Commission Into Family Violence

## SUBMISSION

MAY 2015

# Contents

# Executive Summary

Women's Health and Wellbeing Barwon South West is pleased to present this submission to the Royal Commission into Family Violence, and welcomes the opportunity to contribute to this ground-breaking consideration of family violence.

We recognise the leadership of the Victorian Government in identifying that family violence is a key social issue for Victoria. Statewide leadership is a critical factor in ensuring that this issue stays on the agenda, but must be reinforced with the voices of local leaders and local experts to ensure that the long-term goal of reducing family violence can be achieved.

In light of the significant detrimental impact of family violence on the community and on individuals, we believe that the government must build on efforts to date and go further – prioritising violence against women as a women's health emergency. Obscuring the impact of violence in the acute care and mental health environments does little to address the key determinants of violence, nor to ensure cultural change across our institutions which can best take action to reduce our acceptance of violence.

It is time for mature leadership on the prevention of violence against women. It is time to acknowledge that family violence is, at its core, an issue of entrenched gender inequality, impacting far more seriously on the lives and health of women than that of men. We must not shy away from stating this fact, nor from investing our resources in a way which acknowledges it.

Family violence will not end without a commitment to prevent violence before it occurs. Victoria must commit to a stand-alone, fully funded primary prevention plan, which acknowledges work underway and embeds future capacity to build on this work. The prevention of violence against women will not occur on a "project-by-project" basis – and must transcend the traditional political process.

Women's Health and Wellbeing Barwon South West, alongside our partners in the region and beyond, has already commenced this work on primary prevention of violence against women through joined efforts on gender equity initiatives. For the information of the Royal Commission, we have included several best practice examples in our submission.

But we could be doing so much more. Our local partners look to us to provide leadership, best practice and evaluation – to continue to support their work, we must ourselves have confidence and stability. Cultural change is a long-term and iterative process: our commitment to creating a better community for all Victorian women requires the resources to ensure that progress towards this most fundamental goal does not falter.

This is not a matter of making a funding choice between preventing violence and responding to it – both areas must be the subject of well-targeted, sustained investment to ensure that in supporting families experiencing violence, we are also working to transform our community into one where gender-based violence does not occur.

Women's Health and Wellbeing Barwon South West also contends that rurality has historically been seen as a key impediment to primary prevention activity – and as a result, primary prevention in rural and regional Victoria has been the subject of underinvestment. Rural communities can – and do – harness their social cohesion to great effect. Reimagining these communities as inherently gender equitable is possible, but must build on local expertise and "meet people where they are" to achieve the best outcomes for women and children.

WE WISH THE ROYAL COMMISSION WELL IN ITS TASK.

# Recommendations

**Women's Health and Wellbeing Barwon South West makes the following recommendations regarding the prevention of family violence, for consideration by the Royal Commission:**

1 **Name and prioritise violence against women as a women's health emergency**

Prioritise violence against women – particularly intimate partner violence and family violence – as a key women's health priority, funding action on gender equity that will lead to a significant shift away from violence against women and the cultures/social norms and inequities that support such violence.

2 **Develop a Victorian plan to prevent violence against women before it occurs**

As an immediate priority, develop a Victorian plan to prevent violence against women before it occurs, including policy and structural change to support large-scale and long-term primary prevention activity.

3 **Embed the demonstrated expertise and leadership of the Victorian women's health sector in action to prevent violence against women**

Recognise women's health services' leadership and expertise across the prevention of violence against women, and ensure that this work can continue to flourish with sustained long-term funding and clear authority to drive the prevention agenda at a state and regional level.

4 **Fund long-term evidence-informed action addressing the causes of violence against women**

Make a long-term commitment to fund action addressing the causes of violence against women, and as part of this commitment, mandate local services to work with women's health services to take action on gender equity.

5 **Recognise the rural context in progressing primary prevention activity**

Recognise that rural communities have a significant burden with regards to the experience, response and prevention of family violence; consider this intersectionality in understanding the diverse experiences of violence against women and in adopting an inclusive approach to primary prevention that recognises different cultural contexts, norms and structural inequalities, for example the impact of class or other disadvantage.

# Background

### ABOUT WOMEN'S HEALTH AND WELLBEING BARWON SOUTH WEST

## LEADING – SUPPORTING – RESOURCING – MEASURING

This submission has been developed by Women's Health and Wellbeing Barwon South West and reflects our work in the prevention of violence against women across the Barwon South West region. The submission draws on our own experience in working at a strategic level on this issue, as well as the experience of the women's health sector more broadly in Victoria.

WHW BSW is a women's health promotion and primary prevention service, established in 2011 as part of the Victorian network of women's health services which includes five rural services. We work to achieve outcomes across three key priority areas, including prevention of violence against women, sexual and reproductive health and strengthening women's voices. We lead regional strategic planning to prevent violence against women before it occurs. We launched a sub-regional strategic plan in 2013 with an additional plan in development currently for the remainder of the Barwon South West Region. We have demonstrated leadership and expertise in inspiring and progressing regional activity to prevent violence against women.

Violence against women is the leading cause of death and disability for women aged 15-44 (VicHealth, 2007). It is a crisis impacting on communities creating disadvantage at rates which are appalling. As a women's health service, we have a responsibility to act on this important health issue.

### ABOUT WOMEN'S HEALTH SERVICES

Women's health services operate from a social model of health, acknowledging that health is shaped by a broad range of social, environmental and economic determinants.

Integrated health promotion underpins the activity of each women's health service and is informed by key guiding principles that include:

- An understanding of the broader determinants of health;
- The best available data and evidence;
- A population-based approach;
- Collaboration; and
- Action to address inequity and injustice.

A key focus of this work is to reform and reorientate existing health and other mainstream services to ensure that gender is considered across all areas of planning, policy and service delivery.

With demonstrated expertise leading regional health promotion and informing state and national policy, the women's health sector has been engaged in prevention work for many years. The women's health sector is strongly informed by the work of the women's movement, and the prevention work it undertakes is informed by the development of crisis and early intervention responses which have been historically led by women. This movement defined the concept of violence against women, raised awareness and put the issue on the national and global agenda (Hunt & Weld 2012, p.553). Building from this foundation, women's health services have consolidated and in many areas led best-practice primary prevention activity for more than two decades.

While some women's health services work across the continuum of prevention, early intervention and response, Women's Health and Wellbeing Barwon South West was established as a prevention agency in vision and mission.

# Principles and Definitions

## FAMILY VIOLENCE

Domestic violence is a serious and often hidden problem in Australia, and globally. This violence occurs in all parts of society. Kofi Annan, the former UN Secretary General, in speaking more specifically about violence against women said: "violence knows no boundaries of geography, culture or wealth" (1999).

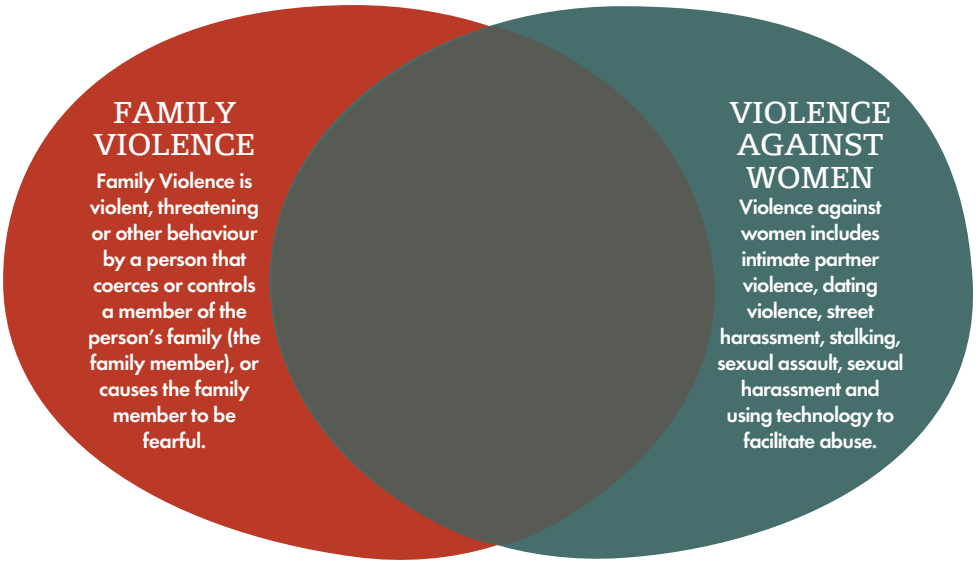
Family violence, can take many forms, and is generally characterised as a pattern of behaviour, an abuse of power within a relationship, or after separation. Refer to the definition in the diagram below.

