WRITTEN SUBMISSION to provide comment on
the **ACTION PLAN CONSULTATION FRAMEWORK**
for **ADDRESSING VIOLENCE AGAINST WOMEN AND THEIR CHILDREN**

Please complete your submission in a **Word.doc format** and email to the Office of Women's Policy (OWP):

submissions.owp@dhs.vic.gov.au

by **no later than Friday 23 March 2012.**

Should you have any questions relating to your submission, please contact the Office of Women's Policy - Selina Getley on 9918 7328 or Angela Bourke on 9918 7346.

Please complete:

Name of stakeholder/ organisation / individual making this submission:

Women's Health West

Please complete:

Name of stakeholder/ organisation / individual making this submission:
Women's Health West

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The comments provided in this submission are from the perspective of (please bold or underline those that apply):

Academic/ research organisation

Advocacy/ representative organisation

Community/ sporting organisation

Indigenous organisation

Individual

Legal organisation

Local government

Non-government (not for profit)

Non-government (private, for profit)

Service provider/ support or resource centre

Statutory authority

Other (please specify): Women's Health and Family Violence Service

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Submissions

The information provided in this submission will be used to inform a feedback report to the Minister for Women's Affairs and other responsible ministers. The feedback report will consist of aggregated, de-identified information and will be used to inform the final Action Plan for addressing violence against women and their children. It is not intended that this report will be published.

Submissions will be treated in confidence and will not be published. Any request made under the *Freedom of Information Act 1982* for access to a submission will be determined in accordance with that Act.

CONSULTATION QUESTIONS

About WHW

Women's Health West (WHW) is the regional women's health service for the western metropolitan region of Victoria. Our services include research, health promotion, community development, training and advocacy on women's health, safety and wellbeing. Since 1994, WHW has hosted the region's largest family violence crisis support and outreach program. These two main arms of the service place WHW in a unique position to incorporate women's experiences directly into our research, health promotion and project work, ensuring that we clarify the connections between structural oppression and individual experience. As a feminist organisation we focus on redressing the gender and structural inequalities that limit the lives of women. WHW's work is underpinned by a social model of health, recognising the important influence of, and aiming to improve, the social, economic and political factors that determine the health, safety and wellbeing of women and their children in the western region.

Women's health services have a long history of contributing to the work of eliminating violence against women. WHW are in the unique position of incorporating a Health Promotion, Research and Development team and a Family Violence Service, allowing us to engage in strategies including direct service delivery, research, primary prevention and integrated health promotion. Increased funding and the formation of regional partnerships to provide integrated family violence services over the last year has led to an expansion and restructuring of service delivery, increasing efforts to improve the quality of care and support to women and children who have suffered as a result of living in violent relationships.

Violence against women is a major public health crisis and significant health, welfare and housing sector resources are directed towards responding to the effects of this form of violence. Despite the work that has been done to provide services and change laws, women continue to suffer high rates of violence because there has not been a change to the social, political, cultural and economic factors that play a large part in both causing and maintaining the conditions under which violence against women occurs. The shift towards individual, rather than human, rights responses has been at the expense of strategies to prevent violence against women. There is a wealth of evidence available about the problem of violence, suggesting that it is time to focus equally on strategies to prevent violence.

WHW delivers services and programs that respond to violence against women and their children, and lead regional actions designed to prevent violence against women. This range

of expertise means that we are particularly well placed to comment on the government's action plan consultation framework, and we welcome the opportunity to provide this feedback. We commend the government for engaging in this extensive period of consultation with service providers.

Please provide your feedback by responding to the consultation questions below.

1. **Does the Consultation Framework provide balance in terms of addressing all forms of violence against women and their children?**

1.1 Excluding female genital mutilation, cyber-bullying and sex trafficking from the framework

Our first submission concerns the inclusion of female genital mutilation (FGM) as a form of violence against women within the Action Plan Consultation Framework. WHW works with African women and girls from diverse ethnic, cultural and religious backgrounds through our Family and Reproductive Rights Education Program (FARREP). FARREP is a state wide program first established in 1998 in Victoria in response to FGM. FARREP builds stronger community and professional links and supports for women and girls with three objectives – to improve sexual and reproductive health, improve service coordination/access to culturally appropriate services for practicing communities, and reduce the risk of young women and girls being affected by FGM. Our recommendations are based on many years of best practice engagement with women from communities affected by FGM.

The World Health Organisation (WHO) defines FGM as a form of violence against women (WHO, 1996). While we support a 'zero tolerance' approach to FGM, evidence shows that if the practice is to be stopped, FGM needs to be positioned as a human rights violation that is redressed within an integrated approach to sexual and reproductive health policy, health promotion, and service and program delivery.

Positioning FGM as a sexual and reproductive health concern, as opposed to a form of violence against women, is supported by best-practice evidence and programs (UNFPA, 2010). Existing successful strategies promote 'change from within' through a holistic, culturally sensitive, participatory approach, which aims for permanent social and cultural change by encouraging community engagement and ownership of abandoning the practice (UNFPA, 2010). Successful approaches also promote the elimination of FGM through a sexual and reproductive rights agenda that prioritises the self-empowerment of women and

girls by investment in awareness-raising and increasing decision-making power for women (Toubia et al, 2003; Centre for Reproductive Rights, 2006).

Stigmatising the practice as a form of 'violence' inhibits productive engagement with communities. It can also further marginalise and stigmatise migrant communities and women who have been subjected to the practice. This is problematic as it limits women's pathways to appropriate healthcare, information and support, as well as their ability to enact change and drive the elimination of FGM.

As a distinct phenomenon with distinct determinants, primary prevention actions recommended in this submission to prevent intimate partner violence and sexual assault are unlikely to be effective for FGM. The complex community development and health promotion strategies discussed above are much better facilitated by continuing to situate FGM within a sexual and reproductive rights and health promotion framework.

To facilitate this work, WHW recommend the development and implementation of a statewide sexual and reproductive health strategy based on current research and consultation, as recommended in the *10 Point Plan for Victorian Women's Health 2010 – 2014*[1] and outlined in the Women's Health Association of Victoria's *Proposal for: Victorian Sexual and Reproductive Health Strategy*.[2]

Recommendation: FGM should not be included in the Addressing Violence against Women and their Children Action Plan. FGM should instead be responded to as a component of a statewide sexual and reproductive health strategy.

