WOMEN'S HEALTH ASSOCIATION OF VICTORIA

Submission to the

Royal Commission into Family Violence (Victoria)

Developed by

Women's Health Association of Victoria

The Peak Body for Victorian Women's Health Services

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Endorsed by

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Recommendation 2. As an immediate priority, there must be adequate long-term funding for the implementation of evidence-based primary prevention initiatives under the new policy. These resourcing commitments must be separate to, and over and above, that for Victoria's family violence response system, and must be assured for the lifetime of the policy.

Recommendation 3. Appropriate governance arrangements must be immediately formed to oversee Victorian primary prevention efforts under the new policy and ensure that it maintains its primary prevention focus. All structures formed must involve high-level representation from across government departments and the community. As leaders in prevention, WHS must have a clear role in this governance structure.

Recommendation 4. It is critical that momentum for primary prevention in Victoria is not lost while the Royal Commission into Family Violence completes its inquiry. There must be continued funding of primary prevention initiatives in the interim.

Recommendation 5. Victoria's WHS must have ongoing funding for at least 1.5 EFT per organisation, to lead and coordinate primary prevention action in every region across the state, to ensure an intersectional approach to that work and to conduct and/or support best-practice evaluations that can determine the value of grassroots efforts and which can be pooled to arrive at an overall picture of Victorian achievements in WHS-led initiatives.

Recommendation 6. Preventing violence against women must be mandated as a stand-alone priority for all funded agencies of Victoria's integrated health promotion system (WHS, community health services, primary care partnerships) to facilitate and give imprimatur to the prioritisation of the prevention of violence against women by organisations receiving funding through this system.

Introduction

Context for this submission

The Women's Health Association of Victoria (WHAV) welcomes the establishment of the Royal Commission into Family Violence (Victoria). We thank the Royal Commission for this opportunity to make this written submission.

Family violence is the most pervasive form of violence perpetrated against women in Victoria. It is a human rights violation of unparalleled proportion and its health, social and economic impacts on women, children, families and communities is deep and shattering. It takes many forms and affects all communities irrespective of class, ethnicity or culture. This is why responding to family violence and preventing it from occurring in the first place must be a shared responsibility between state and local governments, communities, organisations, business and non-business sectors, and individuals alike.

WHAV is pleased to see that the focus of the Royal Commission's inquiry is on sustainable system-wide improvements that build on the strengths of achievements to date in responding to and preventing family violence in Victoria. WHAV is especially pleased to hear that the Victorian Government has promised to accept the recommendations arising from the Royal Commission's inquiry; and we look forward to seeing tangible positive differences as a result to the health, safety and wellbeing of Victorian women and their children.

Our written submission focuses on the prevention of family violence.

Prevention of Violence Against Women is a core role of all regional and statewide women's health services in Victoria.

For our submission, we utilise the definition of family violence under the *Family Violence Protection Act 2008*. We acknowledge that this definition is broad enough to encompass behaviours in many different family situations – such as violence between siblings, or by adult children against their elderly parents, or by carers in a domestic setting against those for whom they are responsible, or between intimate partners. The focus of our submission, however, is on *gendered* forms of violence that occur in domestic settings, in particular men's violence against women.

In most cases, men's violence against women is part of a range of tactics to exercise power and control over women and children in their homes, and is an expression of male societal entitlements and privilege resulting from gender inequities and rigid gender roles more broadly. It is these influences that are the focus of family violence prevention in our submission.

About the Women's Health Association of Victoria

WHAV is the peak body for nine regional and two statewide women's health services (WHS) funded by the Victorian Department of Health. WHAV also includes a small number of other member organisations with a focus on women's health including Women with Disabilities Victoria and Positive Women Victoria.

All WHS are engaged in integrated health promotion with attention to the social determinants of women's health. As a group, the WHS have statewide reach, regional focus and specialist expertise.