In exploring the rates of this violence, the Australian Bureau of Statistics Personal Safety Survey found that one in three women will experience physical violence from the age of 15 and one in five will experience sexual violence (ABS, 2012). The latest data suggests that almost every week in Australia one woman is killed by a current or former male partner (Australian Institute of Criminology, 2013), with this figure almost doubling in the first half of 2015 (Counting Dead Women Project, 2015). One in five women has experienced being stalked and this same number is exposed to harassment in their workplaces. This violence also impacts on children, with almost one-quarter of young people aged 12 to 20 having witnessed violence against their mother or step-mother (VicHealth, 2013).

When we better understand the gendered nature of this violence – as the current research and statistics demonstrate – our understanding of domestic violence shifts, and we come to consider this as gendered violence, or violence against women. The majority of this violence is perpetrated by men against women. Recognising the gendered nature of what is commonly referred to as "domestic violence", the remainder of this submission will therefore use the term 'violence against women'. For the purposes of this submission the term 'violence against women' means:

> **"Any act of gender-based violence that results in, or is likely to result in, physical, sexual or psychological harm or suffering to women, including threats of such acts, coercion or arbitrary deprivation of liberty, whether occurring in public or in private life".** *UN General Assembly Declaration on the Elimination of Violence against Women 1993 Article 1 p. 2*

It is important to note that while men do experience violence, the majority of this violence is perpetrated by other men; commonly strangers, and is very different in its nature. In contrast, intimate partner violence against women is commonly characterised as frequent, prolonged and extreme.



## IMPACT OF VIOLENCE AGAINST WOMEN ON CHILDREN

Violence against women is the most prevalent form of family violence, accounting for the vast majority of what is described as family or domestic violence. As articulated, the focus of this submission is placed on the prevention of violence against women, as women are the overwhelming majority of victims of violence. Children can be the victims of direct family violence, however they are more commonly affected as witnesses to violence perpetrated against their mother or step-mother.

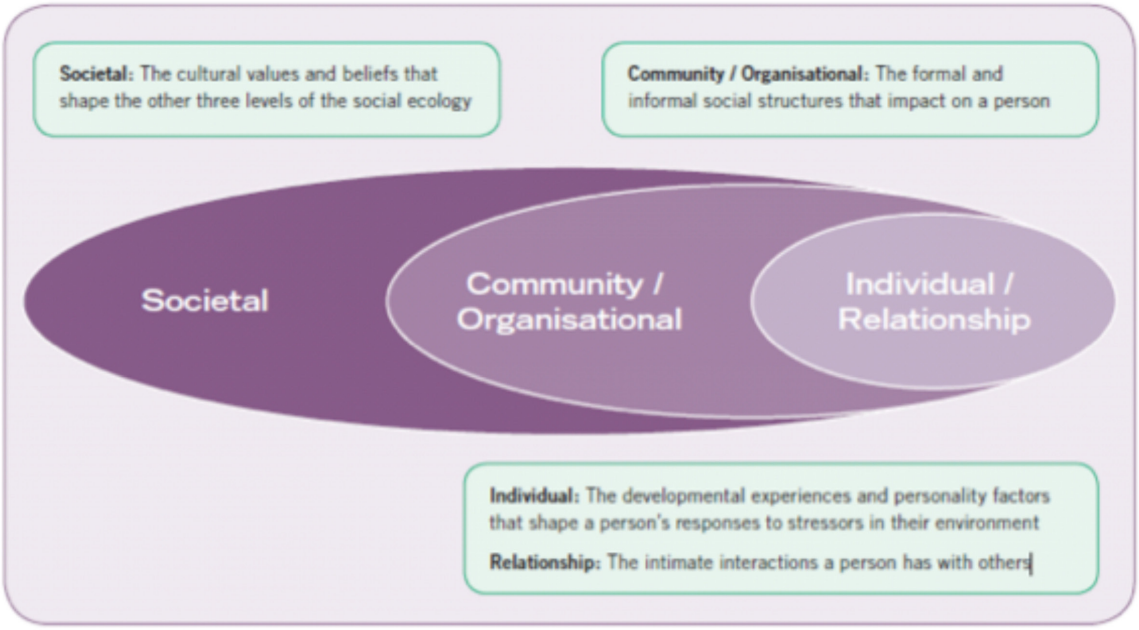
## A PRIMARY PREVENTION APPROACH TO VIOLENCE AGAINST WOMEN

Primary prevention is a public health approach that seeks to prevent a certain health outcome from occurring. When related to the issue of violence against women, a primary prevention approach therefore seeks to prevent violence against women before it occurs.

Primary prevention adopts a population approach, seeking to address the determinants of violence, gender inequality, and attitudes and behaviours that support, justify or minimise violence. Primary prevention aims to create cultural change; this involves activity in a variety of settings, including workplaces, sporting clubs and schools and with a diversity of people. Working across a multiplicity of settings allows primary prevention activities to be mutually reinforcing, and have the maximum potential for impacting on the domains described in the ecological model below.

An ecological approach has been adopted in understanding the problem of violence and informs primary prevention activity. This approach recognises that the problem of violence is complex, in that an 'interplay of personal, situational and socio-cultural factors…combine to cause abuse' (CHANGE 1999, cited in VicHealth, 2007). The ecological approach to understanding violence identifies three embedded layers of causality, placing factors increasing the risk of violence on interacting or nested levels. The three levels are identified as the 'individual and relationship', 'community and organisational', and societal factors that contribute to such violence, see Figure 1 below.

Figure 1: An ecological approach to understanding violence




**SOURCE:** *VicHealth (2007) Preventing Violence Before It Occurs – A Framework Paper to Guide the Primary Prevention of Violence Against Women in Victoria*

The ecological approach recognises the complex nature of violence, the interactions between different levels and shifts the focus away from a simple single-factor explanation, to recognising the influence of broader norms and gendered expectations. This ecological approach provides the foundation for the VicHealth (2007) *Preventing Violence Before It Occurs – A Framework Paper to Guide the Primary Prevention of Violence Against Women in Victoria,* a world-leading body of research that reviewed the international evidence regarding the factors causing violence against women and models of good practice to prevent it.

## INTERSECTIONALITY

While violence against women transcends all boundaries of culture, geography and wealth (Annan, K 1999), specific population groups, known as priority populations, carry a disproportionate burden of this violence. The VicHealth Framework (VicHealth, 2007) identified that the following priority populations experience higher rates of violence: women with disabilities, Indigenous women, young people, rural communities, and culturally and linguistically-diverse communities.

For example, "Women with disabilities are more likely to experience violence and the violence can be more severe and last longer than for other women" (National Plan: Second Action Plan: Moving Ahead, 2013 – 2106, p.3). Women with disabilities are twice as likely to experience violence when compared to the broader population of women; one-third experience some form of intimate partner violence (Women with Disabilities Australia, 2013) and, a final alarming example relates to women with an intellectual disability, 90 per cent of whom have been subjected to sexual violence (VicHealth, 2013).

In understanding that there are groups within the community that carry an even greater burden of this violence, it is also important to consider intersectionality. Put simply, intersectionality is the study of intersections between forms of oppression or discrimination (Crenshaw, 1989). This study recognises the different assumptions or stereotypes that are commonly held, in this case, about women alongside a temptation to think about women as one group, not seeing all of their great diversity and difference. Importantly, intersectionality examines how different experiences shape women's lives and these experiences can provide women with opportunities or disadvantages. For example: in considering the lived experience of an Aboriginal woman with a disability, it is important to understand her different or layered experiences of disadvantage and possibly oppression. Women with disabilities experience disadvantage, whether that be difficulties accessing services, employment, relationships, while as this woman is also Aboriginal, understanding the current health status and experience of Aboriginal people in Australia, this woman experiences what we might consider as "double disadvantage". However, this intersectionality of oppression or discrimination is much more complex than "doubling it" – it is more like many layers and experiences of simultaneous disadvantage that intersect and interact.