In a similar vein, WHW recommend that more research is required into the specific causes of cyber-bullying and sex trafficking – in particular the most effective strategies to respond to them – before it is possible to take effective action to prevent them from occurring. We recommend the development of an action plan in consultation with Project Respect, encompassing primary prevention strategies to address the 'demand' side of prostitution, through to tertiary responses that provide support and services to women and girls who are trafficked into Victoria.

[1] See: 10 point plan for Victorian women's health 2010-2014 / Victorian women's health services - Melbourne: Victorian women's health services, January 2011, available at: http://whv.org.au/static/files/assets/f1ba9bb2/10_point_plan_2010-2014.pdf

[2] Women's Health Association of Victoria (WHAV) Proposal for Statewide Sexual and Reproductive Health Strategy, available at: http://www.whin.org.au/images/PDFs/whav_proposal_for_statewide_srh_strategy.pdf

Recommendation: In consultation with Project Respect, fund research into the underlying causes of sex trafficking into Victoria with the goal of developing an action plan.

Recommendation: Undertake further research into the most effective strategies to deal with cyber-bullying and other inappropriate uses of social media.

1.2 Violence within lesbian relationships

Victorian statistics suggest that 41 per cent of women in same-sex relationships experience intimate partner violence.[3] However, violence in same-sex relationships remains a 'hidden issue': only half of victims/survivors of such violence seek assistance.[4]

Systemic changes in the response to family violence are needed to ensure lesbians have access to appropriate services and support. There is also limited research on best practice models for primary prevention programs for this target group.

Recommendation: The Action Plan should include violence against women in same sex relationships.

Recommendation: Fund research to contribute to understanding violence within lesbian relationships. Use this research as the basis for developing appropriate primary prevention initiatives and best practice guidelines for more inclusive service provision for family violence services. Ensure this research is appropriately consultative of women from lesbian communities.

1.3 Women with a disability

Women with disabilities experience unacceptably high levels of violence in our society. This is a result, in large part, of systemic discrimination that reinforces attitudes that devalue women with disabilities, the historical paternalism of the disability service sector, and the failure of the violence response sector (including family violence and sexual assault services, the police and the justice system) to respond adequately to violence against women with disabilities.

[3] Pitts M et al (2007). Private Lives: A report on the health and wellbeing of GLBTI Australians. Australian Research Centre in Sex, Health and Society, La Trobe University. Melbourne.
[4] Farrell J and Cerise S (2007*). Fair's Fair: A snapshot of violence and abuse in Sydney LGBT relationships*. ACON. Sydney.

To rectify this system-wide failure, policies and programs must be reformed to embrace a human rights and gendered framework and reflect a social model of disability, informed by improved visibility of and knowledge about women with disabilities. To achieve this, it is crucial that women with disabilities themselves have a central role in policy formation and decision-making.

The Action Plan Consultation Framework rightly identifies women with disabilities as one of the groups 'at highest risk' of violence, and actions to prevent violence against women with disabilities are flagged under prevention action 7. WHW supports the inclusion of meaningful actions that will tackle violence against women with disabilities and recommends the development of concrete primary prevention and response strategies that are relevant, inclusive and well integrated.

To this end, we support the more detailed submission and recommendations made by Women with Disabilities Victoria. In particular, we draw the government's attention to the planned National Disability Insurance Scheme. The overhaul of the disability service system required to implement that scheme provides a critical opportunity to embed understandings of gender and disability, and to address violence against women with disabilities within its development and implementation. WHW submits that it is critical for the Victorian state government to work closely with the commonwealth and support the implementation of the NDIS.

Recommendation: Support the submission of Women with Disabilities Victoria.

1.4 Immigrant and refugee women

Tailored responses to migrants and refugees are required to ensure work to prevent and respond to violence against women is targeted and effective. The term 'culturally and linguistically diverse' is an umbrella term that can hide the very different needs of different ethnic groups and so we do not recommend its use.

Violence against immigrant and refugee women occurs among all cultural, religious and socio-economic groups, but women marginalised by culture, ethnicity and visa status are more vulnerable to violence and are less likely to have the resources to act to report it. There is a need for violence prevention strategies that recognise the complex dynamics of violence against different groups of women, including those who are newly-arrived, from well-

established communities, in precarious employment, or from visible minority groups. This better responds to the significant diversity in women's life stages and circumstances.

Primary prevention of violence against immigrant and refugee women in Australia will involve major cultural and social change, so long-term stakeholder commitment (particularly from governments) is essential to generating and maintaining change. Adherence to good practice principles will ensure culturally-appropriate violence prevention efforts that are effective in the long term. These principles include: balanced and representative leadership, with immigrant and refugee women at the forefront of violence prevention efforts; regular community consultation; specifically-tailored messages, visuals, language and strategies for each individual community; positive messages, visuals and language; message reinforcement via different mediums; extensive involvement of female and male bilingual community workers in violence prevention strategies; recognition of all facets of social diversity; and ongoing improvement of strategies.

See section 3.1 for more specific recommendations.

1.5 Post crisis support

Evidence from recent Victorian research into the needs of women who have experienced long-term family violence found that women and children require a continuity of appropriate support over at least two years to foster recovery and independence. This includes flexibility in being able to allocate resources according to individual need and allowing for longer support periods to enable genuine recovery.

As a result, WHW recommend that post-crisis or long term support is added to the continuum of interventions to ensure women and children are provided with the support required to re-establish their lives beyond the identification of, and crisis response to, family violence. Ongoing case management that is tailored to each woman's specific and unique needs is a critical element of supporting her recovery.

Recommendation: Fund long-term support to women and children to foster recovery and independence.

2. Does the Consultation Framework provide the right balance between prevention, early intervention and response?

2.1 Imbalance between primary prevention, early intervention and response

The Consultation Framework as it is currently drafted does not provide the right balance between primary prevention, early intervention, and response. The focus of the framework is too broad and is therefore at risk of losing effectiveness in each of the areas addressed. Violence against women is a gendered, political, widespread and entrenched problem. The actions, skills and relationships required to prevent violence against women are completely different from those required to respond to violence after it occurs. It is therefore critical that detailed and strategic action plans are created to prevent, and to respond to, violence against women separately.