Statewide WHS focus on health and gender issues across the state, including targeted populations such as immigrant and refugee women. The statewide services are:

- Women's Health Victoria
- Multicultural Centre for Women's Health

Regional WHS have a clear area-based catchment for the focus of their work. There is a regional WHS in every state government region of Victoria: together they have coverage of the entire State. They work closely with their local governments, community health services, primary care partnerships, and a broad array of other agencies to implement health promotion priorities. They are:

- Women's Health In the North
- Women's Health in the Southeast
- Women's Health East
- Women's Health West
- Women's Health and Wellbeing Barwon South West
- Women's Health Grampians
- Women's Health Loddon Mallee
- Women's Health Goulburn North East
- Gippsland Women's Health

Partners and stakeholders for WHS and WHAV include individual women and children in the community as well as organisations, agencies and peak bodies including family planning services, hospitals, Medicare locals, general practitioners, community health services, local governments, state government departments, magistrate and family courts, libraries and information services, police and legal services, pharmacies, women's networks across the state, neighbourhood houses and other family and children's services.

For the purposes of this submission, from this point on unless otherwise specified, the term WHS will be used to collectively represent all the 11 organisations listed above, as well as their peak body, WHAV.

Preventing family violence: The fundamentals

Family violence is preventable

In Victoria, as with other parts of the world, family violence – specifically violence perpetrated by a male family member against a female family member - is a pervasive form of violence against women, with devastating physical, psychological, emotional, economic and social consequences. For Victorian women aged 15 to 44 years, for example, intimate partner violence has been found to be the leading contributor to death, disability and illness, outstripping other known contributors (VicHealth, 2004).

While widespread and serious, family violence is also preventable as has been made eminently clear to Victorians since 2007 with the publication of VicHealth's *Preventing Violence Before it Occurs: A framework and background paper to guide the primary prevention of violence against women* (VicHealth, 2007).

"VicHealth's framework draws on public health models to understand the problem of violence against women and how to stop it from happening in the first place. VicHealth's framework accepts that violence against women is a complex and multifaceted social phenomenon; but it also, unequivocally, places

- the unequal distribution of power and resources between women and men, and
- the adherence to rigidly defined gender roles,

as the underlying determinants or root causes of the problem. "

The framework shows how these two underlying determinants – both of which are modifiable and not inevitable – structure our lives in multiple ways, from broad societal institutions (such as law, media, religion, family and economic or political systems) to community norms and organisational practices to our personal relationships. The framework calls for using our understanding of the determinants to create and strengthen social structures and cultures, in a systematic manner to redress the underlying determinants in a systemic manner in order to prevent the problem from happening at all. This is what VicHealth's framework calls *primary prevention*.

Gender equity is at the core of primary prevention

Primary prevention aims to disrupt the two structural drivers of violence against women by implementing actions across the entire social ecology (society, communities, organisations and individuals) to *improve gender equity* and *realise gender equality* as the basis of a violence-free world for women.

Gender equity is at the core of primary prevention, must be informed by *gender transformative practice*.

This makes primary prevention a long-term endeavour – over many years and decades – requiring vision, leadership, commitment, resourcing, partnerships and multi-faceted strategies. Let us be clear: as long as women remain unequal to men, and as long as our central institutions are structured so that gender inequities are perpetuated across society, in our communities and organisations, and interpersonally, then violence against women will continue unabated.

Primary prevention is a distinct form of intervention

Primary prevention is universal in its scope insofar as it is aimed at whole populations, communities, organisations and other settings where people work, live, learn and play. Primary prevention is therefore very distinct from response, which is for those in our communities who are experiencing (or

have experienced) violence. Where primary prevention sets its sights on preventing violence *before* it occurs, response involves initiatives to reduce the effects of violence *after* it has happened (including escalation and further occurrences). Response includes the provision of specialist services to women and children who have been affected by family violence and criminal justice or therapeutic intervention to men who use violence. In Victoria, response deals with family violence that has already happened through an integrated family violence system, the result of statewide and regional reforms since 2005.