An understanding of intersectionality informs the experience of violence for diverse groups and the tailored primary prevention activity that will best serve to promote equality and respect for these women. Work in this area is emerging, with some developing examples included.

# Prevalence and Statistics

Violence against women – most commonly expressed through the lens of family violence and intimate partner violence – is a health emergency in our state, nation and the world.

Women's Health and Wellbeing Barwon South West bases its strategic focus on the prevention of violence against women on sobering statistics:

- One in three women will experience violence at some point in their lives (ABS, 2012);
- One in five women will experience sexual assault (ABS, 2012);
- Violence against women is the leading cause of death and disability in Victorian women aged 15-44 (VicHealth, 2007).

Alongside these shocking headline statistics, we also know that women experience a life-long health burden arising from their experience of family violence. Women who have been subject to family violence:

- Are more likely to experience serious stress and anxiety disorders related to this violence over their lifetime;
- Have a higher risk of contracting a sexually transmitted infection;
- Are at greater risk of alcohol and substance abuse;
- Are at greater risk of unwanted pregnancy and miscarriage.

For the Australian community, the costs are also high, with a significant impact on the economic and social fabric of our society. Violence against women:

- Has a direct impact on the economy, with an estimated cost of ~ $16 billion, or about 1.1% of Australia's GDP (KPMG, 2013);
- Results in reduced productivity and workplace capacity (KPMG, 2013).

Two-thirds of women who experience family violence are in paid employment and work can be a key to the safety planning required to leave a violent relationship.

In our own region, reports of violence continue to rise. Many of these violent incidents go unreported. While we can be heartened by the increased confidence by which women are seeking help, we must also note that the prevalence surveys do not appear to have shifted, despite significant focus on the issue of family violence.

**"It's difficult to tell because we've never had benchmark data of violence against women — it's such an under-reported crime. So we don't know whether because it's of better police work or women are feeling more confident or whether it is indeed increasing".** *(McCormack, F 2015)*

Figure 2: Reports of Family Violence per 100,000 Population

| SOURCE: Victoria Police | Per 100,000 Population: June 30 2014 | | | | | |
|---|---|---|---|---|---|---|
| **Region** | **09/10** | **10/11** | **11/12** | **12/13** | **13/14** | **5 Year Change (%)** |
| **Colac** | 369.4 | 489.1 | 774.1 | 1280.9 | 1623.7 | 340% |
| **Corangamite** | 433.1 | 682.2 | 732.2 | 762.8 | 818 | 89% |
| **Glenelg** | 610.2 | 922.4 | 1103.4 | 1366.5 | 1388.2 | 127% |
| **Geelong** | 562 | 746.5 | 872 | 1164.5 | 1250 | 122% |
| **Moyne** | 331.7 | 348.2 | 439.2 | 610.1 | 712.7 | 115% |
| **Queenscliff** | 97.9 | 196.1 | 228.7 | 162.1 | 228.9 | 134% |
| **Southern Grampians** | 725.2 | 1053.6 | 1001.8 | 1239.9 | 1393.6 | 92% |
| **Surf Coast** | 375.2 | 309.3 | 420 | 571.4 | 544.5 | 45% |
| **Warrnambool** | 817.8 | 883.5 | 1196.9 | 1339.2 | 1582.6 | 94% |
| **Barwon South West** | 572.4 | 739.1 | 881.4 | 1110.4 | 1223.8 | 114% |
| **Victoria** | 658.4 | 742 | 894.6 | 1065.1 | 1129.2 | 72% |

**SOURCE:** *Victoria Police*

The figure above represents the latest police reports for the Barwon South West region, disaggregated by local government area. We welcome an increased police focus on the issue, and note the success of multidisciplinary teams in responding to reports of violence in some parts of the region. Assessment of this issue using reports of violence alone is a blunt tool to consider the depth of this issue, and we welcome the announcement of the Family Violence Index as a starting point in deepening community and stakeholder undertstanding.

# Current Policy Context

## NATIONAL

*The National Plan to Prevent Violence against Women and their Children (2010 – 2022) - Second Action Plan (2013-2016)* sets out five national priorities, including: driving whole-of-community action to prevent violence; understanding diverse experiences of violence; supporting innovative services and integrated systems; improving perpetrator interventions; and continuing to build the evidence base.

Primary prevention activity sits beneath priority one (driving whole of community action to prevent violence) and includes the establishment of:

- 'Our Watch', to drive nationwide change in the culture, behaviours and attitudes that lead to violence against women and children;
- The 'Australian National Research Organisation for Women's Safety' (ANROWS);
- 'The Line', a social marketing campaign aimed at young people about respectful relationships; and
- Respectful relationship programs in schools and community settings, targeting young people, especially boys and sporting organisations.

While this breadth of activity marks a significant commitment to the prevention of violence against women at a national level, it is imperative that primary prevention investment is channelled to activities which address the determinants of violence against women. We should not expect to prevent violence against women 'project by project', as segmented projects are less likely to address the underlying causative factors of violence against women.

## VICTORIA

The Victorian Action plan to address violence against women and children: Everyone has a responsibility to act 2012-2015, has prevention at the core and articulates two clear areas of focus: education to change attitudes and behaviours, promoting respectful, non-violent relationships; and engagement of organisations and communities to promote gender equity and stop violence. While prevention is well articulated in this plan there are very specific limitations with this plan that aims to ensure that women and children live free from violence in Victoria. Firstly, the current investment in the prevention of violence against women before it occurs is inadequate. Secondly, very little of this investment addresses the causes of violence: ongoing gender inequality, sex discrimination and sexism, as articulated in the current evidence.

Legislative and policy reform has the ability to radically transform the burden of population health issues, such as violence against women. The absence of large-scale, long-term, evidence-informed investment in the prevention of violence against women, driven by clear and consistent legal and policy drivers, ripples through the broader environment and has a clear impact on practice. A strong policy environment can set the tone for evidence-informed practice, with a clear commitment to effective long-term action on the determinants of violence.

# Understanding the Evidence for Prevention of Violence Against Women

Consistent research in a range of environments has validated the findings of VicHealth in 2007 – that violence against women cannot occur without the underlying conditions of:

- Unequal power relationships between men and women;
- Rigid ways of defining what it is to be a man or a woman; and
- Broader cultures and attitudes that support or condone violence.

The evidence is clear, and building by the day.

The nature of engagement with the experience of violence, however, is the tendency to ascribe a particular lifestyle or individual factor to the experience of violence. Focusing on contributing factors relating to individual acts of violence – ie. alcohol, substance abuse, especially the escalating use of methamphetamine (ICE), poverty – allows individuals and the community to eschew the tougher work of cultural change.

By adopting these individualistic approaches and failing to make the link between gender inequity and violence, we not only condone or excuse the violence which occurs but we also set a course for failure.

Meaningful action to prevent future violence against women cannot be undertaken without a clear focus on the structural inequity which allows, and therefore condones, violence to flourish.

## DETERMINANTS OF VIOLENCE AGAINST WOMEN

The VicHealth framework (2007a) for the prevention of violence against women, underpinned by best practice integrated health promotion, provides the best available evidence to understand the problem of violence against women and to plan appropriate and comprehensive action. This framework clarifies the causes of violence as clearly distinct from the contributing factors.

VicHealth's review of international evidence regarding the factors that cause violence against women identified consistent themes that emerged in the literature, linking the perpetration of violence against women and:

- The way gender roles, identities and relationships are constructed and defined within societies, communities and organisations and by individual women and men; and
- The distribution of power and material resources between women and men (VicHealth, 2007 p. 34).

This framework aligns with World Health Organisation (WHO) and United Nations (UN) Women's research in this field and identifies the causes of violence as: unequal power relations between women and men; rigid gender roles; and broader cultures of violence.

