PREVENTING VIOLENCE TOGETHER

Western Region Strategy to Prevent Violence Against Women

Preventing Violence Together 2030:

Western Region Strategy to Prevent Violence Against Women

Background paper

Acknowledgements

Contents

Executive summary

Violence against women is a significant social problem internationally, nationally, in Victoria and throughout Melbourne's west. It is recognised as gendered in nature, with the majority of intimate partner violence and family violence in Australia perpetrated by men against women, and rooted in gender-based power inequalities between women and men. Importantly, violence against women is not inevitable; it is preventable.

Preventing Violence Together is the regional partnership and strategy that guides the primary prevention of men's violence against women in Melbourne's western region. The vision of Preventing Violence Together is 'Women and girls across Melbourne's west live free from violence and discrimination and have equal status, rights, opportunities, representation and respect'.

The partnership has worked collaboratively to build on the momentum and achievements of the first regional plan, Preventing Violence Together: The Western Region Action Plan to Prevent Violence Against Women, to develop a new high level regional strategy. *Preventing Violence Together 2030: Western Region Strategy to Prevent Violence Against Women* sets out a strategic vision and road map for preventing men's violence against women across Melbourne's west.

This background paper canvasses the context and evidence base that informed the development of Preventing Violence Together 2030. The new strategy draws on key evidence and theoretical frameworks to ensure a rigorous, evidence-based regional approach to preventing violence against women. It includes a variety of plans for redressing the drivers of violence against women, namely those related to gender inequality. Partners, specialist services and communities of interest in the west of Melbourne were consulted to ensure the strategy is relevant and tailored to the unique needs and context of the region.

All partners have a key role to play in implementing Preventing Violence Together 2030 and facilitating a new strategic, coordinated, action-based approach to preventing violence against women and advancing gender equity across Melbourne's west.

Introduction

Men's violence against women is a major problem in Australia, with 39 per cent of women having experienced physical and/or sexual violence by a male perpetrator since the age of fifteen (Cox 2016). Melbourne's west is particularly affected, with police and family violence services seeing a steady increase in reported family violence incidents and referrals across the region (Crime Statistics Agency Victoria 2017; Women's Health West 2016a). The impact of men's violence against women is profound and damaging, causing numerous poor health, social, cultural and economic outcomes for women, their children and their communities.

Importantly, there is now growing international evidence that men's violence against women is preventable. We can work to prevent it from occurring in the first place by redressing gender inequality, which is the necessary social context that drives this form of gender-based violence (Our Watch et al. 2015). Established in 2010, Preventing Violence Together is the partnership and plan working to prevent men's violence against women across Melbourne's west. The Preventing Violence Together partnership has been found to be an effective mechanism through which to build the political will and capacity of partner organisations, to enhance collaboration between organisations, and to maximise the impact of prevention efforts (Women's Health West 2016b; Preventing Violence Together 2015).

Building on the achievements and lessons learned from the first regional plan, the Preventing Violence Together partnership has developed the new Preventing Violence Together 2030 strategy, to facilitate a strategic, coordinated, action-based regional approach to prevention of violence against women. The strategy includes a series of mutually reinforcing actions to be implemented within partner organisations and in collaboration with communities. The new strategy provides further opportunity for leadership, to strengthen our shared vision, and to focus the integration of primary prevention efforts across Melbourne's west.

Why a regional approach to prevention of violence against women in the west?

Evidence shows that it is not possible to end violence against women with disparate initiatives, short-term funding, and one-off projects (Fergus & Lappin 2008). Coordinated interventions across various settings, sectors and levels of the socio-ecological model are required, to drive and sustain real long-term change (Our Watch et al. 2015). Cross-sectoral partnerships are recognised as a primary mechanism to employ a multi-setting and multi-strategy approach, to strengthen prevention efforts, and ensure they are mutually reinforcing, coherent and sustained (Our Watch et al. 2015).

Melbourne's west has a significant history in its commitment to the primary prevention of violence against women. In 2010, Preventing Violence Together was launched as the first regional primary prevention partnership and action plan of its kind in Victoria, with many other regions adopting a similar partnership approach to prevention in the following years (Women's Health West 2016b). The Preventing Violence Together partnership has recognised that cross-sector partnerships and long-term funding are integral to establishing primary prevention efforts that are effective and comprehensive.

Achievements of the Preventing Violence Together partnership

The achievements of the Preventing Violence Together partnership have been many, including a partnership submission to the Victorian Royal Commission into Family Violence, and implementation of the United project during 2012-2015, as one of eight regional projects funded through the Victorian Department of Justice and Regulation's Reducing Violence against Women and their Children grants program. The Preventing Violence Together partnership is recognised as a Victorian leader in preventing men's violence against women, with the partnership named the best project in the 'Building health through community and local government category' in the 25th Victorian Health Promotion Foundation Awards, for its leadership in preventing men's violence against women.

An independent five-year evaluation of the partnership found that Preventing Violence Together has functioned as a mechanism for realising its vision by offering signatories an enabling and coordinating context to undertake primary prevention actions in and across the region (Women's Health West 2016b). The partnership has been found to be an effective and promising mechanism to build the political will and capacity of partner organisations, and to enhance collaboration between organisations to prevent violence against women across the west (Preventing Violence Together 2015).