The Framework conceptualises the areas of focus as a continuum from preventing violence against women, to early intervention, to response. Unfortunately this serves to blur the very different activities required to prevent violence against women – instead making it look as though it is the women and children who experience violence that we need to work with to prevent violence occurring in the future. This leads to response agencies believing that prevention of violence against women is part of their work and to government placing prevention of violence against women with the Minister for Women's Affairs and Community Services. Not only does this support confusion about how to prevent violence, it renders unlikely the whole-of-government approach required to bring about systemic change.

Preventing violence against women does not involve working with women who experience violence. It involves working with those who can enact change to the key determinants of violence – the social, economic and political structures that cause and maintain the conditions under which violence against women occurs. The VicHealth evidence-base demonstrates that these are:

- Unequal power relations between men and women
- Adherence to gender stereotypes
- Broader cultures of violence

These are the areas around which the framework for prevention must be set.

As a result, our submission outlines the need for a separate primary prevention of violence against women plan that reinforces a range of different and complimentary strategies, across a range of settings, to tackle the root causes of violence against women – including local

government, sport, the arts, schools and so on. This framework would be best based on the VicHealth framework for the primary prevention of violence against women in Victoria.

While WHW are clear that significant resources are required to prevent violence against women, we do not support a reduced funding allocation to early intervention and response for women and children affected by family violence, as this is a critically underfunded area. As the population across the western metropolitan region continues to grow rapidly – two of the fastest growing local government areas in the state, Melton and Wyndham, are in the western region – and family violence incident reports increase, demand for family violence services is rising exponentially.

Our experience delivering primary prevention and response services to women and children affected by family violence indicates that primary prevention initiatives within communities (for example, community education or media campaigns) result in a spike in reported family violence and a corresponding demand for services as women become more aware of their rights and of the support available. It is therefore critical that primary prevention efforts are supported by a commensurate increase in crisis and case management services to women escaping family violence. Government must be prepared for the increase in demand for services that will initially accompany a successfully implemented prevention plan. This is one of the reasons why WHW argue for a longer time span and a bi (or tri-) partisan approach to planning, to ensure that the time period required for prevention is not dependent on shifts in government priorities (see below).

The present balance between primary prevention, early intervention, and tertiary response is inappropriate. On the present model, 75 million dollars of funding is allocated to intervention/response, with only 4 million dollars to primary prevention. We also note that most of the funding for primary prevention has already been allocated. The ambitious set of strategies set out in the action plan will only be achievable with the injection of additional funding across all three areas. It is crucial that the present imbalance in allocated funding across the three streams does not become the template for subsequent budget allocations. The Action Plan Consultation Framework makes reference to a 'financially constrained environment'.[5] WHW submit that as a critical needs area, funding to combat violence against women must be exempted from any austerity measures. Like child protection and other critical human services, preventing violence and responding effectively after it has occurred

[5] Action Plan Consultation Framework: 2

is core business for governments and must be funded accordingly.

Investing in prevention not only reduces the risk of death, disability and injury to Victorian women and children, it also makes good economic sense. A study undertaken by KPMG found that the costs associated with violence against women exceed $3.4 billion dollars per year in Victoria.[6] It is estimated that unless action is taken, this figure will grow to more than $3.9 billion by 2021. According to the KPMG report, preventing violence for just one Australian woman would mean avoiding over $20,766 in costs.[7]

Recommendation: Fully fund the Action Plan and ensure that recurrent funding is provided to primary prevention, early intervention and tertiary responses.

Recommendation: Primary prevention must be allocated significantly more funding to achieve the outcomes set out in the draft Action Plan.

Specific recommendations relating to response are considered in part B, below.

2.2 Timelines

While WHW and other women's health services have been 'doing' prevention for many years, the emergence of primary prevention as a discrete field within social policy and public health is a relatively recent phenomenon. For instance, the role of local government and other non-specialist agencies as deliverers of primary prevention work is quite new, and embedding mainstream gender equity within non-specialist services requires time and resources. The best available evidence from VicHealth and the World Health Organisation indicates that in order to achieve the enormous social, cultural, and attitudinal change required to effectively prevent violence against women, primary prevention work must be long-term and sustained.[8] This change is not achievable within a three-year timeframe. WHW advise that the best mechanism to achieve the required change is by developing a separate, ten-year, primary prevention plan that complements the early intervention and tertiary response plan. A stand-alone plan also has the advantage of safeguarding the

[6] State Government of Victoria (2009) A Right to Respect: Victoria's Plan to Prevent Violence against Women 2010-2020, Melbourne.
[7] Ibid
[8] See *Preventing Violence Before it Occurs: A framework and background paper to guide the primary prevention of violence against women in Victoria* (2007)
[9] VicHealth observes that 'primary prevention efforts are most likely to be effective when a coordinated range of mutually reinforcing strategies is targeted across levels of influence' (VicHealth, 2007).
[10] Coordinating the service responses to family violence should continue to operate through the Regional Integration Committees.

integrity of primary prevention actions that are often subsumed into early intervention and tertiary responses in initiatives that do not fully reflect the principles of primary prevention, nor the particular skills and approaches that are required to effect cultural and structural change.

If a three-year plan is deemed essential, WHW strongly recommends taking a staged approach to this and subsequent plans, with the first three years focused on building the capacity of key organisations to plan and implement prevention of violence against women initiatives. This would be best supported through the development of a regional plan led by the women's health services. The government must also commit to subsequent plans in recognition of the sustained effort that will be required to eliminate violence against women in the long term.

In our experience developing and delivering *Preventing Violence Together: The Western Region Action Plan to Prevent Violence Against Women*, the most critical part of effective, sustainable prevention is in building the skills – and political will – of agencies within the sectors targeted to roll out prevention initiatives. This work could form a blue print for other regional plans. The rationale behind *Preventing Violence Together* is to mainstream gender equity and prevention of violence against women work within non-specialist agencies in the western region to maximise our reach. Capacity building must therefore be a central part of the Action Plan.

Without building the capacity of organisations to take up preventing violence against women as core organisational business, the effectiveness of our efforts will be limited. The systemic and overwhelming nature of violence against women must be tackled by a range of agencies in a range of sectors simultaneously[9] – and our experience clearly demonstrates that time is needed to build the capacity and political will of agencies to do this work.