Women's Health and Wellbeing Barwon South West's work to prevent violence against women before it occurs is evidence informed and, where possible, evidence based. Drawing from the VicHealth Preventing Violence Before It Occurs – *A Framework Paper to Guide the Primary Prevention of Violence Against Women in Victoria* we develop and deliver primary prevention activity that addresses the cause of violence: gender inequity. To further explain:

**Unequal power relations between women and men:**

Primary prevention action must address unequal power relations between women and men. These occur at personal, organisational and societal levels and shape what we value, for example how the roles and responsibilities assigned to women and men are valued, who manages the finances, who is the higher income earner and who has access to decision-making opportunities in public/private domains (Stewart, 2012). This work must be planned across diverse settings with mutually reinforcing strategies to address the causes.

**Rigid gender roles:**

This action must also address rigid gender roles: the popularly held beliefs and norms that shape or direct how women and men behave, what interests they have and what we expect of them. These norms are not determined by sex – that, is by being born female or male, but are learnt through social interaction and reinforcement. Rigidly defined gender stereotypes are those 'traditional' values, expectations and roles of masculinity – what it is to be a man – and femininity, what it is to be a woman.

Such rigidly held expectations of women and men are highly limiting, and can lead to men being disconnected from families and friends, and women being seen as 'property'. Rigid expectations can take away women's voice, diminish their respect as equal leaders in the community, business and government, and contribute to the sexualisation of women (Stewart, 2012).

Gender not only influences us at a personal level, it also shapes and organises us as a society – our systems, structures and who has access to power and resources and who has a voice in the public sphere. Importantly we have all learnt these gendered expectations, therefore importantly we can un-learn them. This is the focus of primary prevention action.

**Broader cultures of violence:**

Finally, broader cultures of violence: "Men who hold attitudes that are supportive of violence against women are more likely to perpetrate violence than those who do not" (Flood & Pease, 2006). Social norms theory also suggests that perceptions of the views of others can strongly shape our behaviour – leading the individual to choose violence against their own better judgement where sanctions (legal and social) are weak. More promisingly, however, the reverse is also true – that behaviours can be modified by a prevailing culture which does not support violent attitudes and behaviours.

Similarly, women's attitudes towards violence shapes their experience of this violence, and more broadly how the community responds to, excuses or justifies violence determines whether communities stand with women against violence. These attitudes and behaviours – the slurs, comments and remarks – fuel and allow this gendered violence to continue.

VicHealth's research identified that all action must address these determinants and focus on promoting gender equity and respectful relationships.

# It's Time for Mature Leadership on Primary Prevention of Violence Against Women

Primary prevention – taking action on the determinants of violence against women as outlined above – is the only action that will prevent violence against women before it occurs. It is complex, multi-layered and cross-sectoral work that engages with non-specialist services to embed gender equity principles, concepts and programs.

Primary prevention of violence against women has – through the work of VicHealth and the Victorian's women's health sector specifically – gained a maturity and traction which allows it to take its place as a piece of work which justifiably stands alone, outside the continuum of violence.

The continuum of family violence prevention and intervention has historically provided a strong basis for building understanding of the issue of family violence. However, the focus on the continuum as the only way to consider multiple actions to address the issue does not serve primary prevention well. Action on determinants cannot be assessed and evaluated in the same way that secondary and tertiary prevention, or early intervention and crisis response, can be assessed. The elements which assist in improving our understanding of this purer form of service delivery – notably volume and/or reach – are blunt instruments in the assessment of the efficacy of determinants-level activity.

Similarly, the limitations of the violence continuum approach can be seen in the attitudes of potential partners to taking action on primary prevention. Many mainstream partners – who do not understand the health promotion language of primary prevention and cannot identify their place in a continuum they understand to consider physical violence – cannot see a place for themselves in taking action. Creating a new language to allow these partners to engage on primary prevention has been useful in fostering these emerging partnerships – consider phrases such as 'A Right to Respect', 'Take a Stand' and 'Together for Equity'. None of these phrases indicate an explicit connection to physical violence, and yet have been valuable tools in connecting mainstream partners from diverse settings to the work on the determinants of violence.

**Primary prevention requires a long-term commitment with new partners**

Focusing on primary prevention allows health promotion organisations to engage with non-traditional partners in the work to prevent violence against women before it occurs. Just a decade ago, the extent of work now underway to address the determinants of violence against women would have been unimaginable. Local councils taking action through maternal and child health frameworks on gender equity, schools embedding respectful relationships (not just sex education) and sporting environments enacting affirmative action programs to increase women's participation would have been unusual, and certainly not the widespread expectation of the community.

The implications of this increased work are not just predicated on individual organisations taking responsibility for primary prevention, but on ensuring that they are supported to take action, and increase their responsibility in accordance with their capacity and emerging leadership. Strengthening the networks of primary prevention also increases the likelihood of success – as it connects and reinforces actions among existing and potential partners, encouraging shared educative processes and consistent evaluation.

Ultimately, the most successful strategies in primary prevention will coordinate activities of partner agencies and bodies, creating a reinforcing strategy which has maximum impact. The work undertaken in the early intervention and response sector, mandating partnership work between organisations and ensuring free flow of communication on activities, would be well replicated in the primary prevention sphere.

# Understanding Rurality as an Issue of Intersectionality

There is ample evidence to suggest that women living in rural and regional areas experience relative disadvantage to women living in metropolitan communities. Fewer opportunities – both in the private and public sphere – have an impact on women's ability to live full and prosperous lives, or to seek help and assistance when they need it.

While this has implications for both the response to women who experience violence, it also has the potential to hamper prevention efforts.

Rural and regional women experience economic disadvantage which is entrenched and multi-generational. While young rural women are more likely than their male peers to finish Year 12 or equivalent studies (Great South Coast, 2015), the impact of failure to complete secondary schooling is more profound for women than men in the rural context. The labour market, still largely focused on agriculture and associated industries, encourages men to fill traditionally male careers – through the provision of alternative career paths which can command a reasonable wage. Family business structures further advantage men, allowing the transmission of intergenerational wealth at the expense of women (Luhrs, 2012). This lack of economic independence increases gender inequity and contributes to an environment in which the male role is privileged, while women's role is perceived as not much more than complementary. The outward "flight" of women from regional Victoria further entrenches gender roles, with women choosing to relocate rather than wait for their communities to offer them opportunities (Southern Grampians Shire, 2012).

There is a strong perception that family violence happens to people who "aren't like us". For rural communities, this manifests as a consideration of only the most severe forms of physical violence as constituting "family violence", as well as a sense that family violence occurs largely in cities or minority communities. For too long the violence experienced by women in rural and regional Australia has been normalised and excused, with the perceived social capital of rural communities actually working against women who seek to escape violent circumstances. Pease cites "informal controls" – a large number of acquaintances and a deep mistrust of outsiders – as driving factors in this context (Pease, 2010, p. 155).

This is reinforced by statistics that show 60 per cent of women from remote areas who leave the family home after a violent episode return, compared with 30 per cent nationally (Neame & Heenan, 2004, p. 5). There is a chronic shortage of housing for women beyond immediate crisis support, with many women's services experiencing the twin challenges of increased demand and desire to provide medium to long-term support to women and children experiencing violence. Feeding this shortage is a high level of economic dependence of rural women on their partners and families, and the expectation that violence is a way of life, not an aberration within relationships.

It is well established that a significant impediment to changing the experience for women who live with family violence has been the availability of appropriate, accessible services and a system which responds to their needs. A recent report by Deakin University found that women who experience family violence in rural and regional Victoria:

"encounter further challenges, including but not limited to geographic and social isolation, limited private finances, greater opportunities for the surveillance of survivors, challenges with maintaining anonymity and privacy, expensive private and limited public transport networks, limited crisis accommodation, less access to support and health services than is available in metropolitan areas, and limited access to legal services. They also face a greater likelihood of encountering conflict of interest issues when seeking legal assistance, the 'digital divide' when accessing information and assistance and perpetrator gun ownership. Services and support for Aboriginal and Torres Strait Islander survivors, culturally and linguistically diverse survivors and survivors with disabilities are also more limited than those in metropolitan areas". (George & Harris, 2015 p. 3).