Primary prevention, by contrast, is *everyone's* business. As such, the primary prevention system requires cross-government, multi-sector, whole-of-community and business partnerships. It needs its own workforce and practitioner skills set. And it must be funded and resourced *separately* to the integrated family violence system, not as 'either/or' but as 'both/and'.

As a universal approach, primary prevention is also distinct from early intervention, which targets strategies to particular communities, groups or segments of the population known to have a higher risk of experiencing violence. Early intervention can be aimed at groups in which there is a strong culture of disrespect for women, for example, or at men who are showing signs of controlling behaviours towards women. Early intervention is a form of prevention, but it is more targeted than primary prevention. It is often referred to as secondary prevention in this light.

WHAV affirms that the primary prevention and response systems are not on the same continuum when it comes to dealing with family violence; but neither are they in competition with one another. Even though they are distinct, they both need to work in tandem. Indeed, primary prevention relies on a well-functioning integrated response system to be in place. This is because primary prevention can often be associated with a surge in response service demand as community awareness about violence against women increases, the problem loses its status as 'off limits' socially, and women experiencing family violence become more aware of their rights and more confident in accessing services to support them.

Universality means inclusivity

WHAV understands that even though primary prevention is universal in scope, there is, nonetheless, a 'targeted' aspect to it. With its systems and cultural change focus, primary prevention needs to act on the structures that set social norms and maintain systems. An approach that address the universal systems, informed by the specific and additional requirements of some populations, is required to achieve systems change implicit in primary prevention. Socio-demographically, the diverse communities, groups and segments in Victoria's population mean that the lived experiences of gender inequities and rigid gender roles vary greatly. Factors such as race, ethnicity, disability and rurality make a big difference to women's lived experiences of gendered violence. The two drivers of violence against women (the unequal distribution of power and resources between women and men, and the adherence to rigidly defined gender roles) are mediated differently across different cultural communities, including mainstream culture, for example. The two drivers are also implicated differently in lived experience when they intersect with other forms of structural discrimination, such as systemic racism or institutionalised discrimination based on disability or chronic illness. The multiple overlays of intersecting drivers of disadvantage mean greater vulnerabilities to the detrimental impacts of compounding inequities for some women. The more structurally disadvantaged women are, the less power and resources they have, and the more at risk they are of violence.

True universality means *inclusivity*: it means *everyone* must be reached by our actions on the root causes of violence against women. Primary prevention must therefore work from sound intersectional understandings of society and strong community development and cultural competency principles, to be appropriately tailored so actions resonate in culturally safe ways with the gendered realities of *all* Victorians. No one must be left out of our primary prevention efforts.

Long-term work demands long-term commitment

WHAV acknowledges the commitment of successive state governments to Victorian primary prevention through past policy such as *A Right to Respect: Victoria's plan to prevent violence against women 2010–2020* (Office of Women's Policy, 2009) and, to a lesser extent, *Victoria's Action Plan to Address Violence against Women and Children 2012–2015* (Office of Women's Policy, 2012). Given the long-term nature of primary prevention, we believe that what could have the biggest positive impact on such work going forward is *assured government commitment for the long haul*.

What WHAV wants for the future, then, is stand-alone, long-term and evidence-informed policy to guide Victorian primary prevention programming and partnerships, with bi-partisan commitment so it can withstand successive governments, and with adequate long-term funding commensurate to the scale and scope of its implementation as a universal endeavour.

Primary prevention needs leadership and coordination

Primary prevention can't be done in isolation. As stated, it requires cross-government, multi-sector, whole-of-community and business partnerships. Leadership and coordination are therefore essential elements of an effective primary prevention system, to support innovation, collaboration, evidence informed practice, knowledge exchange and avoid duplication of effort – and to provide an authorising environment for the work.

WHAV wishes to see appropriate governance arrangements immediately established to oversee Victorian primary prevention efforts and provide vision, focus and direction, especially if policy is developed that explicitly and exclusively focuses on primary prevention, as proposed above. Such governance arrangements must reflect the fact that the primary prevention system is interlinked with the response system, and different from it too.