In addition to capacity building, the first three-year period could also include collating good-practice primary prevention programs, piloting promising new initiatives, and further building upon the research and data platforms on 'what works' in prevention across a range of different settings. This 'staged' and methodical approach would maximise efficiencies, and ensure that duplication is avoided.

The women's health services are ideal sites for coordinating regional prevention of violence against women activities. The year one evaluation of *Preventing Violence Together* indicated

that having a strong, women-focused, agency to lead the work was a key element in the success of the action plan, as it ensured that the 'conceptual integrity' of the work was not watered down by competing priorities within mainstream organisations. For WHW, as well as the other women's health services, women's health, safety and wellbeing is core business; our year one evaluation indicated that this expertise was essential. Apart from their clear expertise in building the capacity of other organisations to plan, implement and evaluate actions to prevent violence against women, the benefit of this model is unambiguous responsibility for leading this working within each region – forming local solutions to local problems – while simultaneously sharing expertise, ideas and resources across the state. Women's health services are a logical coordination point for regional work. Very strong existing links between the regional women's services – and specialist statewide services including Women with a Disability Victoria and the Multicultural Centre for Women's Health – via the Women's Health Association of Victoria will also ensure that skills, resources and evidence are developed and shared across the state. This would be further strengthened by resourcing a statewide coordinating position located at Women's Health Victoria.

Recommendation: Develop a separate, primary prevention action plan (as well as a plan targeting early intervention and tertiary response) based on the VicHealth framework. Alternatively, commit to subsequent Action Plans and adopt a 'staged' approach to implementation, with the first stage a focus on the development of regional implementation plans.

Recommendation: Resource women's health services to lead regional coordination activities for primary prevention of violence against women.[10]

Recommendation: Resource a statewide women's health coordinating position to share and develop skills, resources and evidence across Victoria.

3. Will the Action Areas improve primary prevention, early intervention and responsiveness?

3.1 Recommended concrete actions

The Action Plan Consultation Framework provides some scope for delivering effective primary prevention, early intervention and direct service responses to women and children affected by family violence. However, the proposed 'focus' in the 'action areas' from page 9 are limiting. WHW recommend that the prevention focus is shifted from the current three areas listed, to the three key determinants of violence set out in the VicHealth Framework:

- Unequal power relations between men and women
- Adherence to gender stereotypes
- Broader cultures of violence

The current foci – eg 'change attitudes and behaviours' – could then become sub-headings under each of the determinants, with the action areas the 'how to'. We have added concrete recommendations to the action areas using the existing framework as follows, noting that further work will be required in adopting our recommendation above.

A) PRIMARY PREVENTION OF VIOLENCE AGAINST WOMEN

WHW recommends that all primary prevention actions should be based on the VicHealth framework for the prevention of violence against women, underpinned by best practice in integrated health promotion. Developing complementary primary prevention programs for 'hard to reach' population groups is required, rather than a 'one-size-fits-all' approach.

P1: Raise community awareness

- Fund Women's Health Services to coordinate and enhance existing and future community awareness initiatives to prevent violence against women by local councils, community health agencies, primary care partnerships and other relevant agencies.
- Work with community-based organisations and representative community groups to provide opportunities for women from marginalised groups to take a leadership role in advocacy and other primary prevention strategies, supported by appropriate capacity building.
- Develop and roll out targeted prevention of violence against women communications campaigns. Ensure that any social marketing campaign is based on evidence of

effectiveness and supports a 'zero tolerance' message. A review of effective social marketing campaigns aimed at reducing violence against women found that the most effective strategy is a comprehensive multi-targeted, multi-strategy, multi-media campaign.[11]

P2: Support attitudinal change in organisations and communities through workforce focused initiatives

- Support women's health services to build the capacity of agencies within their regions to embed preventing violence against women as core business. Existing models such as Women's Health West's *Preventing Violence Together: The Western Region Action Plan to Prevent Violence Against Women*[12], and the Women's Health in the North *Building a Respectful Community: Preventing Violence Against Women Strategy for the Northern Metropolitan Region of Melbourne* provide fully evaluated, successful models of how this may be done.
- Provide support for lead agencies (such as women's health services) to package the findings of the effective models to be rolled out across the state. A funded coordinator position situated at Women's Health Victoria, advocated for elsewhere in this submission, would provide an ideal mechanism to coordinate this statewide work.
- Support organisational change by:
    - Providing legislative incentives for workplaces to adopt quotas of women in leadership roles
    - Legislating to require that publically-funded organisations provide public reports on the number of women on boards, and the number of women at various levels of the organisation
    - Fully funding the outcome of the Fair Work Australia Equal Remuneration Order
    - Mirror the federal government bill that seeks to implement a new regime for the reporting and monitoring of gender equality in workplaces. The bill sets out gender equality indicators and allows for minimum standards and performance benchmarks to be developed over time in consultation with

[11] Donovan, RJ, Vlais, R. 2005, VicHealth Review of Communication Components of Social Marketing/Public Education Campaigns Focusing on Violence Against Women. Victorian Health Promotion Foundation, Melbourne.
[12] Preventing Violence Together: The Western Region Action Plan to Prevent Violence Against Women (2010). Available at: http://www.whwest.org.au/docs/PVTweb.pdf

industry and experts. The Act specifically refers to equal pay for women and men and organisations will have to report on pay data.

