

Victorian Health Promotion Foundation (VicHealth)

Submission to the Parliamentary
Inquiry into Domestic Violence and
Gender Inequality

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1. Introduction

VicHealth commends the Commonwealth Government's leadership in holding this Inquiry into the link between domestic violence and gender inequality, and we welcome the opportunity to inform the Inquiry.

1.1 About this submission

This submission is organised into four sections. Section 1 provides an overview of VicHealth and our achievements in gender equality/preventing violence against women policy, research and programming. Section 2 provides a summary of the most recent evidence on the link between gender equality and domestic violence as articulated in *Change the Story: A shared framework for the primary prevention of violence against women and their children in Australia*. Section 3 then discusses the link between gender stereotypes and violence against women and how building respectful relationships and resilience in young people is a VicHealth priority for action. Lastly, section 4 details the evidenced-based approaches and techniques that require significant National investment to prevent violence against women and their children.

1.1 About VicHealth

VicHealth was established by the Victorian Parliament in accordance with the *Tobacco Act 1987* with a mandate to promote good health. VicHealth is a pioneer in health promotion – the process of enabling people to increase control over and improve their health.

VicHealth is an independent statutory authority, operating under a Board that includes three Victorian Members of Parliament. Our funding comes from the Victorian Government via the Department of Health and Human Services, and we report to Parliament through the Minister for Health.

Our primary focus is promoting good health and preventing chronic disease. We work with individuals, communities, organisations and governments within Victoria, nationally and internationally, with VicHealth designated as the World Health Organization Collaborating Centre for Leadership in Health Promotion. As part of the VicHealth Action Agenda 2013-2023, we aim to create a Victoria where everyone can enjoy better health (VicHealth, 2013).

For the past decade VicHealth has had a leadership role in the primary prevention of violence against women and have led the design and delivery of a range of initiatives. We have focused on violence against women because it is prevalent, serious and preventable. Following extensive literature review and articulation of a planning framework to guide prevention policy and programming, we have developed a dedicated stream of activity to address unequal power relationships between men and women in families, communities and society as a whole (VicHealth, 2007, VicHealth, 2015a, VicHealth, 2015b). VicHealth's planning framework, developed in partnership with the Victorian Government, underpinned a world-first 10-year statewide strategy to address the link between gender inequality and the prevalence of violence against women (Victorian Government, 2010).

Since 2004 we have invested significantly in the reduction of violence against women over many years at an average of \$2 million per annum in the areas of research, programming and policy development. VicHealth investments have adopted key public health methodologies as described in Table 1 (below) and led to the

development of a significant evidence base to prevent violence against women. VicHealth activity has included a significant investment of \$4.4 million over 8 years in the [Respect, Responsibility and Equality](#) funding stream designed to build the evidence base for primary prevention and resulting in a world-first model for 'saturation' of prevention programs in one place through the Generating Equality and Respect (GEAR) Program (VicHealth, 2016).

This investment in program delivery has been supported by population-level research to monitor community attitudes to violence against women and gender equality. The *2013 National Community Attitudes towards Violence Against Women Survey* (NCAS) provides a world-first time-series dataset on community attitudes to violence against women and gender equality, which are relevant to all Terms of Reference of this Inquiry (VicHealth, 2014).

Terminology

We recognise the Terms of Reference indicate that the Inquiry is focused on domestic violence which refers to acts of violence that occur in domestic settings between two people who are, or were in an intimate relationship. It includes physical, sexual, emotional, psychological and financial abuse (Morgan and Chadwick, 2009). It is often also referred to as family violence.

However VicHealth's work is aligned to the United Nations definition of violence against women (VAW), which includes domestic violence as well as intimate partner violence, sexual assault, sexual harassment and stalking (United Nations, 1993).

The rationale for this is that international and local evidence demonstrates that there is significant overlap in the underlying drivers of all of these forms of violence, namely unequal access to power and resources between women and men (VicHealth, 2007).

While this submission discusses VAW in its broader sense, there is significant opportunity to work towards the elimination of domestic violence by applying the methodologies that have shown early potential in relation to eliminating VAW.

All policy, research, programming and leadership issues described in this submission in the reduction of violence against women are directly applicable to the reduction of domestic violence.

An overview of VicHealth's achievements in the primary prevention of violence against women is provided in Table 1 below, mapped against the proven public health methodologies as identified in the Victorian prevention planning framework (VicHealth, 2007).