Our suggested governance and advisory structures for Victorian primary prevention and family violence response is shown in Figure 1. These governance arrangements build upon past Victorian governance experience, the structures and processes of which have eroded in recent years due to changes in government. WHAV proposes a reinvigoration of, and building upon, these previous governance arrangements.

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

We propose a reinvigoration of previous governance frameworks. Longitudinal change requires the enablers of a consistent authorising environment, a common framework and approach to these issues, and commitment to and investment in the drivers of integration. This structure provides a solid foundation from which to build upon. In recent years, direction and momentum have been lost, partly due to delays in establishing new governance processes and structures. We recommend utilising this previous foundation in order to re-establish vision, focus and direction.

Note – State-wide Advisory Committees should advise the Minister for Prevention of Family Violence and should invite membership from organisations representing women from diverse and particularly vulnerable population groups, and with specialist expertise in this area. Membership of the Primary Prevention state-wide committee will include state-wide women's health services - Women's Health Victoria, Multicultural Centre for Women's Health and Women with Disabilities Victoria.

Violence against Women & Children Governance & Advisory Structures

Violence against Women & Children Ministers

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

Violence against Women & Children Interdepartmental Committee

Regular meeting of executive officers from state government departments: Health & Human Services, Justice, Education and Early Childhood & Victoria Police.

Meeting chaired by DPC.

Violence against Women & Children State-wide Advisory Committee

Quarterly meeting of key government, sector & state-wide representatives to advise on reform progress.

Meeting co-chaired by DPC & Domestic Violence Victoria

Primary Prevention State-Wide Advisory Committee

Quarterly meeting of key government, sector & state-wide representatives to advise on primary prevention progress.

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

Violence against Women & Children Round Table

Bi-annual meeting of all stakeholders chaired by the Interdepartmental Committee.

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

Indigenous Family Violence Partnership Forum

Bi-annual meeting between government representatives & Indigenous Regional Action Groups Chairs & relevant community & stakeholder representatives.

Family Violence Regional Integrated Steering Committees

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

Primary Prevention Regional Leadership

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

Indigenous Family Violence Regional Action Groups (RAGs)

Comprised of elders, women, men, young people & community leaders, organisations & service providers.

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

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

Our recommendations

Recommendation 1. As an immediate priority, there must be stand-alone, long-term and evidence-informed policy to guide Victorian primary prevention programming, partnerships and the development of its workforce. The policy could comprise an overarching strategic framework with accompanying action plans. The policy must be for at least 20 years, with five-yearly reviews. It must be whole-of-government and whole-of-community; and it must be developed with bi-partisan support so it can withstand successive governments.

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Recommendation 4. It is critical that momentum for primary prevention in Victoria is not lost while the Royal Commission into Family Violence completes its inquiry. There must be continued funding of primary prevention initiatives in the interim.

Victorian WHS are leaders in primary prevention

Primary prevention is the core business of WHS

As a practice, primary prevention has had rapid uptake across Victoria over the last decade, in large part due to Victoria's WHS given their core business in integrated health promotion and their long-standing prioritising of gender equity to promote women's health and wellbeing.

Health promotion and prevention is core to the work of WHS and has been since the inception of the Victorian Women's Health Program in 1987. WHS have strong links to key stakeholders (e.g. state and local government, community health services, community organisations, primary care partnerships, integrated family violence partnerships, peak bodies, VicHealth and women) in every region across the state. The work of each of the organisations is underpinned by the social model of health, resulting in a broad range of health promotion and prevention activities.

WHS reach over 2 million women across the state via their work to influence policies and legislation that influence the status of all Victorian women. Specific and particular attention is paid to the most vulnerable groups of women, with each service tailored to the demographics of the geographical catchment in which it operates. All members of WHS are eligible to become board directors and to vote in elections, supporting women's formal participation on boards and in influencing service delivery. Many thousands of women are reached who do not necessarily become members, including project and program participants, community agencies and organisations, Facebook followers, Twitter and other social media followers. Effectively, this provides the state government with significant scope to deliver the coordination and implementation of primary prevetion initiatives affecting women across the state.