The new Preventing Violence Together 2030 regional strategy builds on the momentum and achievements of the first iteration, the prevention lessons learned and the capacity built across partner organisations. It includes a series of mutually reinforcing actions to be implemented within and between partner organisations and in partnership with communities. Many actions are embedded within existing organisational programs and policies, while others call for a renewed commitment or approach. Importantly, Preventing Violence Together facilitates a new strategic, coordinated, action-based prevention approach tailored to the particular needs and characteristics of Melbourne's west.

What is violence against women?

Violence against women refers to any act of gender-based violence that results in physical, sexual or mental harm or suffering to women, including threats of such acts, coercion or arbitrary deprivation of liberty, whether occurring in public or private life (United Nations General Assembly 1993). Violence against women includes a range of violent behaviours that may be criminal or non-criminal in nature, and that intend to express and maintain power and control over women.

There are many forms and manifestations of violence against women, including physical violence, sexual violence, emotional and psychological violence, social violence, economic violence and spiritual violence. While some forms of violence against women receive greater social recognition, it is essential to note that all forms of violence have profound and serious impacts on women.

How is violence against women a gendered problem?

Men's violence against women is gendered in nature; it is violence perpetrated against women because they are women, it impacts on women disproportionately, and it is rooted in power inequalities between women and men. While violence against any person is unacceptable, there are distinct and gendered patterns in the perpetration and impacts of intimate partner violence, family violence and sexual assault. Evidence shows that most experiences of intimate partner violence and sexual assault in Australia are perpetrated by men against women (Australian Bureau of Statistics 2012). In fact, of all women in Australia who reported experiencing violence since the age of fifteen, around 95 per cent had experienced violence from a male perpetrator (Australian Bureau of Statistics 2012).

The Victorian Royal Commission into Family Violence (State of Victoria 2016) found that for family violence incidents attended by Victoria Police, three-quarters of victims/survivors were female, and 77 per cent of perpetrators were male. Although both men and women can experience intimate partner violence, the prevalence, severity and impacts are greater for women than men. Research demonstrates that women are:

- Five times more likely to fear for their lives due to violence or the threat of violence

- Five times more likely to require medical attention or hospitalisation due to violence

- Five times more likely to be killed by a current or former partner

- More likely to sustain physical injuries and experience psychological harm, including mental health problems

- More likely to experience post-separation violence from their partner

- More likely to experience repeated violence in intimate relationships (Mouzos 1999; VicHealth 2007).

Terminology

The terminology used to describe the problem of men's violence against women varies across the family violence response and prevention sectors, and is often context-specific. Men's violence against women can commonly be referred to as domestic violence, family violence, intimate partner violence, gender-based violence, and sexual assault.

The Preventing Violence Together 2030 regional strategy and background paper use the terms 'violence against women' and 'men's violence against women' to draw attention to the gendered nature of the problem, that is, violence perpetrated by men against women on the basis of entrenched gender-based inequalities. These terms also encapsulate a broad range of violence perpetrated against women in our society that includes (but is not limited to) intimate partner violence, sexual assault, family violence and sexual harassment.

The urgent call to action: preventing violence against women and redressing gender inequity

People of all genders experience violence and violence against any person is always unacceptable. Due to the significant prevalence, severity and impacts of violence against women in Australia, and international research which pinpoints the drivers of men's violence against women and proposes evidence-based strategies for action, the Preventing Violence Together partnership focuses on redressing the pervasive problem of men's violence against women in Melbourne's west and the gender inequities that drive this violence. This includes the perpetration of men's violence against all women, including women of diverse gender and sexual identities.

Violence against women is prevalent

Violence against women constitutes one of the most long-standing, serious and pervasive concerns across the world. It is estimated that, globally, one in three women have experienced physical or sexual violence — mostly by a current or former partner (UN Women 2015). Research shows that in Australia, 39 per cent of women have experienced physical and/or sexual violence by a male perpetrator, while 34 per cent of Australian women have experienced physical and/or sexual violence from a male perpetrator known to them (Cox 2016).

Family violence and violence against women is a profound problem in Victoria. In the year ending September 2016, there were 78,819 incidents of family violence recorded by Victoria Police — an increase of 8.9 per cent from the previous year ending September 2015. Of the 78,819 incidents, 74.8 per cent of the victims/survivors were women (Crime Statistics Agency Victoria 2017).

There are high rates of violence against women in Melbourne's west. Victoria Police data for the five-year period between October 2011 and September 2016 demonstrate a steady increase in reported family violence incidents across the west (outlined in Table 1). During October 2015 and September 2016, there were 12,545 family violence incidents reported by Victoria Police for the western region. This was an increase of 10.1 per cent from the previous year (Crime Statistic Agency Victoria 2017).