Table 1: VicHealth achievements in primary prevention of violence against women

Public Health Methodology	Description	Achievements – VicHealth and partners (website links provided below)
Direct participation programs	These programs can be targeted at men, women and children at the individual, relationship or group level to build the knowledge and skills required to establish and sustain equal, respectful, non-violent gender relationships; build individuals' access to the resources required for such relationships (such as effective early parenting and connections to social networks and institutions); or to seek to prevent or address the impacts of other factors linked to VAW (for example, child abuse).	<ul style="list-style-type: none"> • Single setting design – e.g. Baby Makes 3 program in maternal and child health, Equal Footing in the workplace, Everyone Wins in sports. • Multi-setting design – e.g. Respect, Responsibility and Equality Program 2007–2015 and the Generating Equality and Respect Program. • Training and education – courses for workplace leaders, bystanders to sexism and cross-sector professionals.
Organisational and workforce development	This technique aims to prevent VAW by creating cultures and environments which model non-violent, respectful and equitable gender relations. This includes action in schools, workplaces and media outlets to influence the behaviours of individuals and groups, and action to build implementation skills across sectors.	<p>Organisational development – evidence reviews</p> <ul style="list-style-type: none"> • Workplace, schools/education, media. • Ethnic/CALD communities, bystanders. <p>Organisational development – programs and resources</p> <ul style="list-style-type: none"> • Local government, Cross-sector (including workplace, sports clubs/associations, schools/education, faith leaders, maternal and child health, community health). • Bystander action in sports and other sectors. <p>Workforce development</p> <ul style="list-style-type: none"> • Prevention training and capacity-building – e.g. PVAW Short Course, PVAW Leaders' Course. • Communities of Practice and networks/hubs – e.g. Advanced Practitioners' Forum, Partners in Prevention.
Community mobilisation and strengthening	This technique mobilises and supports communities to address the social norms that make VAW acceptable in their communities. It can also increase community	<ul style="list-style-type: none"> • Community mobilisation strategies – e.g. Not1More Community Walk/Event, Gippsland Aboriginal CommUNITY Walk Against Family Violence. • Place-based approaches – e.g. Generating

Public Health Methodology	Description	Achievements – VicHealth and partners (website links provided below)
	access to the resources for action and address broader community-level factors contributing to VAW, such as high rates of early school leaving or localised violent peer cultures.	Equality and Respect Program . <ul style="list-style-type: none"> • Priority population groups – e.g. <i>The AMES Roadmap: Understanding and taking action to prevent VAW in CALD communities</i> (due for release in 2016).
Communications and social marketing	Sustained, multi-strategy communications and social marketing techniques can be effective when combined with direct participation or group education. This includes television, radio and print/online media, social media, community forums and community arts which raise awareness of VAW and seek to challenge attitudes, behaviours and social norms. Communications should comprise simple and consistent key messages tailored for specific audiences.	Evidence reviews <ul style="list-style-type: none"> • Review of communication components of social marketing/public education campaigns focusing on violence against women. • Victorian print media coverage of violence against women: A longitudinal study.
Advocacy	Promising techniques include skills training and capacity building for organisations and community in gender equality and prevention of VAW and leadership programs that identify and support influential, non-violent individuals to promote gender equality and the prevention of VAW.	<ul style="list-style-type: none"> • Strengthening the voices of survivors in public dialogue – e.g. Media Advocates Project 2007–2015. • Strengthening the visibility of research in public dialogue – e.g. opinion piece by Luke Ablett on VicHealth’s NCAS report. • Strengthening the visibility of the drivers of violence in public dialogue – e.g. opinion piece by Jerril Rechter.
Legislative and policy reform	This involves the development of legislation, policies and programs that seek to address the drivers underlying or contributing to violence against women.	<ul style="list-style-type: none"> • Planning framework to guide prevention policy and planning in Victoria – e.g. Preventing violence before it occurs 2007. (Formed basis of previous Victorian Government 10-year plan for prevention); • Change the Story: A shared framework for the primary prevention of violence against women and their children in Australia • Application of planning framework to grants/program design and funding – e.g.

Public Health Methodology	Description	Achievements – VicHealth and partners (website links provided below)
		Victorian Department of Justice Reducing Violence Against Women and their Children program 2012–2015.
Research, monitoring and evaluation	Research and evaluation underpin activity in the other six methodologies by informing action, improving the evidence and knowledge base for future planning and enabling efforts to be both effectively targeted and monitored. Research findings are also important for advocacy and awareness-raising activity.	<ul style="list-style-type: none"> • Evidence of the prevalence, dynamics and impact of VAW – e.g. Burden of disease study 2004, community attitudes surveys 2006, 2009, 2014, youth attitudes survey. • Evidence of the scope of primary prevention – e.g. Preventing violence before it occurs framework 2007, More than ready bystander survey 2012. • Development of evaluation guides for programs and projects – e.g. Respect Responsibility and Equality Program report 2012, Trends in evaluation: Preventing violence against women practice papers 2012, A concise guide for evaluation primary prevention projects.