While each WHS delivers health promotion tailored to their demographic catchment, there are key priority issues and areas of activity that are co-ordinated and consistent across the state, resulting in improved outcomes for all Victorian communities. The primary prevention of violence against women is one such key priority issue and focus area common to all Victorian WHS, and has been an enduring feature of their core work for some time.

WHS are experts and leaders in the prevention of violence against women

Victoria's WHS operate as ideal sites for coordinating statewide and regional primary prevention. International research shows that feminist mobilisation is a critical success factor in the bringing about progressive policy change in the area of violence against women (Weldon and Htun 2013). In the Victorian context, it is clear that having a strong feminist agency experienced in primary prevention leading statewide and regional work is a critical factor for success in preventing violence against women, since it ensures the integrity of primary prevention – the fundamentals discussed in the previous section – is not watered down by competing priorities of mainstream organisational partners. As feminist organisations, with significant experience, skills and knowledge in the prevention of violence against women, all Victoria's WHS have the required competencies to lead effective primary prevention. And with their statewide reach, regional focus and specialist expertise, primary prevention will not drop off their radar either; indeed, it will continue to be a key priority issue for WHS for as long as it takes to see a violence-free world for Victorian women.

Through their presence and reputation across the state and regionally, Victoria's WHS have strong links to, and trusted relationships with, many of the actors needed for primary prevention, including state and local government, community health services, community organisations, primary care partnerships, integrated family violence partnerships, peak bodies, Victoria Police, the justice system, education, VicHealth, and women. Moreover, Victoria's WHS bring these stakeholders together to work in a

collaborative way for primary prevention of violence against women. Indeed, these stakeholders currently look to WHS as leads in primary prevention and expect them to take such leadership. Victoria's WHS are the ideal 'back-bone' organisations for collective impact regionally and across the state in the prevention of family violence.

As organisations skilled in integrated health promotion, WHS are experts in evaluation, too, and are ideally placed to undertake or support best-practice evaluations of primary prevention efforts that are led or coordinated by them. This work includes the development of realistic and shared indicators with partners – markers by which to measure achievements and success regionally and across the state. It also includes coordinating data collection to carry out evaluations.

The prevention of violence against women is the core business of WHS, and much of the work that they have been able to support and deliver has been enabled through short term funds. The sector requires an investment of secure funds to continue to provide this important leadership role.

WHS have many primary prevention achievements to date

Primary prevention is still considered to be a relatively young field of practice and has no history of systematic investment except in the area of road safety, cancer prevention and antismoking campaigns. Nonetheless, Victoria's WHS boast many achievements to date in such work, and we see these as solid foundations for Victorian primary prevention going forward. One of the most significant of these is the role WHS have taken in regional action planning in relation to the prevention of violence against women.

A snapshot of WHS achievements in this and other areas of family violence prevention, and selected case studies are offered here.

Regional strategies and action plans. The following WHS are leading primary prevention actions through coordinated and collaborative regional strategies and actions plans that are the result of comprehensive development processes involving many partners in their regions.

- Women's Health West, *Preventing Violence Together*
- Women's Health East, *Together for Equality and Respect*
- Women's Health in the North, *Prevention of Violence against Women Strategy*
- Gippsland Women's Health Service
- Women's Health Goulburn North East
- Women's Health and Wellbeing Barwon South West

Meanwhile, WHS currently working towards strategies and action plans for their regions are:

- Women's Health in the South East
- Women's Health Grampians
- Women's Heath Loddon Mallee , *Loddon Mallee Takes a Stand*

In developing and implementing their regional strategies and action plans, all regional WHS have close working relationships with each other and regularly communicate through mechanisms such as WHAV. In addition, Women's Health Victoria plays a statewide coordinating role for regional work and Multicultural Centre for Women's Health provides ongoing specialist input and expertise. All this means that practice sharing, knowledge transfer and learning are well facilitated and contained *within* the sector.