Table 1: Family violence incidents recorded by Victoria Police for the western region, October 2011 to September 2016 (Crime Statistic Agency Victoria 2017)

Oct 2011 – Sept 2012	Oct 2012 – Sept 2013	Oct 2013 – Sept 2014	Oct 2014 – Sept 2015	Oct 2015 – Sept 2016	% change 2015 – 2016
7,886	9,290	10,097	11,398	12,545	10.10

Referral data from Women's Health West, the specialist family violence service for the western region, reiterates the persistent scale of the problem. In the 2015–2016 financial year, Women's Health West received 10,545 referrals from Victoria Police for women and children experiencing family violence. This was a rise of 29 per cent from family violence police referrals received during the previous year (Women's Health West 2016a).

Increased reporting of family violence is likely due to greater awareness of family violence and how to respond, as well as improved systems for reporting and data collection. However, this data also demonstrates that violence against women is a serious and growing concern. Violence against women is an under-reported crime, and as such, reporting statistics are likely to be an under-estimate of the true scale of the problem. In fact, the latest national research on personal safety revealed that 67 per cent of women who had been physically assaulted by a male partner did not contact the police after the most recent incident of violence (Australian Bureau of Statistics 2012).

Violence against women is serious

Violence against women is a human rights violation with profound and damaging health, social and economic impacts for women and their communities. Research has revealed that male partner violence against women is the leading contributor to premature death, disability and illness in women aged 18 to 44 years, more than any other preventable risk factor, including high blood pressure, obesity and smoking (Webster 2016). The health impacts on women who have experienced violence are diverse and serious, and include emotional, psychological and mental health problems (such as depression and anxiety); physical injuries and chronic disabilities (including brain injury); and sexual and reproductive health problems (such as sexually transmitted diseases, pregnancy complications and unwanted pregnancy). One of the biggest and most serious impacts of violence against women is loss of life. On average, at least one woman a week is murdered by her current or former partner in Australia (Bryant & Cussen 2015).

Violence against women also presents numerous social, cultural and economic impacts. For women, these impacts can include social isolation, financial insecurity and debt, unemployment, employment difficulties, limited or no access to cultural or spiritual support, homelessness and insecure housing. In fact, violence against women has been noted as the single largest driver of homelessness for women in Australia (Australian Institute of Health and Welfare 2012). Violence against women also profoundly impacts on children and young people. Research estimates that one in four children have witnessed family violence against their mother or step-mother (Australian Institute of Criminology 2001). Children and young people exposed to violence against their mothers or caregivers can suffer a range of damaging impacts on their health and wellbeing; behavioural, cognitive and social development; and their attitudes towards relationships and violence (Our Watch 2017).

In addition to the range of devastating health, cultural and social impacts, violence against women presents enormous consequences for the Australian economy. The collective health, administration costs and social welfare costs of violence against women in Australia are estimated to be $21.7 billion per year (PricewaterhouseCoopers 2015). Further to this, it is projected that if no further action is taken to prevent violence against women, the economic costs between 2014 and 2045 will accumulate to $323.4 billion (PricewaterhouseCoopers 2015).

Violence against women is preventable

Despite the pervasive scale of the problem, it is now recognised that violence against women is not inevitable; it is preventable. There is growing international consensus that by identifying and redressing the drivers or factors that increase the likelihood of violence against women, we can predict its occurrence and work to prevent it (VicHealth 2007). International and national research shows that gender inequality is at the core of the problem of men's violence against women (Our Watch 2017).

Gender inequity is a significant concern for the western region

Gender inequality and inequity is a significant problem in Australia, Victoria and in Melbourne's west. Census and other population data sources demonstrate that women in Melbourne's west experience significant gender inequities that include a:

- Lower individual weekly income than their male counterparts, with 21 per cent of female residents reporting an individual weekly income of less than $300 compared to 15 per cent of male residents

- Lower levels of full-time employment with 49 per cent of men having full-time employment compared to 29 per cent of women

- Higher rates of unpaid domestic work, with 52 per cent of women reporting that they undertake five or more hours of unpaid domestic work a week compared to 30 per cent of men

- Higher rates of unpaid childcare — 24 per cent for women compared to 17 per cent for men (Women's Health West 2013).

How does Preventing Violence Together 2030 work to prevent violence against women?

Recognises human rights and legal frameworks

Eliminating men's violence against women is included in a range of international human rights legal instruments signed and ratified by Australia, including the Convention on the Elimination of All Forms of Discrimination against Women (1979) and the Declaration on the Elimination of Violence against Women (1993). Additionally, in Victoria, under law such as the Family Violence Protection Act (2008), violence against women is a crime. Legal frameworks also include the Sex Discrimination Act (1984), which makes it unlawful to discriminate on the grounds of sex, marital status, pregnancy or potential pregnancy. The Preventing Violence Together partnership recognises violence against women as a human rights violation and a crime, and Australia's due diligence to take action to prevent violence against women and gender-based discrimination.

Takes a primary prevention approach

Preventing Violence Together 2030 takes a primary prevention approach drawn from public health and health promotion theory and practice. Distinct from response or early intervention actions, which focus on supporting women and children who experience violence or intervening at the early signs of violence, primary prevention takes action before violence has occurred. This requires identifying the underlying root drivers, causes or determinants, and developing multiple, integrated and reinforcing strategies to redress them. Importantly, a primary prevention approach moves beyond strategies focused solely at the individual level, and seeks to redress systemic, structural and cultural drivers of violence against women.