1.2 Reducing violence against women - A national priority

Violence against women and their children is costing Australia \$21.6 billion each year (PricewaterhouseCoopers, 2015). A recent report found that if no further action is taken to prevent violence against women, costs will accumulate to \$323.4 billion over the thirty years to 2045. However, the report also highlights the potential gains from investing in prevention – for example if similar reductions in violence against women were achieved as in prevention programs overseas and through the application of proven public health methodologies (such as direct participation programs and community mobilisation), the benefits would range from \$37.8 billion to \$74.7 billion over a lifetime (PricewaterhouseCoopers, 2015).

VicHealth commends the Council of Australian Governments' commitment to the National Plan to Reduce Violence against Women and their Children 2010-2022 and welcomes the development of the Third Action Plan in 2016.

1.3 The new national framework for action

Over the last decade VicHealth has worked with our partners, with government and communities in the primary prevention of violence against women. In 2007 VicHealth launched a ground-breaking world-first framework for preventing violence against women, which prioritised the prevention of violence against women as a public health issue and outlined the need for extensive and sustained action across multiple settings and levels of the social ecology (VicHealth, 2007). In this framework VicHealth identified that a key driver of violence against women was unequal access to power and resources between women and men (gender inequality).

In 2015, in partnership with Our Watch and Australia's National Organisation for Women's Safety (ANROWS), VicHealth reviewed and updated the evidence and launched a new national framework to preventing violence against women and their children (Our Watch et al., 2015a). *Change the Story* is a framework which contributes to the *National Plan to Reduce Violence against Women and their Children 2010-2022*.

Change the Story was informed by extensive consultations with over 400 stakeholders – researchers, practitioners and policy makers from community, government and non-government organisations across Australia (Our Watch et al., 2015b).

In addition to stakeholder input, the framework also draws on robust international evidence to identify the core elements required to create a strategic, collaborative and consistent national approach to preventing violence against women and their children (Webster and Flood, 2015).

The purpose of *Change the Story* is to:

- Identify what drives and contributes to VAW
- Provide evidence-based guidance on how to strategically and effectively lead, coordinate, resource and support prevention effort across Australia
- Inform and support the development of policy and legislation, prevention strategies, programming and advocacy that seeks to reduce the drivers of VAW (Our Watch et al., 2015a).

The models, approaches, strategies and actions in *Change the Story* guide the discussion and recommendations contained in this submission. The definitions of gender equality and gender inequality used throughout this submission are:

- *Gender inequality* – the unequal distribution of power, resources, opportunity, and value afforded to men and women in a society due to prevailing gendered norms and structures
- *Gender equality* – equal treatment of women and men in laws and policies, and equal access to resources and services within families, communities and society (Our Watch et al., 2015a).

2. Gender inequality drives violence against women and their children

Section 2 of this submission aims to address the first Term of Reference of the Inquiry - the role of gender inequality in all spheres of life in contributing to the prevalence of domestic violence.

2.1 The link between gender inequality and VAW

International research shows the need to examine the way in which gender relations are structured across societies and communities in order to understand VAW. Gender inequality sets the necessary social context in which VAW occurs, and is maintained and perpetuated in all spheres of life through:

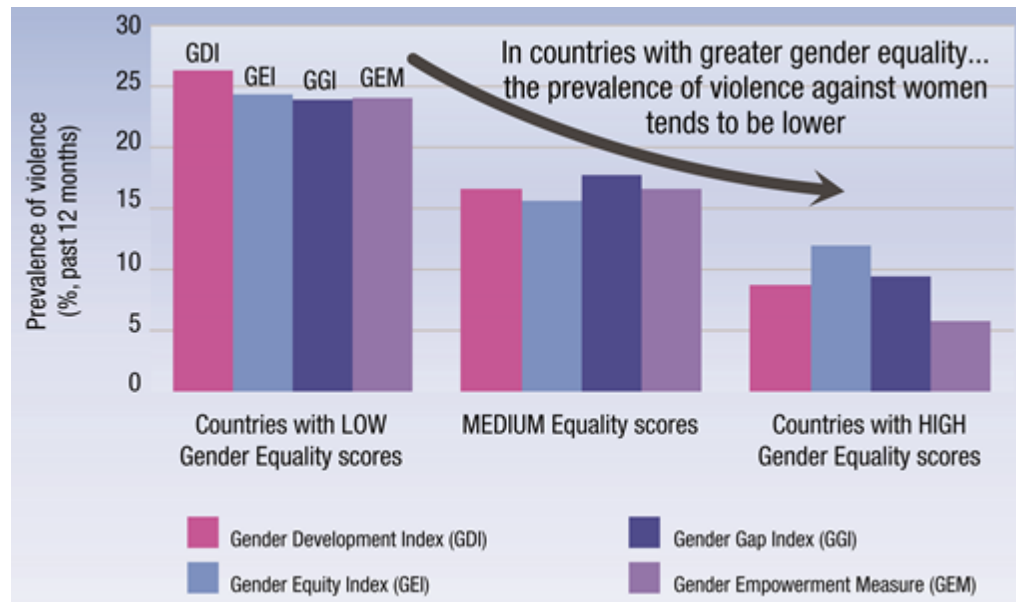
- Structures that reinforce an unequal distribution of economic, social and political power and resources between men and women (e.g. pay differences between men and women).
- Social norms, which prescribe and limit the type of conduct, roles, interests and contributions expected from men and women (e.g. women are best suited to care for children).
- Practices, behaviours and choices made on a daily basis that reinforce these gendered structures and norms (e.g. differences in childrearing practices for boys and girls) (Our Watch et al., 2015a).