- Roll out evaluated workplace-based programs (such as the Women's Health Victoria Stand Up program) in the public and private sectors. Support private-sector intervention through legislative incentives, and accreditation and licensing requirements.
- Ensure that immigrant and refugee communities do not miss out on workplace-based initiatives by targeting industries with strong representation of immigrant and refugee employees. Workplace-based initiatives should be multilingual and culturally-appropriate, such as those conducted by the Multicultural Centre for Women's Health.
- Work with peak representative bodies such as employers groups and unions to support workplace-based prevention of violence against women initiatives.
- Integrate prevention of violence against women and gender equity modules within all existing public sector professional development and induction programs.
- Involve multicultural and/or ethno-specific agencies and organisations in violence prevention efforts. Any funded project that seeks to engage in violence prevention efforts for immigrant and refugee communities should be required to so in equal

[13] Girls Talk Guys Talk: A Health Promoting Schools Program Manual 2012
[14] *Sexual Assault Prevention Program in Secondary Schools* (SAPPSS) Report (2007). Available at http://www.thewomens.org.au/casahousesappssreport
[15] Girls Talk Guys Talk: A Health Promoting Schools Program Manual 2012
[16] See: Katz J. The macho paradox: why some men hurt women and how all men can help. Naperville, Illinois: Sourcebooks Inc; 2006; VicHealth. Review of bystander approaches in support of preventing violence against women. Melbourne: VicHealth; 2011; Available from: http://www.vichealth.vic.gov.au/Publications/Freedom-from-violence/Review-of-bystanderapproaches-in-support-of-preventing-violence-against-women.aspx
[17] Victorian Family Violence Reform Research Program, Update Issue 15, March 2012, p. 1.
[18] Report of the Cummins inquiry can be found at http://www.childprotectioninquiry.vic.gov.au/report-pvvc-inquiry.html
[19] http://www.csmc.org.au/?q=letsdolunch
[20] The 2005 Australian Bureau of Statistics (ABS) Personal Safety Survey estimated that only 36 per cent of female victims of physical assault and 19 per cent of female victims of sexual assault in Australia reported the incident to police.
[21] Identified barriers to reporting sexual assault and domestic violence include 'a perception that it [the violence] is too minor to report to police; a lack of awareness that such action constitutes an offence; a desire to "keep it private" and deal with it themselves; shame; fear of the perpetrator; a sense of ongoing responsibility for the safety of other family members; a lack of awareness about, or lack of availability of, culturally responsive services; a fear of not being believed or that no one can help; and previous experience of asking for help but feeling re-victimised by parts of the service response (such as having to re-tell one's story to multiple services, or being cross-examined' (*A Time for Action*, 2009: 16)
[22] Police in the cities of Brimbank and Wyndam cite this figure.
[23] Crime and Misconduct Commission (CMC), 2005, Policing domestic violence in Queensland: meeting the challenges, Brisbane: Crime and Misconduct Commission, http://www.cmc.qld.gov.au/data/portal/00000005/content/73653001131400781353.pdf
[24] Rollings, K. & Taylor, N., 2008, 'Measuring police performance in domestic and family violence', Trends and issues in crime and criminal justice, no. 367, December, Australian Institute of Criminology, p. 1
[25] Whole of government approaches and governance are discussed in section 6
[26] See, among others, WHO 2008: 3

collaboration with multicultural and/or ethno-specific counterparts.

P3: Change attitudes and behaviours through statewide resources and tools that can be used in particular settings

- Fund women's health services to develop good-practice tools and resources for each of the settings listed in section 5.1. The tools would be based on women's health services experience and existing tools (for example, the Women's Health West Family Violence Prevention Training Manual and the Multicultural Centre for Women's Health report 'On Her Way', a synthesis of best practice in violence prevention in immigrant and refugee communities) and VicHealth tools and resources. Support a whole-of-state roll out through a coordinating position based with the Women's Health Association of Victoria that draws on existing structures and relationships.
- Fund Multicultural Centre for Women's Health to develop and distribute resources, tools and training packages aimed to build capacity, knowledge and awareness on a statewide level about cultural diversity in violence prevention.
- Fund Women with Disabilities Victoria to develop and distribute resources, tools and training packages aimed to build capacity, knowledge and awareness on a statewide level about disability in violence prevention.

P4: Work with media to promote positive representations of women

- Raise the profile of the End Violence Against Women Awards by, for example, ensuring each of the ministers with responsibility for violence against women is in attendance, and that the awards are appropriately 'high level'.
- Review efficacy of media self-regulation as it relates to ethical media reporting of violence against women in Victoria.
- Provide additional support and funding to expand the roll out of the Women's Domestic Violence Crisis Service *Multi-Media Stop Violence Against Women Project for Survivor Advocates.* See: http://www.wdvcs.org.au/Survivors-as-Media-Advocates
- Establish high level professional forums for journalists, entertainment peak bodies, and other media stakeholders to discuss gender equity and preventing violence against women. The forums would be hosted by high-level government regulatory agencies to provide incentives to attend.

- Resource statewide organisations including Women's Health Victoria and peak bodies such as Domestic Violence Resource Centre Victoria (DVRCV) to develop gender equity tools and guidelines for journalists to use in reporting.

P5: Work with local government to promote and implement initiatives in their communities to prevent violence against women

- Provide support and opportunities to women's health services to engage and collaborate with local governments in regional efforts to prevent violence against women, for instance by providing local forums for women's health service CEOs and managers to meet with their local government counterparts.
- Ensure that all work within local government is linked with leading community and women's health organisations.

P6: Work across government and business, sporting, community and other organisations to create gender inclusive and equitable environments for women and girls

- Provide state funding for bi-annual prevention of violence against women 'tracking' conferences in 2013 and 2015 to bring together Women's Health Services, local governments, community health services and other relevant agencies to discuss and share good-practice primary prevention work.
- Provide funding for women's health services to work in partnership with VicHealth to deliver the VicHealth prevention of violence against women short course within these and other settings listed in section 5.1.

P7: Work with specialist agencies to implement a range of targeted prevention strategies in diverse communities and for women with disabilities

- Fund Women with Disabilities Victoria to develop targeted strategies to prevent violence against women with disabilities.
- Fund Multicultural Centre for Women's Health to lead the development of targeted strategies to prevent violence against women from diverse communities.

P8: Work with Aboriginal communities to continue education, awareness and

prevention of family violence

- Support Indigenous community leaders, the Indigenous community, and Indigenous Family Violence Regional Action Groups to develop locally-based prevention strategies.

P9: Support schools and other educational institutions to implement Respectful Relationships Education Programs

- Ensure that any Respectful Relationships Education Program is based on a good-practice 'whole of school' approach. *Girls Talk – Guys Talk*[13] at Women's Health West, and the CASA House *Sexual Assault Prevention Program in Secondary Schools* (SAPPSS)[14] program are two such examples of existing good-practice Respectful Relationships Education programs.
- Ensure that whole of school approaches include activities across the three key areas, as follows:
    - Curriculum, teaching and learning
    - Community links, partnerships and services
    - School organisation, ethos and environment.[15]

P10: Work with community agencies on programs to build gender equitable and respectful relationships between women and men, girls and boys

- Fund Women's Health West and other women's health services to work with community agencies to build programs that build respectful relationships. The existing relationships and structure through *Preventing Violence Together: The Western Region Action Plan to Prevent Violence Against Women*, for example, provides a ready made model that could be applied in other regions.