Adopts a whole-of-population approach

Primary prevention uses public health frameworks and whole-of-population initiatives to drive social and cultural change in the attitudes, practices and power differentials that drive men's violence against women (Our Watch et al. 2015). This requires inclusive, universal or whole-of-population strategies, as well as targeted strategies tailored to specific communities to ensure relevance and appropriateness (VicHealth 2007; Our Watch et al. 2015).

Uses feminist theory

Feminist theory acknowledges and values diversity among women, and that women are the experts in their own lives and in their lived experiences of violence and sexism. Feminist theory also recognises that violence against women is a consequence of patriarchal structural gender-based inequalities in power and resources between women and men (Wall 2014). Preventing Violence Together 2030 values women's lived experience of violence and discrimination, and commits to transforming the structures, norms and practices that perpetuate gender inequality and men's violence against women.

Adopts an intersectional approach to preventing violence against all women

Intersectionality is a concept that recognises the discrimination and inequalities experienced by individuals, as a result of compounding systems of oppression and privilege (Association for Women's Rights in Development 2004). It applies a power analysis to identify the way that oppressive institutions — such as racism, sexism, homophobia, ableism, ageism and transphobia — intersect and impact an individual's lived experience. Importantly, intersectionality acknowledges the multiple aspects of a person's identity, and how they can experience many forms of overlapping privilege and oppression (Association for Women's Rights in Development 2004). If preventing men's violence against all women in Melbourne's west is to be realised, we must take an intersectional approach.

Intersectionality is not a new concept. However, its application in the prevention of men's violence against women is an emerging area of practice. International research on primary prevention programming has shown that taking an intersectional approach to redressing inequitable gender-power relations is an important factor in the most effective efforts to prevent violence against women (Michau et al. 2014). The evidence base suggests it is essential to develop and prioritise specialised prevention approaches for communities affected by compounding forms of discrimination and inequalities (Our Watch et al. 2015). This includes tailored and responsive strategies for specific groups of women that are at greater risk of violence and its impacts due to compounding forms of discrimination and inequalities. It also requires us to consider how we apply an intersectional perspective to whole-of-population strategies. In undertaking initiatives with communities aimed at preventing violence against women, it is essential that our work is culturally relevant, safe and adopts a partnership and strengths-based approach.

Men's violence against women occurs in all communities. However, research shows that when other forms of discrimination and inequality (such as racism or ableism) intersect with gender inequality, this can exacerbate the risk and impacts of violence against women. Particular population groups of women are at greater risk of violence due to compounding structural and individual power inequalities, including Aboriginal and Torres Strait Islander women, women from migrant and refugee backgrounds, women living with a disability, women of diverse gender and sexual identities, and women living in rural, regional and remote locations (VicHealth 2011; Webster & Flood 2015; Our Watch 2017).

Ultimately, an intersectional approach to prevention recognises that our work to prevent violence against women cannot be achieved in isolation from efforts to redress other forms of oppression. A truly intersectional approach to prevention requires us to work in partnership with others to ensure all systems of oppression are dismantled, to realise all women's rights to safety, respect and equality.

Commits to cultural safety in preventing violence against Aboriginal and Torres Strait Islander women

In Australia, Aboriginal and Torres Strait Islander women are 35 times more likely than other women to be hospitalised due to family violence (Our Watch 2014). It is recognised that the prevalence of violence against Aboriginal and Torres Strait Islander women is related to and compounded by the impacts of colonisation, ongoing trauma from displacement and dispossession from traditional lands and kinship groups, the removal of children from families, racial discrimination, and institutionalised violence (Department of Planning and Community Development 2008). The Preventing Violence Together partnership recognises cultural safety, cultural respect, cultural strengthening and the leadership of Aboriginal communities as essential in the primary prevention of violence against Aboriginal and Torres Strait Islander women (Department of Human Services 2012).

Redresses the drivers of violence against women

International research has shown that gender inequality sets the necessary social context in which men's violence against women occurs. International and national evidence has identified four particular expressions of gender inequality that consistently predict higher rates of violence against women (Our Watch et al. 2015). These gendered drivers are produced, reinforced and replicated through various gendered norms, practices and structures. These include:

1. *Condoning of violence against women* — the attitudes, norms, practices and structures that excuse, trivialise, downplay or justify violence against women, or shift blame for violence from the perpetrator to the victim/survivor. Evidence shows that when societies, institutions, communities or individuals support or condone violence against women, levels of such violence are higher

2. *Men's control of decision-making and limits to women's independence in public life and relationships* — this refers to women's decision-making and independence in relationships and families, as well as women's social, political and civic participation. Research has shown that violence is more common in families and relationships in which men control decision-making and less so in relationships in which women have a greater level of independence. Limits to women's independence or autonomy also increase the probability of violence against women

3. *Rigid gender roles and stereotyped constructions of masculinity and femininity* —Research has consistently found that men who hold traditional, hierarchical views about gender roles and relationships are more likely to perpetrate violence against women. Sexist and stereotyped ideas about femininity and masculinity can perpetuate harmful gender relations that position women as lower in value, status, power and resources

4. *Male peer relations that emphasise aggression and disrespect towards women* — this includes peer relations between men and demonstrations of masculinity or 'manhood' that are founded on disrespectful, hostile or aggressive actions towards women. Research has shown that these types of negative male peer relations and organisational cultures are associated with a higher likelihood of violence against women (Our Watch et al. 2015).