There is a strong and consistent association between gender inequality and levels of violence against women.

A 2015 study in the medical journal 'The Lancet' found factors relating to gender inequality predict the prevalence of intimate partner violence across 44 countries, and a United Nations review found significantly and consistently higher rates of violence in countries where women's economic, social and political rights are poorly protected, and where power and resources are unequally distributed between men and women (Heise and Kotsadam, 2015, Our Watch et al., 2015a, United Nations Women, 2011)

International and Australian evidence shows that societies with higher levels of gender inequality – that is, unequal distribution of power and resources between women and men – also have higher rates of VAW. Figure 1, developed by the United Nations Development Fund for Women, demonstrates the relationship between the prevalence of VAW and gender equality. Data based on global indices of gender equality shows that as equality decreases, prevalence of VAW increases.

Figure 1: Physical and/or sexual intimate partner violence and measures of gender equality (United Nations, 2010)



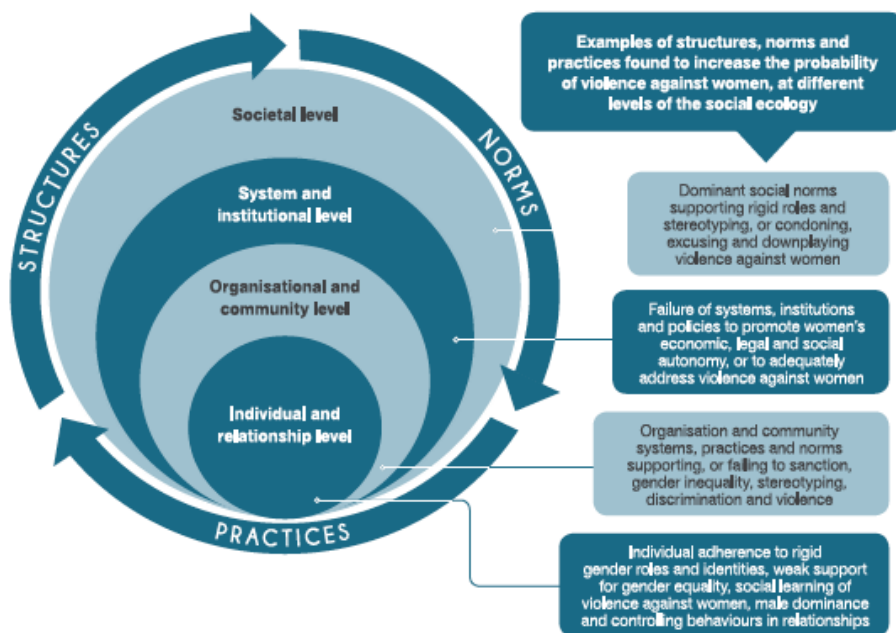
2.2 A socio-ecological model of VAW

Population-level research suggests that there is no single, simple cause of VAW. Instead evidence shows there is a complex interplay between certain factors, identified at various levels (individual and relationship, organisational and community, system and institutional and societal), which increase the likelihood of violence against women (CDC, 2015, Webster and Flood, 2015). A socio-ecological model (as shown in figure 2), advocated by a number of expert bodies (cited in VicHealth 2014) suggest that in order to prevent violence, it is necessary to act across multiple levels of the model at the same time.

A common feature of ecological models to inform the primary prevention of VAW is the understanding that a key factor is the unequal distribution of power and resources between men and women, or gender inequality (VicHealth, 2014). For example, at the societal and community levels, the risks of VAW have been found to be higher when resources such as education and income are distributed unequally between men and women, when women's economic, social and political rights are poorly protected and/or when there are more rigid distinctions between the roles of men and women and between masculine and feminine identities (VicHealth, 2014). This is increased further where multiple factors are present at multiple levels (Webster and Flood, 2015).

These factors which exist at the various levels of the socio-ecological approach associated with higher levels of violence against women include the ideas, values or beliefs that are common or dominant in a society or community – called social or cultural **norms**. Norms are reflected in our institutional or community **practices** or behaviours, and are supported by social **structures**, both formal (such as legislation) and informal (such as hierarchies within a family or community) (Our Watch et al., 2015a).