Women's Health and Wellbeing Barwon South West echoes the concern of this cited report and many others before it: that women who live in rural and regional areas struggle to access services which meet their needs, against a broader social context which can impact negatively on their privacy and safety. In many instances, this is related to lack of adequate resourcing for existing services, but a comparative lack of locally available educative and capacity building services also impacts on mainstream service availability and appropriateness.

Unsurprisingly, many of the themes considered in George's report are also echoed in the settings for primary prevention. Specialist services are coming under increasing pressure as a result of a strong leadership focus on changing community attitudes – both through increased referrals, but also through a higher expectation of their role as prevention specialists as well as crisis specialists.

Women's Health Services can fill a vital gap in this context – by providing a broader understanding of the issue of violence against women and creating opportunities for mainstream organisations to take appropriate action within their own settings.

## FAMILY VIOLENCE AND ITS CAUSES IN THE RURAL CONTEXT

A body of research over decades has noted that there are a range of issues impacting on help-seeking and the provision of assistance, with a significant issue being the level of understanding by both survivors and practitioners, particularly in "mainstream" systems.

> "Survivors commonly conveyed the difficulty they faced in identifying non-physical forms of abuse as family violence. Indeed, while support workers spoke of the many forms abuse can assume, survivors suggested that some private legal practitioners, magistrates and police officers did not always recognise, validate or understand the occurrence or impacts of non-physical violence." *(George & Harris, 2015, p. 3)*

The gender equity and family violence awareness training delivered by Women's Health and Wellbeing Barwon South West in partnership with *Baby Makes 3 +*, suggests that this persistent lack of understanding of the true nature of family violence and its determinants, could be a considerable barrier not only to the accessing of services but also to embedding primary prevention action. Without an understanding of the function of gender as a determinant of violence, as well as the sustained nature of family violence for most of its victims, it is impossible for individuals and organisations to take meaningful action on the prevention of violence against women. Indeed, an inability to recognise the myths associated with family violence is a significant barrier to a broader range of organisations taking appropriate action on this issue.

Partnership work in our region suggests that while the community is strongly committed to a reduction in levels of family violence and, more specifically, violence against women, there is less enthusiastic support for taking action at a determinants level. Community feedback suggests that the broader understanding of the prevalence of violence against women in our community links that violence directly to the abuse of alcohol and other drugs (notably in recent discourse, methamphetamine (ICE)), adherence to particular religious teachings or ethnicity.

By contrast, research shows that rural communities have their own cultural norms relating to violence. Strongly held views about gender roles, including the notion that a challenge to deeply-held traditional male gender roles can lead to violence against women (Pease, 2010, p. 157), are rendered more stark in conservative rural communities. Added to this, the perception that the continuum of violence is only problematic in its most serious physical manifestation, can lead to weakened institutional support for gender equity activity as a means of reducing family violence and violence against women.

Women's health services have shown leadership in changing the community conversation on violence against women, utilising their close connections to local media to reinforce an evidence-based approach to preventing violence against women and empowering organisations to more confidently take a gender equity approach as a means of reducing violence against women.

## SO FAR AWAY: PROXIMITY TO PRIMARY PREVENTION AND GENDER EQUITY APPROACHES

One of the significant challenges for governments and other actors in the rural context of the prevention of violence against women is research results, which suggest that violence prevention activities undertaken outside the metropolitan area are less likely to be successful, and that it is more difficult to regulate the levels of men's violence against women. Bob Pease, among others, contends that support – by both women and men – for an ideology in which men are dominant, creates a condition in which both genders are more likely to accommodate unequal gender arrangements, including the use of violence within relationships (Pease, 2010, p. 156).

Welch, in considering rural disadvantage for health, notes that "...attitudes that emphasise the need to maintain the ability to perform one's role, and stoicism toward adversity, are common in rural communities....regardless of involvement in the agricultural industry, attitudes such as a self-reliance, independence and a reluctance to seek help, are displayed" (Welch, 2000, p. 4). While this operates at an individual level, it could also be true of the approach of some organisations – who seek to take action on violence against women, but believe that their only option is to devise activities that are peculiar to their own context, and limited in nature.

There is also some concern about the suspicion in which some communities hold the "outside", and in particular, initiatives emanating from a metropolitan or government centre (Pease, 2010, p. 156). Such concerns can weaken centralised prevention efforts, diminishing their appeal and minimising their impact. Decentralised efforts, by contrast, encourage the building of partnerships and connections, but must remain evidence informed and well resourced.

Perhaps as a result of these factors, there has been an under-investment in sustained, targeted prevention activities in rural and regional areas. Smaller populations in regional towns, twinned with a lack – or perceived lack of individual and agency readiness for primary prevention on gender equity issues – has led to a doubling of rural communities' disadvantage. While Pease argues that there is evidence that prevention activities may not be as successful in rural communities in achieving change, what may be more likely is that broad-brush efforts to date, based on funding models which prioritise large populations in close geographic proximity, have not yet gained the maturity to effectively traverse the metropolitan/rural divide. Rural women's health services, by contrast, have achieved strong outcomes in primary prevention activity, substituting large financial investments for cultural proximity to their communities and strong partnerships.

## IN PLACE AND MAKING A DIFFERENCE: WOMEN'S HEALTH SERVICES LEADING THE WAY

Rural services, communities and organisations experience significant geographic and cultural disadvantage in both responding to family violence and in taking action to prevent violence it before it occurs. But these communities should not be viewed as without relative advantage. Smaller organisations, while often more poorly resourced than their larger counterparts, can have at their core a more attuned cost-effectiveness which encourages innovation and problem solving. The scarcity of resources can lead to strong and lasting partnerships which are of mutual benefit, the ability to quickly form alliances and respond to issues across a range of partners which might seem disparate in a metropolitan setting. Cross-sectoral work is a strong priority, with organisations organising around geographic location rather than core business in a way which can deliver improved results for communities.

While the cultural conditions which can allow violence to flourish appear to be generally true for the Barwon South West region, the identification and support of "champions" in these settings has offered strong dividends to prevention activity, and has helped to embed a commitment to work broader than "recognition" activities (such as White Ribbon Day events) to gender auditing and bystander training in programs like Take a Stand (Great South Coast, 2013).

Women's Health and Wellbeing Barwon South West has worked closely with local government, health services, community organisations and other groups to ensure that a strategic planning framework which draws partners together has been established in the Great South Coast region, building on our identified leadership on the issue and willingness to meet partner organisations where they are ready to begin. We have led a strongly educative process, providing and contextualising training and education programs usually only available in Melbourne to ensure a shared understanding of the determinants of violence, and commitment to action on those determinants.

Rural communities are ready to take action, but this action requires leadership and support. Women's health services are key to driving change and achieving equity, in partnership with their communities.

# What Works: Emerging Best Practice

### WHAT WORKS TO ENSURE RURAL AND REGIONAL WOMEN ARE SUPPORTED WHEN EXPERIENCING FAMILY VIOLENCE?

Women's Health and Wellbeing Barwon South West is a strong supporter of ongoing, sustained investment in early intervention and crisis response services. The dramatic increase in police reports of violence against women shows the early success of amendments to government policy, changing both legal framework and practice responses within the legal system.

We also support and continue to endorse the need for women-only services, which create safe spaces for women and their children to seek support and assistance from specialist services, where possible in their own communities.

However, it is vital to acknowledge that secondary and tertiary prevention, as well as early intervention and crisis response, will not reduce the prevalence of violence, nor prevent it before it occurs.

This is not a matter of making a funding choice: investment in primary prevention and early intervention and response are both critical to preventing violence in the future, and it is integral that that those who are experiencing it now are appropriately supported.

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

**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 & Human Rights Commissioner.

**Violence against Women & Children Interdepartmental Committee**
Regular meeting of executive officers from state government departments: Health & Human Services, Justice, Education and Early Childhood & Victoria Police.

Meeting chaired by DPC.