Although a range of reinforcing factors can increase the frequency and severity of violence against women — such as previous exposure to violence, or harmful use of alcohol — these factors are neither necessary nor sufficient on their own to predict violence against women (Our Watch et al. 2015). As such, primary prevention focuses on redressing the key gendered drivers of violence against women related to gender inequality that consistently predict a higher likelihood of violence against women.

The national framework, Change the story: A shared framework for the primary prevention of violence against women and their children in Australia, identifies five essential actions that work to prevent violence against women (see also Figure 1):

1. Challenge condoning of violence against women

2. Promote women's independence and decision-making

3. Challenge gender stereotypes and roles

4. Strengthen positive, equal and respectful relationships

5. Promote and normalise gender equality in public and private life (Our Watch et al. 2015).

Figure 1: Actions that will prevent violence against women (adapted from Our Watch et al. 2015)

These five actions work to redress the drivers of violence and are essential, as without these actions, violence against women will not be sustainably reduced or prevented (Our Watch et al. 2015).

Importantly, we can use a gender-transformative approach in implementing these essential actions. A gender-transformative approach seeks to identify, challenge and transform the structures, norms and practices that perpetuate gender inequality, and strengthen those that promote gender equality (Women's Health Victoria 2012).

Uses a socio-ecological understanding of violence against women

Various experts recommend using a socio-ecological approach to understand and redress the causes of violence against women. A socio-ecological approach recognises that men's violence against women is not the result of one single factor, but rather a complex interaction of personal, situational and socio-cultural factors, as it particularly relates to gender inequality and gender role socialisation (Heise 1998).

Within this approach, the key factors that drive violence against women occur across three mutually reinforcing levels of influence: the individual and relationship level; the community and organisational level; and the institutional and societal level (see Figure 2; VicHealth 2007; Heise 1998). A socio-ecological model highlights the need to work across different levels of society and in various settings to effectively redress men's violence against women.
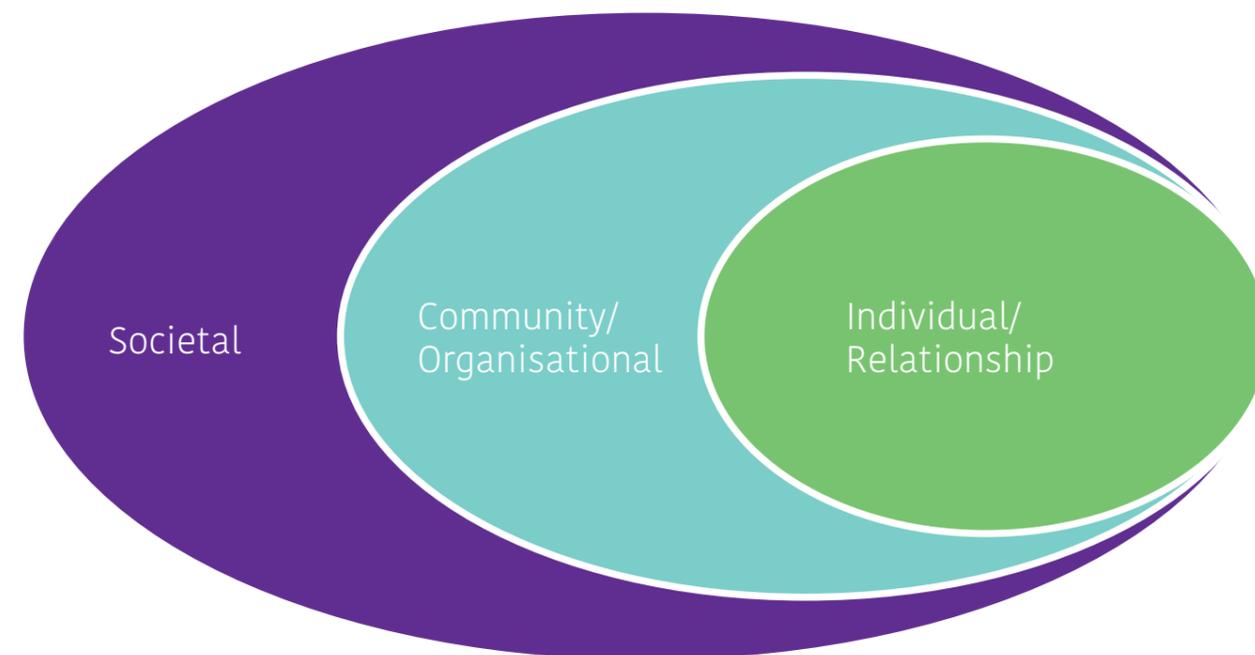

Figure 2: Socio-ecological model (adapted from VicHealth 2007)

Works in key settings and implements promising techniques for prevention

The gendered drivers of violence against women are deeply entrenched in structures, norms and practices across all facets of society. As such, primary prevention action must work across a range of settings and sectors to effectively create change and prevent violence.