Figure 2: Socio-ecological model of violence against women (Our Watch et al., 2015a)



2.3 Gendered drivers of VAW

Research shows that factors, termed the **gendered drivers** of violence against women, are the most consistent predictors of VAW (Our Watch et al., 2015a). The gendered drivers arise from gender discriminatory, institutional, social and economic structures, social and cultural norms, and organisational, community, family and relationship practices. Together these factors create environments in which men and women are not considered equal, and VAW is condoned.

The following expressions of gender inequality have been shown in international evidence to be most consistently associated with higher levels of VAW:

- Condoning of violence against women
- Men's control of decision-making and limits to women's independence in public life and relationships
- Rigid gender roles and stereotyped constructions of masculinity and femininity
- Male peer relations that emphasise aggression and disrespect towards women (Our Watch et al., 2015a).

It is important the gendered drivers of violence are considered alongside other forms of social, political and historical inequality in the Australian context, for example socio-economic status, race and ethnicity, disability and age (Our Watch et al., 2015a).

2.4 Factors that reinforce the gendered drivers of VAW

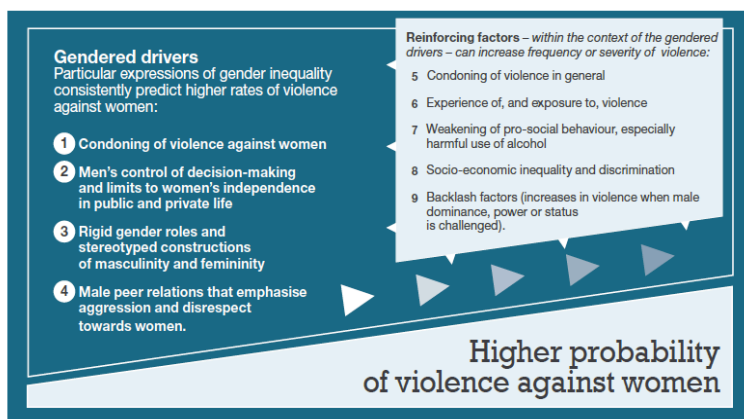
There are a number of factors that can interact with the gendered drivers of VAW to increase the probability, frequency or severity of such violence. These include:

- Condoning of violence in general
- Experience of, and exposure to, violence
- Weakening of pro-social behaviour, especially harmful use of alcohol
- Socio-economic inequality and discrimination
- Backlash factors (when male dominance, power or status is challenged) (Our Watch et al., 2015a).

The probability and prevalence of VAW increases as the number of gendered drivers of violence against women and reinforcing factors increase as depicted in figure 3.

Section four of this submission will outline the actions and techniques to address these gendered drivers and reduce the prevalence of violence against women.

Figure 3: Gendered drivers and reinforcing factors of violence against women



3. Supporting respectful relationships and resilience in young people

Section 3 of this submission aims to address the second Terms of Reference of the Inquiry - the role of gender stereotypes in contributing to cultural conditions, which support domestic violence, including, but not limited to, messages conveyed to children and young people in:

- the marketing of toys and other products,
- education, and
- entertainment.

3.1 The link between gender stereotypes and VAW

As discussed in section two, rigid gender roles and stereotyped constructions of masculinity and femininity are one of the four drivers of VAW. Evidence shows that levels of violence against women are significantly higher in societies, communities and relationships where there are more rigid distinctions between the roles of men and women (United Nations, 2010). Gender stereotypes refer to preconceived ideas, characteristics, roles and expectations that societies or cultures believe to be masculine or feminine – such ideas are socially created and can be changed (Our Watch et al., 2015a).

Sexist and stereotypical ideas about masculinity and femininity may increase the probability of violence against women because they:

- Define masculinity as callous and insensitive, or suggest that men are ‘naturally’ more violent than women and are driven by uncontrollable sexual urges
- Contribute to gender hierarchies based on men having power over women, supporting male entitlement to sex and control in relationships
- May valorize male violence in general, and sexual aggression towards women in particular
- Can cast women as targets for exploitation, based on the idea that women are ‘naturally’ passive and submissive, combined with objectified and sexualised identities
- Can support disrespect and violence towards women through negative identities of women as inherently deceitful and unfaithful, and needing to be controlled (Our Watch et al., 2015a).

From an early age, children and young people are exposed to gender stereotypical messages from popular culture, advertising, families and peer groups. They are also exposed to gender stereotyping in the environments in which they live, learn, work and play – for example workplaces, sports clubs, schools and neighbourhoods. These messages can limit young people’s life opportunities and ability to develop the skills they need to create respectful and equal relationships of their own (Our Watch, 2016).

Violence prevention and respectful relationships education has been an important focus of the Victorian Government’s *Action Plan to Prevent Violence against Women and their Children 2012 -2015* and the Federal Government’s *National Plan to Reduce Violence against Women and their Children (Department of Education and Training, 2014)*.