**Violence against Women & Children State-wide Advisory Committee**
Quarterly meeting of key government, sector & state-wide representatives to advise on reform progress.

Meeting co-chaired by DPC & Domestic Violence Victoria

**Primary Prevention State-Wide Advisory Committee**
Quarterly meeting of key government, sector & state-wide representatives to advise on primary prevention progress.

Meeting co-chaired by DPC & Women's Health Association Victoria

**Violence against Women & Children Round Table**
Bi-annual meeting of all stakeholders chaired by the Interdepartmental Committee.

(*These meetings may be called more frequently, or be supplemented with topic specific consultations, for example children, interventions, women with disabilities).

**Indigenous Family Violence Partnership Forum**
Bi-annual meeting between government representatives & Indigenous Regional Action Groups Chairs & relevant community & stakeholder representatives.

**Family Violence Regional Integrated Steering Committees**
Comprised of all regional & sub-regional partners & agencies involved in addressing family violence, with strong links to Regional Primary Prevention Leadership & Indigenous Family Violence Regional Action Groups.

**Primary Prevention Regional Leadership**
Comprised of Women's Health Services and all regional & sub-regional partners & agencies involved in primary prevention.

**Indigenous Family Violence Regional Action Groups (RAGs)**
Comprised of elders, women, men, young people & community leaders, organisations & service providers.

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

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

# What Works: Emerging Best Practice Supported by Structural Change

## WHAT WORKS TO PREVENT VIOLENCE AGAINST WOMEN AND CHILDREN BEFORE IT OCCURS?

In considering action to prevent violence against women and children before it occurs, a number of key factors contribute to the success of this investment and include:

- State wide policy;
- Regional leadership;
- Evidence-based and evidence-informed practice;
- Multiple actors in a range of settings;
- Community engagement;
- Program delivery;
- Evaluation.

The following sections provide detail against proposed structural changes as outlined in the preceding figure, making clear the work underway in our region and more broadly in Victoria on primary prevention.

### STATEWIDE POLICY

The setting of a clear, statewide policy which articulates the causes of violence against women is critical to ensuring that the systems and strategies which are designed internalise these determinants. A brave state will act on the evidence, ensuring that gender equity is recognised as a means to achieving a reduction in violence against women. Leadership in acknowledging this problem has already been shown – and we particularly acknowledge the sustained work of former Police Commissioner Ken Lay, as well as the early commitment of Premier Daniel Andrews to taking action on gender equity. We await leadership to ensure that this commitment is realised at a range of levels, with prioritised action on the causes of violence, rather than the contributing factors.

### REGIONAL LEADERSHIP

Communities are often parochial, preferring to identify and innovate rather than to implement standardises processes and programs. Harnessing the leadership of regional experts, highly knowledgeable about best practice in the prevention of violence against women, is key to achieving best outcomes for women. Empowering organisations to take a role and to see themselves as partners in the prevention of violence against women is critical – but ensuring that these organisations are drawn through an educative process which internalises evidence and rigour in their approach is also important.

Regional efforts which fail to heed the evidence or target their approaches correctly can actually be damaging to the overall effort to reduce violence against women and children – by reinforcing dangerous myths and stereotypes associated with violence. Activities to address contemporary issues – such as the increasing use of methamphetamine (ICE) – are often viewed through the lens of decreasing family violence, when the evidence shows that addressing methamphetamine (ICE) use alone will not solve this issue.

***LOCAL BEST PRACTICE:***

***The Great South Coast Prevention of Violence Against Women and Children Strategy 2013-2017***

The GSC PVAWC Strategy is a key document which drives the partnership work on the prevention of violence against women in the Great South Coast region .  As previously noted, regional action takes commitment, planning and implementation at an appropriate level.  By empowering communities to lead activity across a diversity of settings, including local government, sporting clubs and the media, this plan ensures our local and regional efforts led to meaningful and sustained change.

WHW BSW led the development of the GSC PVAWC Strategy, including the voices of more than 100 people from 52 organisations. Activities across the region include primary prevention programs for example:  Take A Stand (see below), Baby Makes Three Plus and broader activities including policy development, training, community events, awareness raising and targeted engagement with commonly hard-to-reach sectors, including media and arts.

Of note: WHW BSW are also progressing a whole of continuum strategic plan addressing violence against women in the G21 region. This strategic plan is underway in partnership with the G21 Regional Alliance, the City of Greater Geelong and the Barwon Area Integrated Family Violence Committee.

***WHY IT WORKS:***

Drawing from the evidence, Women's Health and Wellbeing Barwon South West identified regional strategic planning as the place to begin action to prevent violence. From these beginnings we are currently developing a comprehensive evaluation plan for the GSC PVAWC Strategy. This evaluation plan, implemented with a capacity building approach, will inspire and equip partners to measure, understand and share what works. In summary, this regional strategic plan works because it is an expression and by-product of the strong partnerships across the Great South Coast. The committed collaboration developed the strategic plan, sought the evidence to inform activity and has commenced the important work of evaluating what works; in doing so, contributing to the evidence.

Coordinated planning and collaboration across the Great South Coast has extended the reach of this important message, shared the achievements to date across the region (and beyond) and ensured that the prevention of violence against women is a priority for a great diversity of organisations, community leaders and a diversity of settings, not usually part of the health promotion message (for example local media progressing action to prevent violence and regional football leagues holding a White Ribbon Day round).

[1] The Great South Coast comprises Glenelg Shire Council, Corangamite Shire Council, Southern Grampians Shire Council and the City of Warrnambool.

[2] The G21 region comprise of City of Greater Geelong, Colac Otway Shire Council, Golden Plains Shire, Borough of Queenscliff and Surf Coast Shire Council

***LOCAL BEST PRACTICE:***

***Everybody's Business Conference***

The South West Carer Respite Network identified Gender Equity as a strategic priority in 2013. Women's Health and Wellbeing Barwon South West worked closely with this network to articulate this priority and to progress primary prevention activity to date.

In August 2014 the South West Carer Respite Network and Women's Health and Wellbeing Barwon South West partnered to deliver the inaugural Everybody's Business : Taking action to prevent and respond to violence against women with disabilities conference. More than 100 representatives from community, community organisations, local government, the disability sector and domestic violence agencies were challenged to step up and take action to address and/or prevent violence against women with disabilities.

Keynote speaker the late Stella Young opened the day with a resounding call to action, followed by a panel discussion that included Women with Disabilities Victoria, Disabilities Services Commissioner, Office of Public Advocate, Victoria Police, South West Centre Against Sexual Assault and Emma House Domestic Violence Services Inc. and workshops to consider how to progress local action to identify, address and prevent violence against women with disabilities.

***WHY IT WORKS:***

This conference highlights the strength of local partnerships and the ability of small, agile organisations to pool their resources and take action in an area still emerging at a state, national and international level. This agility led to a tremendously successful day, a firm commitment to ongoing action and the opportunity to put the Great South Coast on the map as a region leading action to prevent violence against women with disabilities.

The conference prioritised the learning of expert bodies such as Women with Disabilities Victoria, but also drew on the experience of local organisations and practitioners to identify current contexts for improving outcomes for women with disabilities.

The conference moved quickly from describing the problem to identifying a work plan for collaborative action by partners across the continuum from primary prevention to crisis response.

## EVIDENCE-BASED AND EVIDENCE-INFORMED PRACTICE

As an emerging field, with overarching policies and longitudinal studies still being understood, work which is based on existing evidence is critical to build the knowledge base and increase our understanding of successful primary prevention interventions.

Women's Health and Wellbeing Barwon South West is committed to ensuring that work undertaken to prevent violence against women before it occurs is evidence informed and, where possible, evidence based. We approach our work informed by the work of the World Health Organisation, VicHealth and others, which make a clear link between the conditions of gender inequity and violence against women.

Women's Health and Wellbeing Barwon South West adopts a commitment to evaluation and to contributing to the evidence in this emerging field of practice. Importantly, this rigour has inspired innovation – in particular in the Great South Coast across the disability sector, in partnership with the South West Carer Respite Network – from in-service trainings to regional forums, and training and education activity across Early Years sector, through the Baby Makes 3+ program. Such an approach carves the path for future innovation, with the opportunity to build from this foundation in areas such as aged care and housing.