Research has identified key priority settings that demonstrate great prevention potential and which present opportunities for significant influence to transform the norms, practices and structures that drive violence against women (Our Watch et al. 2015). These include:

- Arts
- Education and care settings for children and young people
- Faith-based contexts
- Health, family and community services
- Legal, justice and corrections services
- Media

- Popular culture, advertising and entertainment
- Public spaces, transport, infrastructure and facilities
- Sports, recreation, social and leisure spaces
- Universities, TAFEs and other tertiary education institutions
- Workplaces, corporations and employee organisations

The growing body of international evidence on what is effective in primary prevention has also identified key promising techniques that have proven effective in reducing future perpetration of violence against women, or have demonstrated progress against the drivers of violence against women. These techniques include:

- Civil society advocacy
- Communications and social marketing
- Community mobilisation and strengthening

- Direct participation programs
- Organisational development

Preventing Violence Together 2030 includes a range of mutually reinforcing techniques across a variety of key settings that include institutional and political domains to ensure a comprehensive, effective primary prevention approach across Melbourne's west.

The role of strategy partners in Preventing Violence Together 2030

Every sector, organisation, community and individual has a role to play to prevent violence against women and promote gender equality. Different sectors and communities of interest have different responsibilities, expertise, capacities and spheres of influence that can be harnessed to drive the long-term change required to end violence against women (Our Watch et al. 2015). All sectors and organisations across Melbourne's west — including but not limited to women's and community health, local government, and primary care partnerships — have an essential role to play to achieve Preventing Violence Together 2030's vision to prevent violence against women in the west.

The Preventing Violence Together partnership recognises the many sectors and settings in Melbourne's west required to prevent violence against women. Importantly, partnership and collaboration across all key sectors in the Preventing Violence Together partnership will be essential in ensuring an integrated, comprehensive and sustainable approach to preventing violence against women in the west.

How was Preventing Violence Together 2030 developed?

The Preventing Violence Together partnership developed Preventing Violence Together 2030 collaboratively, drawing on a strong evidence base, broad consultation and participatory processes among partner organisations and communities of interest.

The evidence base

Preventing Violence Together 2030 has been informed and guided by key theoretical and conceptual frameworks and approaches, including: public health and health promotion theory and frameworks; a whole-of-population approach; a socio-ecological approach; an intersectional approach; the *Change the Story* framework (Our Watch et al. 2015); feminist theory; and human rights and legal frameworks regarding violence against women and gender equality.

In addition, Preventing Violence Together 2030 also seeks to align with key government policy frameworks and platforms related to preventing violence against women, including:

- The National Plan to Reduce Violence Against Women and their Children 2010–2022 (2011)
- Indigenous Family Violence Primary Prevention Framework (2012)
- Victorian Health and Wellbeing Plan 2015–2019 (2015)
- Victorian Public Health and Wellbeing Outcomes Framework (2016)
- Ending Family Violence: Victoria's Plan for Change (2016)
- Safe and Strong: A Victorian Gender Equality Strategy (2016)
- Free from Violence: Victoria's strategy to prevent family violence and all forms of violence against women (2017)

Consultation and development process

The Preventing Violence Together 2030 regional strategy is a collaboratively developed strategy, with partner organisations having been instrumental in shaping and driving its development and direction. As lead organisation, Women's Health West led development of the new strategy, working closely with the Executive Governance Group and Implementation Committee, composed of representatives from all partner organisations. Representatives from the Preventing Violence Together Executive Governance Group made up a strategy working group to oversee development of the strategy, with all major implementing sectors in the partnership represented, including local government, community health, primary care partnerships and women's health.

A range of consultation and participation processes were used to inform development of the new Preventing Violence Together 2030 regional strategy:

- Two facilitated partnership forums with members of the Preventing Violence Together Executive Governance Group and Implementation Committee, to assist in setting the strategic direction for the new Preventing Violence Together 2030 strategy, including its vision, goals, objectives and strategies. Twenty-three representatives from twelve partner organisations attended these two forums, including representatives from local government, community health, primary care partnerships, women's health and Victoria Police

- Ongoing consultation with the strategy working group, who oversaw development of the strategy, including invaluable input and decisions about process, consultation and risk mitigation

- Opportunity for all members of the Preventing Violence Together Executive Governance Group and Implementation Committee to provide feedback on the draft strategy prior to finalisation

- Consultation and feedback on the Preventing Violence Together 2030 draft strategy with specialists, including: Karen Jackson (Moondani Balluk, Victoria University), Dr Wei Leng Kwok (WLK Consulting), Women with Disabilities Victoria, Multicultural Centre for Women's Health, Gay and Lesbian Health Victoria, Women's Health Victoria, and Women's Health in the North.

Governance and evaluation of Preventing Violence Together 2030

The Preventing Violence Together 2030 regional strategy is governed by the Executive Governance Group, which is the strategic arm of the partnership and made up of executive and senior management representatives from all full implementing partners. The Implementation Committee and its associated working groups, made up of staff from full and associate partner organisations, are the operational arm of the partnership and drive implementation of the regional strategy. Women's Health West, as lead agency for the partnership, is responsible for leading, coordinating and resourcing the implementation of the Preventing Violence Together 2030 regional strategy.