3.2 VicHealth's work to foster respectful relationships among children and young people

In 2009, VicHealth, in partnership with the Victorian Department of Education and Early Childhood Development published the seminal report *Respectful Relationships Education: Violence prevention and respectful relationships education in Victorian secondary schools*. This report pioneered the way for respectful relationships education in Victoria (and more broadly) by identifying good practice in violence prevention and respectful relationships education in schools, and mapping programs that were being delivered in Victorian schools at that time. Importantly, the report distilled national and international evidence and promising practice to outline an implementation approach for future program development most likely to be both effective and sustainable (Flood et al., 2009).

Our Watch, a partner of VicHealth, is now building on this work through the implementation of the Respectful Relationships Education in Schools (RREIS) project funded by the Victorian Department of Health and Human Services under Victoria's *Action Plan to Address Violence against Women and Children 2012-2015 (Our Watch, 2016)*. This project supports up to 30 schools to implement the new Department of Education and Training resource, *Building Respectful Relationships: Stepping Out against Gender-based Violence* and embed a whole of school approach to respectful relationships. The effectiveness of the RREIS project, and its impact on school culture, teachers and students is currently being evaluated, with reports likely to be available in 2016.

This work is also supported by an up-to-date synthesis of evidence, *Respectful Relationships Education in Schools: Evidence Paper*. It highlights seven core elements for good practice in schools, to support policy makers and education departments on the development, implementation and evaluation of their policy and practice (Gleeson et al., 2015).

In addition to programming and policy initiatives, VicHealth conducts population-level research on community attitudes to violence against women, which assists with monitoring outcomes against the *National Plan*. In 2012-14, VicHealth was commissioned by the Australian Government Department of Social Services to undertake the *National Community Attitudes towards Violence against Women Survey*. As part of this research a youth sample (16-24 years) was analysed and key findings presented to inform policy and practice (VicHealth, 2015d). This research found that the strongest influence on attitudes towards violence against women among young people is their understanding of the nature of violence and their attitudes towards gender equality (VicHealth, 2015d). Encouragingly, the report found young people have a high level of support for equality in gender roles in the public sphere (e.g. education and employment) however, 22% of young people agree men should take control in relationships, and 35% agree that women prefer a man to be in charge of the relationship. This is nine percentage points higher than for those aged 35-64 years (VicHealth, 2015d). The research indicates that significant efforts are required to address young people's beliefs about gender roles in the family, household and intimate relationships and also to provide skills for the development of more equal and respectful relationships.

3.2 VicHealth's work to build resilience in young people

VicHealth acknowledges that the adolescent and youth phase is one of the most important for influencing future personal relationships. Building resilience and positive social and emotional wellbeing in young people improves their capacity to form and maintain positive and respectful relationships.

Improving mental wellbeing is one of the five strategic imperatives in the VicHealth Action Agenda for Health Promotion, with priority to build stronger approaches to resilience and social connection with a focus on young people (VicHealth, 2013). To achieve this, it was identified that a baseline measure of resilience and mental wellbeing among young Victorians (16-25) was needed to inform policy, programming and service delivery. Research was conducted in May 2015 with 1000 young Victorians, which showed lower scores in the areas of relationships and community connection, highlighting areas of potential vulnerability among Victorian's young people (VicHealth, 2015e).

A further report, commissioned by VicHealth, identified factors set to influence the mental health and wellbeing of young people over the next 20 years. The VicHealth CSIRO Bright Futures Report identified five Megatrends, including 'Overexposure online', indicating the new risks and opportunities arising from the rising diversity, quantity and accessibility of online content (VicHealth and CSIRO, 2015).

The Report found that "A rise in young people accessing pornography and sending explicit images or messages by text could have implications for the future mental health and relationship skills of young people" (VicHealth and CSIRO, 2015, p26). This is due to:

- Young people having unprecedented access to online pornography through personal devices
- The trend in online pornography towards increasingly violent and extreme acts that promote misogyny and the degradation of women
- The consequences for future relationships, mental health and wellbeing are not well understood, and nor are the solutions for parents, communities and governments (VicHealth and CSIRO, 2015).

VicHealth's new Mental Wellbeing Strategy 2015-2019 has been informed by the above research and has identified a priority focus for the next three years to build resilience and social connection in young people aged 12-25 years (VicHealth, 2015c). VicHealth commends the Victorian Government commitment to building young peoples' resilience through its commitments outlined in the *Building Resilience Framework*. This model supports schools to foster the learning, resilience and wellbeing of children and young people through an evidenced-based, whole-school approach (Department of Education and Training, 2015).

4. Actions and techniques to prevent violence against women

Section 4 of this submission aims to address the Inquiry Term of Reference - the role of government initiatives at every level in addressing the underlying causes of domestic violence, including the commitments under, or related to, the National Plan to Reduce Violence against Women and their Children.