Gender equity and primary prevention strategies. All WHS undertake a range of primary prevention or gender equity work across the state and in their regions. These include:

- partnerships development and maintenance;
- gender equity training and workforce capacity building;
- support for organisational change in relation to gender equity
- workplace and community-based programs (e.g. bystander, women's leadership and financial literacy);
- gendered health promotion planning;
- best-practice respectful relationships in schools;
- social marketing capacity building and campaigns
- capacity building of women on boards;
- media advocacy programs for the prevention of family violence
- forums and conferences;
- evaluation and research; and
- development and dissemination of the evidence base.

WHAV initiatives. All WHS collaborate through WHAV on gender equity and primary prevention initiatives. Two examples are:

- *Gender Equity Resources and Training*: the collection, development and sharing of resources to support gender equity training provided by WHS to their organizational partners (e.g. local government, local health and community services, primary care partnerships, integrated family violence partnerships, peak bodies and community organisations); and a community of practice to support WHS in their provision of gender equity training.
- *Leading Regional Action: Preventing Violence against Women*: guide to WHS-led regional primary prevention planning, implementation and evaluation and a community of practice for WHS primary prevention practitioners.

Case study 1. Regional strategies and action plans.

WHS lead the development and implementation of regional strategies and action plans in their regions.

The regional approach promotes the coordination and integration of effort, and supports accountability, efficiency (through shared resources and tools), and consistency in messaging and peer-learning opportunities among Partner organisations. Examples of local initiatives taking place as a result of regional planning include:

- WHS provide gender equity training to regional partner organisations;
- Regional partner organisations utilise organisational gender audit tools;
- WHS build capacity in social marketing and shared messaging to promote gender equity;
- WHS engage specific immigrant communities to build knowledge on effective prevention;
- WHS support gender equity initiatives focused on specific populations groups (early years providers, young women, primary and secondary school children, first time parents, Aboriginal young people, and sporting clubs).

Regional strategies and action plans are rigorously evaluated. This evaluation has been enabled through the development of shared objectives, shared indicators of success and shared evaluation tools. Evaluation has identified success factors so far.

- Planning work is done within partnerships, freeing organisational resources to focus on implementation.
- An inclusive approach – partnerships are open to any interested organisation and the number of partners continues to grow over time.
- Having a WHS organisation that is expert and prepared to lead.

Together for Equality & Respect (TFER): A Strategy to Prevent Violence Against Women in Melbourne's East 2013-2017 is an example of regional integrated effort to prevent violence against women. TFER was developed with the input, enthusiasm and commitment of organisations across the seven local government areas in the Eastern Metropolitan Region (EMR) – including *all* local governments, community health services, women's health, Medicare locals, primary care partnerships and the Regional Family Violence Partnership. Led by Women's Health East, the strategy brings together more than 25 agencies working on a shared regional priority to prevent violence against women through an evidence-informed approach. This work has been guided by VicHealth's framework. The strategy describes a uniting vision to prevent men's violence against women.

Achievements to date (as identified through a partnership evaluation).

- Prioritisation of the prevention of violence across the region on everyone's plans, and consistency across plans, giving credibility, strength and backbone to the issue.
- Development of a Regional Strategy, a Regional Action Plan and Evaluation Plan.
- Common objectives and evaluation tools.
- Growing momentum, engaging more people as the project moves along.

Preventing Violence Together: A Western Region Action Plan to Prevent Violence Against Women (2010) facilitates a coordinated, action-based approach to the prevention of violence against women across Melbourne's west. The vision for *Preventing Violence Together* is communities, cultures and organisations in the western region that are non-violent, non-discriminatory, gender equitable and promote respectful relationships. *Preventing Violence Together* is led by Women's Health West.

The *Preventing Violence Together* partnership comprises 16 agencies including seven local governments, four community health services, two primary care partnerships, family violence and women's health services, and the western regional Indigenous-specific family violence action group. The program, which has received time limited funding from the Department of Justice, includes a range of objectives and key strategies, including building capacity for organisational change and workforce development, strengthening community leadership and establishing effective partnerships for sustainable prevention.