The Preventing Violence Together partnership has a regional high-level strategy, and an annual action plan and evaluation plan to enable collaborative, integrated primary prevention action across Melbourne's west. The regional high-level strategy sets the strategic vision and priorities for primary prevention action in Melbourne's west. It also functions as a framing document for the partnership, supporting decision-making and determining actions to be included in the Preventing Violence Together 2030 annual action plans. Developing the annual action plans will support partners to identify priority themes, settings and/or techniques that they will focus on regionally or sub-regionally for any given twelve-month period. The annual action plans will also help partners identify primary prevention initiatives to which they will commit to contributing annual resourcing and evaluation data.

An evaluation plan will be developed for the Preventing Violence Together 2030 strategy and annual action plans, which will collect process and impact evaluation data as appropriate. The evaluation plan will primarily focus on measuring collective regional impact against high-level evaluation indicators on the drivers of violence against women.

Key definitions

Drivers: the underlying causes required to create the necessary conditions in which violence against women occurs. They relate to the particular structures, norms and practices arising from gender inequality in public and private life (Our Watch et al. 2015).

Family violence: Any violent, threatening, coercive or controlling behaviour that occurs in current or past family, domestic or intimate relationships. It encompasses violence that might occur between any family members, including across generations. The term 'family violence' is also the preferred term of Aboriginal communities, as it more accurately reflects extended kinship ties and how the impacts of violence affect all members of a family (Department of Human Services 2015).

Gender: A broad term used to describe the socially constructed norms, roles, responsibilities and expectations that shape our understanding of what it means to be a woman or a man within a given society (Women's Health West 2014).

Gender equality: The realisation of equal and measurable outcomes for women, men and people of diverse gender identities. This includes equal representation, status and rights; establishing equal opportunities for all people to contribute to national, political, social and cultural development; and for all to benefit from these results (Women's Health West 2014).

Gender equity: The process of being fair to women, men and people of diverse gender identities with the aim of achieving equal outcomes for all. To ensure fairness, measures must often be put in place to compensate for historical and social disadvantage that have prevented women and people of diverse gender identities from operating on a level playing field with men (Women's Health West 2014).

Gender roles: Socially and culturally defined behaviours, actions and attributes that are assigned to women/girls and men/boys. They are prescriptive in nature as they refer to expectations about how society deems an individual should think, feel, dress, speak and interact, based on their gender (Women's Health West 2013).

Gender stereotypes: Overly simplified assumptions that people who share a particular status group also share certain traits in common. Gender stereotypes are therefore overly simplified notions and generalisations of the traits that all women or men are assumed to possess (Women's Health West 2013).

Gendered norms: A set of dominant beliefs and rules of conduct which are determined by a society or social group in relation to the types of roles, interests, behaviours and contributions expected from boys and girls, men and women (Our Watch et al. 2015).

Gendered practices: The everyday practices, processes and behaviours undertaken at an individual/relationship level, organisational/institutional and societal level that reinforce and perpetuate gendered norms and structures (Our Watch et al. 2015).

Gendered structures: The laws and systemic mechanisms that organise and reinforce an unequal distribution of economic, social and political power and resources between women and men (Our Watch et al. 2015).

Gender transformative: Policy and practice that identifies, challenges and transforms the norms, structures and practices that perpetuate gender inequality and strengthens those that support gender equality (Women's Health Victoria 2012).

Intersectionality: Intersectional analysis draws attention to the way systems of discrimination and oppression — such as racism, sexism, homophobia, ableism, ageism and transphobia — intersect and compound people's experiences of privilege and oppression. Intersectionality recognises an individual's lived experience, their multiple aspects of identity, and how they can experience many forms of overlapping privilege and oppression (Association for Women's Rights in Development 2004).

Primary prevention: Often referred to as 'preventing violence before it occurs', primary prevention involves strategies that work to redress the drivers of violence against women to prevent it from happening in the first place. Strategies can be universal (whole-of-population) or selective/targeted (tailored to specific groups that are at higher risk of experiencing or inflicting violence) (VicHealth 2007).

Sex: Refers to physical characteristics such as hormones, chromosomes and anatomy. People are generally described as male, female or intersex based on these characteristics (Women's Health West 2014).

Socio-ecological model: A feature of public health, used to demonstrate how violence is a product of multiple, interacting components and social factors (Our Watch et al. 2015).

Violence against women: any act of gender-based violence that causes or could cause physical, sexual or psychological harm or suffering to women, including threats of harm or coercion, in public or in private life (United Nations General Assembly 1993).

References

Association for Women's Rights in Development 2004, *Intersectionality: a tool for gender and economic justice*, Association for Women's Rights in Development, Toronto, Canada, accessed 17 June 2017, <https://lgbtq.unc.edu/sites/lgbtq.unc.edu/files/documents/intersectionality_en.pdf>.

Australian Bureau of Statistics 2012, *Personal Safety Survey,* cat. no. 4906.0, Australian Bureau of Statistics, Canberra.

Australian Institute of Criminology 2001, *Young people and domestic violence: National research on young people's attitudes and experiences of domestic violence*, Commonwealth of Australia, Canberra.