P11: Engage men as ambassadors and leaders to spread positive messages that support respectful and gender equitable relationships between women and men, girls and boys

- Support regionally based services (local councils, community health centres and other community based organisations) to engage with the White Ribbon Foundation

and the Not One More campaign leaders in their region. This may be by providing state support to host a regional networking event between White Ribbon Ambassadors and local organisations.

- Engage men as active participants in the prevention of violence against women through mechanisms other than ambassadors who 'spread positive messages'. The primary prevention of violence against women will require the proactive involvement of men in a range of ways across many different settings, and innovation in this area, led by men, should be encouraged.
- Fund existing good-practice programs that engage men in the prevention of violence against women, for instance, Women's Health Victoria's *Take a Stand*.
- Enlist the Premier as lead minister for the Action Plan to champion the engagement of men in the prevention of violence against women.
- Promote the use of the bystander approach to engage men and young boys in the prevention of violence against women.[16]
- In immigrant and refugee communities, male faith leaders should not be engaged as ambassadors and leaders. There is strong evidence that engaging male faith leaders in immigrant and refugee communities may work against the aim of reducing violence against women and their children. It is more effective to engage male leaders and ambassadors from all walks of life, such as sportsmen, comedians, artists, writers, academics, community workers, and politicians, encouraging a more diverse role modelling.

B) TERTIARY RESPONSES TO VIOLENCE AGAINST WOMEN

The following section outlines Women's Health West's recommendations for responses to violence against women, with concrete suggestions to strengthen the areas presently set out in the Action Plan Consultation Framework.

R18: Handle family violence and sexual assault cases consistently and responsively

A strong and effective criminal justice response to family violence is necessary to stop men's violence and reoffending, as well as being essential in the delivery of just responses to victims of family violence. When used successfully the criminal justice system can function as an effective deterrent. However, the response provided by the court system continues to be inconsistent and ineffective in holding perpetrators to account because of inadequate sentencing for recidivist offending and for those who fail to comply with court mandated

orders. Findings from the Safer research shows that more than 66 per cent of women with intervention orders with an exclusion condition experienced a breach of that order, rising to 86 per cent where they were trying to remain in or return to a home they previously shared with an abusive partner.[17]

WHW recommend much greater visibility of the justice system elements of the integrated family violence system, and a greater recognition of their role in dealing with the crime of family violence. Specific actions such as police profiling of family violence offenders, and engagement of corrections in the integrated response system to strengthen responses to recidivist perpetrators are recommended.

WHW also strongly recommends the statewide roll out of the Family Violence Court Division that commenced sitting at the Magistrates' Court of Victoria at Ballarat and Heidelberg in 2005. Similar specialist court division models overseas have reported some success. The Family Violence Court Division model offers specially assigned magistrates, dedicated prosecutors, applicant and respondent support workers, additional legal services form Victorian Legal Aid, and additional security guards, all of whom have had family violence training. The magistrates' ability to simultaneously hear related matters including criminal cases, family law parenting orders and Victims of Crime applications that relate to family violence, ensures that a history of violence is taken into account when determining the outcome of other proceedings. Importantly, the Family Violence Court Division can order perpetrators of family violence to attend men's behaviour change programs.

Recommendation: Ensure the statewide roll out of the Family Violence Court Division.

Recommendation: Ensure perpetrators of violence are held to account through adequate sentencing, including for those who fail to comply with court mandated orders.

Recommendation: Strengthen responses to recidivist perpetrators through measures including police profiling of family violence offenders and engagement of corrections

R26: Support Men's Behaviour Change programs

Men's behaviour change programs operate throughout Victoria and have done so for many years. The framework for the approach varies considerably, as does magistrates' use of the programs as an alternative to legal consequences for criminal assault. Resources are

required to undertake systematic evaluation of the effectiveness of the different program models in stopping or decreasing men's violence and increasing women's and children's safety. Further, information about men's progress during the program to courts and women and children's family violence services would provide a clear mechanism for gauging the level of risk posed by the perpetrator. At present a certificate of attendance in instances of court-ordered attendance is the only feedback mechanism and can create a false sense of security. Moreover, there are limited resources for interpreters or programs in languages other than English, making most men's behaviour change programs inaccessible to migrant and refugee men who use violence against women and their children.

Recommendation: Fund the evaluation and review of Victorian men's behaviour change programs to ensure that they are in line with best practice.

Recommendation: Increase the accountability of men's behaviour change programs to specialist family violence services and the criminal justice system.

Recommendation: Ensure that men's behaviour change programs are accessible to perpetrators from non-English speaking backgrounds.

R29: Support women and their children to remain in their homes and communities where it is safe to do so alongside other housing support options such as refuge.

Statistical information collected by the Victorian government indicates that family violence is the overwhelming reason for women seeking housing assistance, while nearly half of people seeking Victorian homelessness services do so because of family violence or relationship breakdown. For women and children escaping family violence, securing safe housing is more often than not the primary concern. Where it is safe and appropriate, victims should be supported to remain in their homes and communities while the perpetrator is removed. Where this is not an option, refuge accommodation and long term secure housing options are required to limit the cycle of homelessness that can otherwise ensue. It is therefore essential that a substantial proportion of the *Victorian Homelessness Action Plan 2011-2015* funds be dedicated to projects focused on programs that prevent and reduce homelessness for women and children experiencing family violence. Options for public and social housing and for housing establishment funds to support access to private rental are all crucial responses.

Recommendation: Ensure that the *Victorian Homelessness Action Plan 2011-2015* Innovative Actions Projects focus on programs that prevent and reduce homelessness for women and children experiencing family violence.

Recommendation: Support a range of housing options including public and social housing, and support for access to private rental accommodation.