Achievements to date include:

- development of an online Resource Hub, containing up-to-date research, resources and tools to support the implementation of prevention of violence against women and gender equity strategies (http://pvawhub.whwest.org.au/);
- Prevention of Men's Violence Against Women Training Program;
- 'Guidelines for Undertaking Gender Audits Tool'
- 'Preventing Violence against Women and Promoting Gender Equity Organisational Policy Template'

Case study 2. Workplace programs.

WHS develop and implement workplace-based programs across Victoria.

Take A Stand Against Domestic violence: It's Everybody's Business (TAS) is a workplace-based program that addresses the prevention of violence against women. Developed by Women's Health Victoria, the program harnesses workers to consider themselves active bystanders in the fight against the sexist stereotypes and violence-supportive attitudes and behaviours that give rise to family violence. In addition, the *TAS* program builds capacity of employers to support women affected by violence either in the workplace by implementing new policy related to domestic violence, or in the home by providing list of support services and/or promoting their Employee Assistance Program.

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

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

The *TAS* program is part of the Great South Coast Prevention of Violence against Women and Children Strategy 2013–2017. As such, it builds on pre-existing and on-going relationships, trust and Women's Health and Wellbeing Barwon South West's ability to understand and meet the needs associated to workplaces located in rural settings. Women's Health and Wellbeing Barwon South West has trained 16 facilitators spread across the region to reach most of the region's workplaces.

Act@Work: Challenging sexism, discrimination and violence against women and children was led by Women's Health Grampians with project partners, Child and Family Services (CAFS) Ballarat, WRISC Family Violence Support and the City of Ballarat. Act@Work adopts a primary prevention approach to preventing violence against women and their children within workplaces. It aims to:

- increase organisational knowledge of sexism, discrimination and violence against women;
- increase *awareness* of the impacts of these behaviours and the costs of not taking action; and
- develop individual's and workplace's *skills* to take action to intervene safely and effectively.

There are seven current and completed *Act@Work* workplaces, representing over 1,000 employees in the Grampians region.

The initial three-year phase of *Act@Work* has included a fully-funded external evaluation. The initial evaluation findings suggest some exciting outcomes for the program and the difference it can make to individuals, workplaces and the broader community.

Act@Work workplaces have taken a leadership role in the community. They have implemented Family Violence Leave Clauses, led and participated in White Ribbon Day events in their community and hosted and sponsored conferences addressing family violence. Employees have an increased understanding of policies and procedures addressing unacceptable behavior in their workplace and increased confidence that their workplace would take action if a woman was being treated unfairly.

Act@Work workplaces showed an overall positive shift in staff knowledge, skills, attitudes and willingness to be an active bystander, with a 61% increase that sexist jokes are never acceptable in a social situation, and a 65% increase that sexist jokes are never acceptable in a workplace setting.

Case study 3. Gender Equity Resources and Training.

WHS develop, distribute and deliver gender equity resources and training to regional and state-wide partners and stakeholders.

The Gender Equity Quality Standards. A Resource for Organisations was developed by Women's Health Loddon Mallee following a pilot project with a local welfare organisation. This resource assists workplaces to focus on gender equity using domains that are familiar within CQI frameworks. Copies have been distributed (printed or available online) to organisations across Australia.

A set of cards was produced, in partnership with St Luke's Innovative Resources, to resource workers and community members to raise and discuss gender equity. *The Gender Fairness. Conversations about Equity* cards provide users with tools for fostering discussion and exploring the concepts of gender fairness/gender equity. The project shifts cultures of gender unfairness by clearly naming and respectfully challenging issues of gender inequity and by developing an inspiring vision for gender equity that benefits everyone.