## MULTIPLE ACTORS IN A RANGE OF SETTINGS

VicHealth, among others, has identified that the most successful work to achieve cultural and behavioural change in the prevention of violence against women takes place in a multiplicity of settings, undertaking mutually-reinforcing strategies. While acknowledging intersectionality, working to the key determinants of violence against women, rather than within the framework of contributing factors, is key. By reinforcing the prevention agenda as necessarily being connected to issues of gender and power, agencies acting individually can combine to have a greater impact on broader community attitudes.

The majority of our focus is on working with stakeholders to overcome gender inequity in their institutions and challenge attitudes and behaviours that give rise to violence. We work with a variety of organisations to ensure that a multi-faceted approach reinforces key messages of gender equity and non-violence, recognising that no one actor can alter attitudes and behaviours.

This long-term and sustained activity with a diversity of organisations (seldom previously part of the 'health promotion' message), recognises that preventing violence against women is a unique area of work that must work across sectors and departments to create the individual, organisational and societal change that will build respect and equality. Such an approach requires a state plan, the identification of prevention of violence against women as a health priority and a long-term commitment to policy, funding and systems change.

## COMMUNITY ENGAGEMENT

Community engagement has been one of the successful strategies of the leadership undertaken by actors in the prevention of violence against women space. Leaders such as former premier Denis Napthine, former police commissioner Ken Lay and former AFL CEO Andrew Demetriou making strong statements about the lack of community tolerance for violence against women and family violence are a critical element in changing the community conversation relating to this issue. However, this work must be reinforced with rigour and enthusiasm at all levels in order to be effective. While the single statements of our leaders have an impact, they will fail to achieve their goal without reinforcement by local leaders and in local contexts.

A by-product and a necessary goal of our strategic primary prevention activity is the education and engagement of broader community members. Of particular note is our collaboration with several regional newspapers alongside larger-scale community events, such as the White Ribbon Day Tree project that engaged 23local business, community organisation and sporting club sponsors. Women's Health and Wellbeing Barwon South West has continued to consider and engage community members in both understanding the issue of violence against women as well as equipping them with the skills and passion to take action.

Women's Health and Wellbeing Barwon South West has already undertaken a significant program of media engagement, based on the EVAs Framework, but our work could be strengthened by leveraging existing relationships with journalists and media outlets to continue to build on this work through the local implementation of the 'Working with news and social media: a strategic framework for Victoria (Domestic Violence Victoria, 2015).

## PROGRAM DELIVERY

Alongside mainstream organisations embedding gender equity through their systems and processes, program responsibility should also be taken to ensure that the ground-breaking work of primary prevention continues to inform and reinforce emerging community attitudes to family violence. Encouraging organisations to take action is not enough – supporting them to take action requires more.

Women's health services understand both best practice and emerging practice. We are experienced in delivering evidence-based initiatives and working with organisations to sustain them beyond their initial implementation. Our strong focus on evaluation builds an evidence base in our regions, our state and beyond.

***LOCAL BEST PRACTICE:***

***Take a Stand Against Domestic Violence: It's Everyone's Business***

*Take A Stand Against Domestic Violence: It's Everyone's Business* (TAS) is a workplace-based program that addresses the prevention of violence against woman. The program was developed by Women's Health Victoria, funded by VicHealth, and has been informed by the input of leading researchers and authorities in the violence-prevention field. It harnesses workers to consider themselves active bystanders in the fight against the sexist stereotype and violence-supportive attitudes and behaviours which give rise to domestic violence. In addition, the TAS program gives employers the opportunity to help minimise and even prevent the devastating effects of domestic violence by establishing policies and processes to support women affected by violence either in the workplace by implementing new policy related to domestic violence (eg. Special leave), or in the home by providing a list of support services available in their region and/or promoting their Employee Assistance Program as support.

By focussing on a positive message – that change is possible – Take a Stand reinforces healthy, respectful behaviours and centres on what people in the workplace can do to make a difference.

Women's Health and Wellbeing Barwon South West started the implementation of the TAS program mid 2014 throughout the Barwon South West region, working with businesses from different industries (local government, community services, education). Between February and June 2015, five organisations have started the training sessions with about 1500 workers attending the TAS training sessions. Concurrent to the training, organisations had their existing policy reviewed with the prospect of implementing the recommendations provided in the review in the next round of their Enterprise Bargaining Agreement's negotiation.

***WHY IT WORKS:***

The TAS program is part of the Great South Coast Prevention of Violence against Women and Children Strategy 2013-2017. Through the strategy, Women's Health and Wellbeing Barwon South West has been able to demonstrate that its commitment is real with the roll out of the TAS program.

Women's Health and Wellbeing Barwon South West has established strong connections with organisations prior their commitment to the TAS program. Women's Health and Wellbeing Barwon South West has committed two-year funding allowing the development of a pool of facilitators, strong partnerships with services of support located in the Barwon South West region and appropriate evaluation assessing any possible change in the workplace culture or any impact on support services accessed in the region. Additionally, Women's Health and Wellbeing Barwon South West is offering the TAS program 'free of charge' to workplaces. However Women's Health and Wellbeing Barwon South West acknowledges that workplaces' commitment has a cost through the release of staff for attending the three training sessions of 45 minutes.

The connection between Women's Health and Wellbeing Barwon South West and the workplaces is based on trust and the Women's Health and Wellbeing Barwon South West's ability to understand and meet the needs associated with workplaces located in rural settings. Women's Health and Wellbeing Barwon South West has also been able to specifically train 16 facilitators spread across the Barwon South West region in order to reach most of the region's workplaces. Women's Health and Wellbeing Barwon South West is seen as approachable and able to meet the workplaces where they are at.

***LOCAL BEST PRACTICE:***

***Baby Makes 3***

Since April 2013 Baby Makes 3 has been running in the Great South Coast region of Victoria. This program is aimed at parents who have had their first child and focuses on gender equity and building respectful relationships. The program is running across five local government areas and is delivered as part of the Maternal and Child Health service new parent groups. Both parents attend with their baby and the topics include:

- The transition to parenthood;
- Gender roles;
- Sex and Intimacy;
- Communication.
- Expectations of mums and dads;
- Healthy relationships;
- Dealing with conflict, and;

To date 267 parents have completed the three-session program. The project is being evaluated by Deakin University, including both qualitative and quantitative measures. The major evaluation report will be presented to state government in November 2015 but data to date indicates that the program is well regarded by the parents who have attended, with the majority rating the sessions as "very good or excellent".

Anecdotal comments relayed back to Maternal and Child Health nurses confirm the value the parents see in the program. Given the lack of programs for new dads, one of the strengths of BM3 has been the connections developed for dads. A trial ante natal "pre Baby Makes 3" is being delivered as part of the ante natal classes at one of the regional maternity hospitals.

***WHY IT WORKS:***

Baby Makes 3 features a range of complementary activities which focus on the key determinants of family violence. The evaluation findings demonstrate that Baby Makes 3 is a successful and effective means of promoting equal and respectful relationships between men and women. The program is readily transferable and can be easily integrated into existing Maternal Child Health Services and implemented in all local governments. Given its ability to constructively engage large numbers of first-time parents, particularly men, Baby Makes 3 is a valuable feature in the primary prevention of violence against women (Flynn, 2011, p. 3).

***LOCAL BEST PRACTICE:***

***FlyGirl***

The FlyGirl program was developed in 2006 by Young Women's Christian Association Victoria as a way of connecting tradition Young Women's Christian Association programs encouraging body positive and empowerment in young women with the physicality of circus training. FlyGirl is a leadership and resilience program aimed at young women aged 12-25 years.

In 2013, Women's Health and Wellbeing Barwon South West began work with the Young Women's Christian Association to investigate the implementation of the FlyGirl model in the BSW region in response to regional consultations highlighting the need to focus on promoting leadership capacity and self confidence for young Indigenous women. In 2014, funding was provided by Women's Health and Wellbeing Barwon South West and Koolin Balit to develop, deliver and evaluate the FlyGirl Pilot Project in partnership with Young Women's Christian Association Geelong and Wathaurong Aboriginal Co-operative Health Service.