The Road Home: A National Approach to Reducing Homelessness identifies family violence as a key cause of homelessness among Australian women and children. A key component of this strategy is the *Safe at Home* model, which funds specialist family violence services to assist women to make safety plans, obtain intervention orders that exclude the perpetrator from the home and access funds to improve their home security. *A Place to Call Home*, a joint initiative by the Australian and state and territory governments, is another effective model that is reducing the level of homelessness of women and their children affected by family violence. *A Place to Call Home* removes the instability associated with temporary accommodation by providing long term housing properties, intensive case management and brokerage options. *Safe at Home* funding concludes 30 June 2013, while funding for *A Place to Call Home* ends on 30 June 2014. Given the success of both initiatives and their ability to further support women and children to maintain social support networks, employment and educational opportunities and stability of care for their children, WHW strongly urges the state government to replicate these models, while also advocating for recurrent federal funding.

Recommendation: Allocate state funding to the further roll out of *Safe at Home* and *A Place to Call Home.*

Recommendation: Advocate to the Commonwealth government to secure recurrent federal funding for the *Safe at Home* and *A Place to Call Home* programs.

P30: Provide coordinated crisis case management, outreach and therapeutic support for women and their children experiencing family violence.

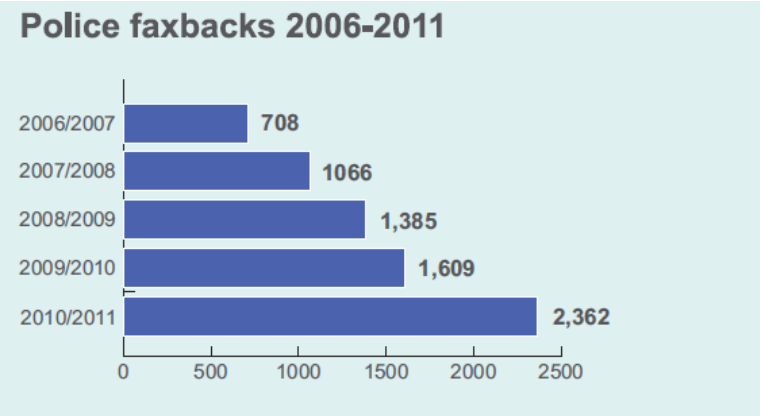
Intake workers are the first point of contact for women entering family violence services. They offer a telephone or face-to-face crisis response and coordinate referrals to other services. The service also provides a critical coordination role by responding to police faxback referrals, requests for secondary consultation, coordinating court support for clients,

and monitoring the case management services waiting list. In the 2010-2011 financial year WHW provided telephone support, information and referral to 1,882 women and provided 361 women affected by family violence with face-to-face support. This was a 50 per cent increase since the last financial year.

As its stands, family violence intake services are not funded. Rather, funding is reallocated from case management to crisis response – an unsustainable model at a time of rapidly increasing crisis referrals. The importance of intake services cannot be underestimated, as they improve the accessibility of integrated support and services, and function as an essential early intervention tool. Intervention at the point of crisis enables women affected by violence to access accurate information and support so they can make informed decisions about their rights, safety and future. Providing a timely and coordinated response to women and their children is vital in managing risk and safety and in intervening early to avoid homelessness.

Recommendation: Appropriately fund and resource family violence services to provide an intake service for women and children experiencing violence.

The 24-hour crisis response program provides an immediate face-to-face response to women and their children who are facing a violence-related crisis. At WHW this program enhances our intake service by providing a 24 hour, 7 days-a-week response to family violence victims where they are, such as a police station or hospital in the western region, ensuring support and information at the time of crisis. This program also provides a response to family violence victim referrals made by the Victoria Police through the faxback program. During the last financial year, WHW responded to a total of 2,362 referrals from Victoria Police, a 68 per cent increase on the last financial year. This program is yet another that is not specifically funded.



Recommendation: Appropriately fund and resource family violence services to respond to victim referrals made through the faxback program.

R31: Support service delivery that responds to women and children from diverse communities and with multiple needs, including women with a disability.

A recent study found that women with a disability were 37.3 per cent more likely than women without a disability (20.6 per cent) to experience intimate partner violence (Armour, 2007). Women living with a disability are also more likely to experience violence of a greater severity, for more prolonged periods and are less likely to receive an adequate service response, which limits their pathways to safety and further exacerbates their risk of violence (NCRV, 2009). It is paramount that the state plan improves support and service provision to women with a disability.

Women with a disability intensive case management program builds the capacity of the service system to reduce barriers for women with a disability in accessing family violence services and provides client support and advocacy through intensive case management. It also enhances the link between the integrated family violence service system and mainstream services through building a shared understanding of the barriers facing women with a disability who experience violence, and ensuring that disability services have the necessary skills to effectively respond to these women.

Recommendation: Ensure recurrent funding for full time positions to support the delivery and development of appropriate and accessible intensive case management services to women with a disability.

R34: Support mainstream services to identify indicators of family violence and sexual assault and refer to specialist support services

Given the huge influx and overwhelming increase in demand for specialist family violence services, mainstream services must not only have the capacity to identify violence against women, but also to assess the level of risk posed by perpetrators. To support mainstream services to respond effectively, the CRAF Indentifying Family Violence Training must be widely rolled out statewide.

Recommendation: Better ensure that mainstream services have the capacity to identify indicators of family violence and sexual assault as well as assess risk and

take appropriate action.

Recommendation: Ensure the CRAF Indentifying Family Violence Training is rolled out to mainstream services.

R36: Provide specialist therapeutic responses to children and young people experiencing family violence that promote recovery and build resilience

Living with family violence has a clear and negative impact on children's and young people's behavioural, cognitive and emotional functioning and social development. Almost 1 in 3 children and young people living with family violence have been hit by their father or step-father when trying to defend their mother or step-mother, or when attempting to stop the violence (Flood and Fergus, 2008). Family violence is a factor in half of substantiated child protection cases (Flood and Fergus, 2008). Exposure to family violence shapes young people's attitudes to violence in positive and negative ways. Research shows that young men who experience violence in the home are more likely to perpetrate violence in their own relationships (Flood and Fergus, 2008).