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

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

Gender Equity and Analysis Training is an essential component of the work Women's Health In the North (WHIN) undertakes with partner organisations in the Northern Metropolitan Region. This is a key activity identified in the regional strategy, Building a Respectful Community: Preventing Violence against Women- A strategy for the Northern Metropolitan Region of Melbourne 2011-2016.

WHIN has delivered gender equity professional development to five local government partners supporting their commitment to address gender equity as a driver of violence against women. Professional development sessions have been delivered to a range of different local government departments, including those with a focus on early childhood, leisure and youth, as well as specific groups within the organisation including senior managers, councillors and White Ribbon working groups.

As the leading violence prevention agency in the Northern Region, WHIN ensured that the key messages and information delivered during a gender equity professional development session are consistent for all partner organisations in the region undertaking prevention of violence against women activities.

WHIN is committed to best practice approaches to PVAW and professional development is only delivered as part of an ongoing partnership. For training to be effective it must be delivered within the context of a broader plan of prevention activity. Professional development and training is only one component of a whole of organisation approach to preventing violence against women.

WHIN's approach to developing and delivering gender equity professional development demonstrates why women's health services are the best placed to conduct this work. The position as a regional organisation, the connection to a wide network of organisations, expertise in health promotion and primary prevention and the feminist perspective applied to the issue of violence against women can only be found within a women's health service.

Case study 4. Specialist Expertise

WHS provide specialist expertise to regional and statewide partners to build their capacity for inclusivity and tailored prevention activity and planning. Specialist expertise is provided on violence against women with disabilities, women living with HIV and women from immigrant and refugee communities.

The *Gender and Disability Workforce Development Program,* conducted by Women with Disabilities Victoria, is designed to change culture across whole organisations, working with clients, staff, managers and executives to increase awareness of how to deliver gender equitable and sensitive services as a strategy for improving women's well-being and status and reducing gender based violence.

Women with Disabilities Victoria piloted all Program packages throughout 2014/2015 alongside an evaluation process to be completed in August 2015. The piloting of the Gender and Disability Workforce Development Program consists of:

1. Train the Trainer Program
2. Delivery of training to:
    - Disability Support Workers Workshops
    - Service Management Leadership Workshop
    - Senior Executive Leadership Workshop
3. Peer Education Programs for women with disabilities
4. Follow up Communities of Practice

The Multicultural Centre for Women's Health provides research and expert advice to key stakeholders in the area of the prevention of violence against immigrant and refugee women. It does this through research and publication, professional development and capacity building, participation in advisory groups and committees, written submissions, and presentations. MCWH also works directly with women in the community, providing capacity building and multilingual education on women's health and wellbeing, including on violence against women, through the use of trained, community-based, bilingual health educators.

MCWH shares expertise on:

- Working With Men from Immigrant and Refugee Communities to Prevent Violence Against Women;
- Practical implantation of Intersectional approaches in violence prevention;
- Primary prevention of violence against immigrant and refugee women best practice approaches;
- Participatory, community-led approaches to research on immigrant and refugee women's experiences of violence.

MCWH is conducting the ASPIRE: Analysing Safety and Place in Immigrant and Refugee Experience Project, with research partners, University of Melbourne and University of Tasmania, documenting immigrant and refugee women's experiences of violence. Following a participatory and community-led methodology, and utilising bilingual interviewers, ASPIRE engages communities throughout and ensures that findings are widely disseminated via diverse means, including reports, academic articles and Photovoice public exhibitions.

Our recommendations

Recommendation 5. Victoria's WHS must have ongoing funding for at least 1.5 EFT per organisation, to lead and coordinate primary prevention action in every region across the state, to ensure an intersectional approach to that work and to conduct and/or support best-practice evaluations that can determine the value of grassroots efforts and which can be pooled to arrive at an overall picture of Victorian achievements in WHS-led initiatives.

Recommendation 6. Preventing violence against women must be mandated as a stand-alone priority for all funded agencies of Victoria's integrated health promotion system (WHS, community health services, primary care partnerships) to facilitate and give imprimatur to the prioritisation of the prevention of violence against women by organisations receiving funding through this system.

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