In addition to increasing the resilience and self confidence of young Indigenous women participating in the FlyGirl program, it also sought to increase the capacity of Aboriginal Controlled Community Health Organisations to embed a leadership and resilience program for young women through a train-the-trainer model and evaluate the appropriateness of the FlyGirl Model for young Indigenous women.

***WHY IT WORKS:***

Circus training is non-competitive and non-skills based and encourages young women to imagine their bodies as strong, powerful, capable and surprising. The pairing of circus skill activities with personal development allows young women to build confidence in their ability to communicate their needs, identify barriers and also express themselves physically in a way that is personally empowering.

Its focus on strength, leadership, resilience and power are key factors in the prevention of violence against women.

***LOCAL BEST PRACTICE:***

***Northern Bay Whole School Sexuality Education – Prevention***

Postcode 3214 is recognised as an area of disadvantage, rating 13th -18th from the 722 postcodes across Victoria. This postcode has high levels of domestic violence, unemployment and prison admissions, and low levels of income and educational attainment.

The Northern Bay College, located in postcode 3214, encompasses five campuses with approximately 310 staff teaching, leading or supporting more than 2000 students.

Northern Bay students articulated that:

'We want a college where learning is visible and where students feel safe, respected by staff, believed in by staff, listened to by staff and taught by knowledgeable, capable and enthusiastic teachers". (Clarke, F 2014)

With this vision in mind, the Northern Bay parent community led the move to implement whole-of-school sexuality education. This Sexuality Project aimed to provide comprehensive sexuality education, in partnership with the local community, recognising that this equips its students for a healthy and fulfilling adult life. This education sits within and across the curriculum, incorporates all year levels from Prep to Year 10, is driven and delivered by staff in partnership with parents and the local community – it is, in short, a normal part of the school day. This education helps young people navigate love, sex, respect for others and oneself, diversity, rights and communication and equips young people to make responsible and safe choices.

As an extension of such whole-school sexuality education, students are provided with consistent and accurate information, encouraged to recognise and welcome diversity and are offered an opportunity to consider how their school can continue to develop and consider equality, respect and inclusion.

***WHY IT WORKS:***

The Northern Bay Whole School Sexuality Education project has been evaluated by Deakin University. This whole-school approach recognises that young people negotiate the transition to adulthood within and beyond the school gate. This approach recognises that individual, organisation, community and broader social influences shape whether these young people have the skills, confidence and opportunity to negotiate intimate relationships free of violence, or more hopefully with equality and respect as central.

As outlined in both the current national plan and previous state plan, respectful relationship education is recognised as a priority primary prevention intervention. This model demonstrates the impact beyond the school gates, with families, friends, services and supports in the surrounding community all being touched by this clear and important message.

## EVALUATION

As an emerging field of practice globally, with significant leadership by Victoria to date, the prevention of violence against women is an area where comprehensive and considered evaluation is paramount. Considering the ecological approach to understanding this violence, such evaluation needs to consider the broader context and be sustained long term to understand the effectiveness and impact of this investment.

VicHealth has led the way with comprehensive evaluation of the Respect, Responsibility and Equality program beginning in 2008. This program adopted a capacity building approach, aiming to equip project workers with the skills and confidence to lead evaluation across five pilot projects, including: Take A Stand, Baby Makes Three, Northern Interfaith Project, Partners in Prevention and Respect and Equity in the Local Government setting. Through this evaluation VicHealth collected significant evidence on what works in the primary prevention of violence against women in Victoria. Furthermore, each project developed implementation guides and tools to support other organisations and settings in taking future prevention action.

Drawing from this evidence, Women's Health and Wellbeing Barwon South West has commenced this important and pioneering work. The Women's Health and Wellbeing Barwon South West Inc. Evaluation Framework March 2015 articulates guiding principles that ensure careful and proactive evaluation planning; planning that considers the individual, organisational and societal change needed to stop violence and embed meaningful and sustaining change across law, policy and practice that promotes gender equality and respect. Importantly, this framework builds on the available evidence, seeks in time to contribute to the evidence in this emerging field and recognises both the importance of meeting people/partners where they are at and within our rural context.

***LOCAL BEST PRACTICE:***

***Evaluating Primary Prevention Activity***

Women's Health and Wellbeing Barwon South West has designed an evaluation framework which specifically considers the determinants of violence and the prioritisation of gender equity. Based on the 'Meaningful Measures' guidelines, the framework provides direction for the evaluation of prevention of violence against women activities at a program and determinants level.

***WHY IT WORKS:***

The Women's Health and Wellbeing Barwon South West evaluation framework recognises the particular role of gender equity activities in order to address key health outcomes for women in our region. Further this framework guides organisational evaluation planning and development to ensure our achievements are recognised, measured, contribute to and draw from the evidence and then our findings are disseminated.

# Local Leadership: Women's Health and Wellbeing Barwon South West

The local evidence shows that women's health services are key to achieving the strategic goal of preventing violence against women.


*Women's Health and Wellbeing Barwon South West is the key regional organisation in our region focused on the primary prevention of violence against women.*

## LEADING

WHW BSW has taken a strong and decisive leadership role in creating an environment for action on the prevention of violence against women and children in our region. Since its establishment in 2011, WHW BSW has been the leader of regional strategic planning on the prevention of violence against women.

Alongside the development of the Great South Coast Prevention of Violence Against Women and Children Strategy, advocacy by Women's Health and Wellbeing Barwon South West helped to ensure that the prevention of violence against women was a key health priority in the region's municipal health and wellbeing plans, and a strategic priority action for primary care partnerships. Our leadership in the Barwon region has seen the formation of a partnership to take regional action across the entire continuum of the prevention and response to family violence, with strong partnerships formed to collaborate and respond to successes and challenges.

Our strong relationship with local media has helped to develop a new conversation on the prevention of violence against women and the reporting of violence when it occurs.

## SUPPORTING

Local government, community-sector organisations and sporting clubs want to take action to prevent violence against women – but without support, it can be hard for them to know where to start. For many organisations, the prevention of violence against women is an organisational priority, but they lack the expertise and connectedness to evidence, best practice and advice that can help them to design and implement a meaningful prevention activity.

Women's Health and Wellbeing Barwon South West is a key agency in the support of organisations which aim to take action on primary prevention activities. In addition to our own key activities, such as gender equity training, training resources committed to Baby Makes Three Plus, Take a Stand and prevention research, we also provide effective and tailored support to organisations and networks taking action on the prevention of violence against women.

## RESOURCING

The prevention of violence against women is also a key strategic investment area for Women's Health and Wellbeing Barwon South West. Alongside investment of our funding in our own work on the issue, we also work to ensure that the efforts of other organisations are leveraged to maximise funding to our region to address violence against women.

In addition to this specific investment, we also work to ensure that state-wide resources – such as VicHealth's Two-Day Short Course on the Prevention of Violence Against Women, are made available to local partners to build their capacity. This capacity-building investment increases our workforce understanding of the issue, while embedding partnership commitment to the issue locally. Participants in VicHealth training resourced by Women's Health and Wellbeing Barwon South West have identified that the provision of this training in a local setting has been key to their participation – with high travel costs a significant barrier to sections of our community.

## MEASURING

As a health promotion organisation, Women's Health and Wellbeing Barwon South West is well placed to undertake evaluation of primary prevention activities within our region.

While Women's Health and Wellbeing Barwon South West has programmatic responsibility for evaluating our own activity, we are also uniquely placed to provide capacity to organisations to assess their effectiveness in primary prevention, scaling up the efforts of the many into the activities of the whole.

To date, Women's Health and Wellbeing Barwon South West has undertaken an organisational survey across key Great South Coast partners to gauge understanding of the issue and strategy activities broadly, as well as ambitiously track changes in attitudes and behaviours relating to violence against women and gender equity over time. Women's Health and Wellbeing Barwon South West is also leading the development of a comprehensive evaluation plan for this strategy, adopting a capacity building approach that will inspire and equip our partners to progress and evaluate their primary prevention efforts.

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