Australian Institute of Health and Welfare 2012, *Specialist homeless services data collection 2011–12*, cat. no. HOU 267, Australian Institute of Health and Welfare, Canberra.

Bryant, W & Cussen, T 2015, *Homicide in Australia 2010–11 to 2011–12: National homicide monitoring program report*, Australian Institute of Criminology, Canberra.

Cox, P 2016, *Violence against women: Additional analysis of the Australian Bureau of Statistics' Personal Safety Survey 2012*, Australia's National Research Organisation for Women's Safety, Sydney.

Crime Statistics Agency Victoria 2017, *Family incidents*, State Government of Victoria, Melbourne, accessed 17 June 2017, <https://www.crimestatistics.vic.gov.au/crime-statistics/latest-crime-data/family-incidents-1>.

Department of Human Services 2012, *Indigenous family violence primary prevention framework*, State Government of Victoria, Melbourne.

Department of Human Services 2015, *What is family violence?*, State Government of Victoria, Melbourne, accessed 17 June 2017, <http://www.dhs.vic.gov.au/for-individuals/children,-families-and-young-people/family-violence/what-is-family-violence>.

Department of Planning and Community Development 2008, *Strong culture, strong peoples, strong families — Towards a safer future for Indigenous families and communities: 10 year plan*, State Government of Victoria, Melbourne.

Fergus, L & Lappin, K 2008, *Setting the standard: International good practice to inform an Australian national plan of action to eliminate violence against women*, Amnesty International Australia, Broadway NSW.

Heise, L 1998, 'Violence against women: An integrated, ecological framework', *Violence Against Women*, vol. 4, no. 3, pp. 262–290.

Michau, L, Horn, J, Bank, A, Dutt, M & Zimmerman, C 2014, 'Prevention of violence against women and girls: lessons from practice', *The Lancet*, vol. 385, no. 9978, pp. 1672–1684.

Mouzos J 1999, 'Femicide: and overview of major findings', *Trends and Issues in Crime and Criminal Justice*, no. 124, Australian Institute of Criminology, Canberra.

Preventing Violence Together 2015, *Royal Commission into Family Violence: Submission from the Preventing Violence Together partnership*, Women's Health West, Footscray VIC.

PricewaterhouseCoopers 2015, A *high price to pay: the economic case for preventing violence against women*, PricewaterhouseCoopers, Australia.

Our Watch 2014, R*eporting on family violence in Aboriginal and Torres Strait Islander communities*, Our Watch, Melbourne, accessed 28 April 2017, <https://www.ourwatch.org.au/MediaLibraries/OurWatch/Images/ourwatch_reporting_on_a-ts_family_violence_aa_v1.pdf>.

Our Watch, ANROWS & VicHealth 2015, *Change the story: A shared framework for the primary prevention of violence against women and their children in Australia*, Our Watch, Melbourne.

Our Watch 2017, *Understanding violence: Facts and figures*, Our Watch, Melbourne, accessed 17 June 2017, <https://www.ourwatch.org.au/Understanding-Violence/Facts-and-figures>.

State of Victoria 2016, *Royal Commission into Family Violence: Summary and recommendations*, Parl. Paper no. 132 (2014–16), State Government of Victoria, Melbourne.

UN Women 2015, *Facts and Figures: Ending violence against women*, United Nations, New York, accessed 17 June 2017, <http://www.unwomen.org/en/what-we-do/ending-violence-against-women/facts-and-figures>.

United Nations General Assembly 1993, *Declaration on the elimination of violence against women,* Office of the United Nations High Commissioner for Human Rights, Geneva.

VicHealth 2007, *Preventing violence before it occurs: A framework and background paper to guide the primary prevention of violence against women in Victoria*, VicHealth, Melbourne.

VicHealth 2011, *Preventing violence against women in Australia: Research summary*, VicHealth, Melbourne.

Wall, L 2014, *Gender equality and violence against women: What's the connection?*, Australian Centre for the Study of Sexual Assault, Melbourne.

Webster, K & Flood, M 2015, *Framework foundations 1: A review of the evidence on correlates of violence against women and what works to prevent it. Companion document to Our Watch, Australia's National Research Organisation for Women's Safety (ANROWS) and VicHealth's Change the Story: A shared framework for the primary prevention of violence against women and their children in Australia*, Our Watch, Melbourne.

Webster, K 2016, *A preventable burden: Measuring and addressing the prevalence and health impacts of intimate partner violence in Australian women*, ANROWS Compass, Sydney.

Women's Health Victoria 2012, *Gender transformative policy and practice*, Women's Health Victoria, Melbourne.

Women's Health West 2013, *Women in Melbourne's west: Sex disaggregated data and gender analysis for service and program planning*, Women's Health West, Footscray VIC.

Women's Health West 2014, *Shared understandings: Women's Health West's guide to health promotion and gender equity*, Women's Health West, Footscray VIC.

Women's Health West 2016a, *Annual Report 2015–2016*, Women's Health West, Footscray VIC.

Women's Health West 2016b, *Preventing Violence Together: Five-year retrospective process evaluation and report 2010–2015*, Women's Health West, Footscray VIC.

PREVENTING
VIOLENCE
TOGETHER

Western Region Strategy to
Prevent Violence Against Women

women's health west