4.1 Primary prevention requires a shared national approach

Change the Story: A shared framework for the primary prevention of violence against women and their children in Australia acknowledges that action is required by a range of stakeholders in a broad range of settings where people live, work, learn and play. Just like other major social and public health issues such as tobacco use and motor vehicle accidents, the framework identifies that VAW can be prevented through a primary prevention approach which works across the whole population to address the attitudes, practices and power differentials that drive violence against women and their children (Our Watch et al., 2015a). Over the last decade, VicHealth has worked within a public health approach and invested significantly in primary prevention initiatives and in partnership across sectors, to build policy, research and programs to address the gendered drivers of VAW (VicHealth, 2015b). In order to achieve our vision of sustainable change to prevent violence against women, the evidence shows that discrete projects or programs are not enough. Interventions, which are coordinated across settings and at various levels of the socio-ecological approach, are required to achieve this goal (Our Watch et al., 2015a). Furthermore, action is not only the responsibility of one level of government, but rather requires mutually reinforcing strategies at all levels from policy, legislative and institutional reform to community and organisational level programs and campaigns.

4.2 Essential actions to reduce the gendered drivers of VAW

To affect change in the long term, multi-level mutually reinforcing strategies are required across multiple settings and sectors, reaching a variety of age groups, demographics and communities. For example, work to build students' critical literacy of media, including gender stereotyped and sexualised content, should be supported by action to address the whole-school environment, through addressing policies, practices and school culture.

Evidence shows there are five essential actions to reduce the gendered drivers of violence against women. They are essential because, without all these actions, violence against women cannot be sustainably reduced or prevented. These actions are:

- Challenge condoning of violence against women
- Promote women's independence and decision-making in public life and relationships
- Foster positive personal identities and challenge gender stereotypes and roles
- Strengthen positive, equal and respectful relations between and among women and men, girls and boys
- Promote and normalise gender equality in public and private life (Our Watch et al., 2015a).

4.3 Supporting actions to address reinforcing factors

In addition to the five essential actions, there are a further five supporting actions which seek to address the reinforcing factors described earlier. These include:

- Challenge the normalisation of violence as an expression of masculinity or male dominance
- Prevent exposure to violence and support those affected to reduce its consequences
- Address the intersections between social norms relating to alcohol and gender
- Reduce backlash by engaging men and boys in gender equality, building relationship skills and social connections
- Promote broader social equality and address structural discrimination and disadvantage (Our Watch et al., 2015a).

4.4 Effective and promising techniques

There is now growing evidence of the effectiveness of various techniques and approaches, which can influence social norms, structures and organisational policies and practices, and address the gendered drivers of VAW. Those that have demonstrated effectiveness or promise are:

- Direct participation programs
- Community mobilisation and strengthening
- Organisational development
- Communications and social marketing
- Civil society and advocacy
- Legislative and policy reform
- Research, monitoring and evaluation (Our Watch et al., 2015a, VicHealth, 2007).

4.5 Key settings and sectors involved in the primary prevention of VAW

Primary prevention techniques and strategies aim to build communities, cultures and organisations that are gender equitable and promote equal and respectful relationships between men and women, boys and girls. To achieve this vision, people need to be engaged where they live, work, study and play.

This entails the support and active involvement of stakeholders from a wide range of organisations, sectors and settings. Specifically, priority settings include:

- Education and care settings for children and young people
- Universities, TAFEs and other tertiary education institutions
- Workplaces, corporations and employee organizations
- Sports, recreation, social and leisure spaces
- The arts
- Health, family and community services
- Faith-based contexts
- Media
- Popular culture, advertising and entertainment
- Public spaces, transport, infrastructure and facilities
- Legal, justice and corrections contexts (Our Watch et al., 2015a).

Staff and leaders working within these diverse sectors require resources, training and skill development to successfully embed prevention and gender equality into their core business. National and peak bodies in each of these settings can play leadership roles to garner support for the issue of preventing VAW, and high profile leaders can act as champions for change.

There is potential for greater impact in preventing VAW by partnering with those working on other closely aligned social policy issues, such as drugs and alcohol, mental health and wellbeing, and discrimination. To maximise effectiveness in achieving shared goals, partnerships should ensure work on other social policy issues incorporate appropriate gender equality objectives and acknowledge the relevance of other social policy issues to the preventing VAW (Our Watch et al., 2015a).

There also needs to be close attention to ensuring effective reach to population groups such as Aboriginal and Torres Strait Islander communities, culturally and linguistically diverse communities, faith-based communities and children and young people.

4.6 The role of government and partners

The National Plan to Reduce Violence against Women and their Children and the development of the Third Action Plan in 2016 are key opportunities to embed and deliver on the link between gender equality and domestic violence. To support and sustain the commitments under the National Plan, governments at all levels have a critical role to play in leading and coordinating prevention activity in their jurisdictions across sectors and settings and over time. Collaborative and sustained activity across all levels of government promotes mutually reinforcing messaging and practice and broad reach into systems, sectors, communities and organisations. Specifically:

The Commonwealth government – can provide resources, guidance and in some cases legislative or regulatory support to promote consistent policy and practice across jurisdictions that is in line with evolving evidence. For example, it is best placed to ensure respectful relationships education is part of the national curriculum and ensure consistency in teacher training to support its implementation.

State and territory governments – this level of government plays a lead role in identified settings, such as schools, early childhood, health, sport and with different groups through portfolios such as Aboriginal affairs, multiculturalism or disability.

Local governments – local government is well placed to prevent violence against women through their role in delivering a diverse range of services to local communities, their leadership roles in local communities, planning and policy functions and extensive reach and partnerships they have with various settings such as workplaces, sporting clubs, the media and schools.

Political leadership can be demonstrated at all levels of government through:

- Commitment to pursuing legislative and policy reform
- Bipartisan support for and long-term funding of prevention efforts consistent with *Change the Story: A shared framework for the primary prevention of violence against women and their children*.
- Framing prevention of violence against women efforts as a human rights obligation, and expressing public support for prevention efforts.

- Engaging and supporting schools, universities, workplaces and other organisations in prevention action (Our Watch et al., 2015a).

Mechanisms are also needed to facilitate collaboration and coordination across jurisdictions, sectors and settings, and to promote consistency between legislative and policy reforms, programs, communications campaigns and other prevention efforts. This includes long-term funding to enable effective initiatives to be scaled up and embedded into practice, as well as shorter-term grants to support innovation and generation of new evidence (Our Watch et al., 2015a). To ensure the integrity and consistent quality of initiatives, quality assurance actions across levels and sectors could include:

- Criteria for program funding and evaluation
- Creating accredited training programs for practitioners
- Monitoring of standards where they exist (e.g. National Association of Services against Sexual Violence *Standards for Sexual Assault Prevention Education*)
- Development of appropriate standards for other settings.

A national approach to primary prevention also requires investment in a specialist workforce of prevention policy makers and practitioners who can provide leadership, technical assistance, program development and policy support to a diverse range of stakeholders (Our Watch et al., 2015a).

4.7 Building infrastructure and mechanisms to enable prevention

International research has highlighted that broad, sustainable change to prevent violence against women is not possible through discrete projects or one-off programs. Rather, the achievement of change requires coordinated interventions across various settings and different levels of society, with strong centralised leadership (Our Watch et al., 2015a).

Strong centralised leadership is critical to ensure the infrastructure is established to support quality policy development and program delivery. The infrastructure required in the context of preventing violence against women includes:

- Mechanisms for coordination and quality assurance
- An expert workforce
- Political, sector-specific and civil society leadership
- Policy and legislative reform
- Shared monitoring, reporting and evaluation frameworks (Our Watch et al., 2015a).

5. Conclusion

Over the last decade VicHealth and partners have led the design and delivery of a range of initiatives to prevent violence against women. The initiatives have been underpinned by recognition of the inextricable link between violence against women and gender equality and have utilised the techniques and strategies described above. This work has led to some achievements and generated an early evidence base.

There is now an opportunity to ensure the link between violence against women and gender equality is embedded into national policy and programming. Embedding and strengthening this link in the National Plan to Reduce Violence against Women and their Children Third Action Plan would potentially provide a means to ensure government policy, funding and programs are fit for purpose in reducing violence and also have a measureable impact on the prevalence of violence in the medium and long term.

Change the Story provides a consistent and integrated roadmap to assist governments and other stakeholders to develop their own evidenced-based policies, strategies and programs to prevent violence against women. This framework provides an evidence-based mechanism to:

- Strengthen recognition of the link between violence against women and gender equality, and ensuring all the layers and processes of gender inequality (Element 1 structures, norms and practices) are addressed in policy development.
- Ensure all relevant actions are integrated and coordinated in policy development (Element 2 – 10 actions)
- Ensure the required infrastructure is in place to enable delivery of policy and program outcomes (Element 4) and impact on population outcomes.

VicHealth's future focus

Following VicHealth's investment and leadership in programs to prevent violence against women over the last ten years, it's time for primary prevention activity to be scaled up and expanded across Australia.

We have formalised partnerships with key agencies (such as Our Watch) and will continue to work closely other leading agencies to consolidate and integrate our work to help improve the health and wellbeing of women and their children across the community and across the country.

VicHealth is currently considering its future role in primary prevention, which will take into account the recommendations of the Victorian Royal Commission into Family Violence. We will continue to lead new, high quality research in the area of preventing violence against women beyond 2016, including investigating fresh areas for research and other activity which can deepen our understanding and underpin further solutions to this important health issue.

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