Clearly Victoria requires vastly increased resources for the primary prevention of violence against women and girls, with a particular focus on children and young people (Flood and Fergus, 2008). It is also essential that children and young people who have experienced family violence can access children's counselling programs. These programs offer a therapeutic environment for children to express, make sense of, and recover from the trauma of experiencing family violence, reducing the intergenerational cycle of disadvantage that can otherwise accompany family violence.

A crucial next step in the development of a more effective response to Victorian children and young people affected by family violence is increased funding for children's counselling, as the current gap is immense. For example, WHW is funded for 1.6 EFT of children's counselling. Our service is the only family violence-specific counselling for children in Melbourne's western region. Most children seen by the program have complex needs that include intergenerational trauma, intellectual disability, family court concerns relating to perpetrator access, or are from non-English speaking and refugee communities. The children's counselling program is not promoted throughout the community as our service could not accommodate the demand. Currently most children accessing the service wait between two and three months before receiving counselling. Moreover, most adolescents who present at our service are referred on to youth specific programs as we do not have the

resources to offer youth specific services.

The development of a systems response to children exposed to family violence with particular emphasis on the independent needs of children is required, including strengthened pathways between police, family violence services, child protection, child first and family services.

Recommendation: Substantially increase funding for children's counselling and therapeutic programs. The waiting list for therapeutic programs and counselling for children at WHW is extensive. Without increased funding that ensures that adequate support for traumatised children is available when needed, the intergenerational cycle of trauma and violence will remain unbroken.

Recommendation: Provide additional funding for therapeutic programs and counselling for children who experience family violence based on existing good-practice models.

Specialist family violence services and women's services are not adequately resourced to meet children's needs when providing services and support to their mothers. It is clear that children's-specific services are overstretched and cannot meet the present demand. Family violence services must be funded to meet this urgent and growing demand – the recent Protecting Victoria's Vulnerable Children Inquiry found that many referrals to child protection could be more appropriately referred to existing services if they were properly funded.[18]

Recommendation: Introduce funding for case management support for children.

Recommendation: Increase counselling support and case management for adolescents who have experienced family violence.

Parenting after family violence is often difficult for women who are themselves recovering from the trauma of violence. The Council of Single Mothers and Their Children ran a successful, women-centred, parenting program that was considered good-practice, which has since lost its funding. This and other good-practice programs should be funded.[19]

Recommendation: Fund women-centred programs that provide parenting support after family violence.

Research shows that young women are particularly vulnerable to intimate partner violence and sexual assault. Specialist family violence services are seeing a significant increase in the number of young women aged between 13 and 17 who are themselves victims of intimate partner violence. However, there are currently no specialist family violence services that are funded to provide information, family violence education, case management or safe accommodation and housing support to women under the age of 17.

Recommendation: Ensure that specialist family violence services are funded to provide services for young women under the age of 17.

R37: Support specialist family violence and children's services to identify and assess risk to children and young people experiencing family violence and sexual assault in order to support their safety and protect them from harm

The Common Risk Assessment Framework (CRAF) has been a key reform of the integrated family violence service system. The tool provides a standardised approach to assessing risk and managing family violence through appropriate referral pathways and information sharing, which increases women and children's safety. Evidence shows that a large group of men who perpetrate violence against women also harm their children – filicide being the most extreme example. The CRAF tool has been recently reviewed and updated to include a children's risk assessment that integrates with the Best Interest Principles for Vulnerable Children and Youth.

Recommendation: Ensure the revised CRAF tool is promptly implemented across the sector.

3.2 Adopt preventing violence against women as a statewide health promotion priority

Victoria is a leader in the primary prevention of violence against women. Incorporating violence against women as a new statewide health promotion priority presents a major opportunity for the government to further enhance this position and lead decisive action to reduce and prevent the significant social, economic and health costs of violence against women. Strategic positioning of primary prevention of violence against women in the health portfolio aligns it with other state and federal policy initiatives and embeds a whole-of-government approach to violence prevention, by clarifying the role and responsibilities of departments other than human services.

The need for violence against women as an established statewide health promotion priority is informed by the recognition that building organisational capacity, strategic partnerships and an integrated approach to health promotion practice is necessary to prevent violence before it occurs. Implementing primary prevention initiatives across a range of settings must also take place if strategies are to be effective and sustainable.

Community and women's health services and primary care partnerships work to achieve health equity through integrated health promotion activities that are tailored to the specific needs and characteristics of their region. These agencies are experienced and well-placed to redress the determinants of violence against women and foster partnerships for a whole-of-community response to primary prevention action.

Recommendation: Adopt prevention of violence against women and children as a statewide health promotion priority

3.3 Violence against women and crime-prevention

Statistics provided annually by Victoria Police have demonstrated a steady increase in the numbers of reported incidents of family violence in the western metropolitan region in recent years. Because violence against women is a notoriously underreported crime[20] increases in the number of incidents attended by police are welcome – increased rates of reported family violence incidents do not necessarily indicate a rise in the gross rates of family violence but may, rather, indicate the willingness of victims to report it.[21] However, we do not have data to confirm whether we are seeing increased reporting alone, increased rates of family violence, or a combination of the two. What is clear based on the available data is that violence against women continues to be a significant cause for concern across the state.

While street violence and other forms of alcohol-related public disorder garner much of the media attention, the data presented in this submission clearly demonstrates that the hidden crime of family violence is equally deserving of police resources and attention. To this end, WHW commends the commitment of the government and Victoria Police to improving responses to women and children affected by family violence through *Upholding the Right: Living Free from Violence – Victoria Police Strategy to Reduce Violence Against Women and Children 2009-2014*, the Victoria Police *Code of Practice for Investigating Family Violence*, and the *Australasian Policing Strategy on the Prevention and Reduction of Family Violence*. WHW also submit that adopting prevention of violence against women as a stand-alone crime prevention priority would greatly strengthen the response to violence against women.

In 2010-2011 reported crime offences in Victoria dropped by 2.4 per cent, yet family violence reports increased by 21.6 per cent. Violence against women takes significant policing resources; in some local government areas, call outs to family violence incidents constitute up to 80 per cent of police response.[22]

Reports have also highlighted increases in police workload relating to family violence due to more time spent on cases involving a domestic partnership, and expanded legislative definitions of domestic violence to include a range of relationships.[23]

As the Australian Institute of Criminology note:

> As police are often the first point of contact in domestic and family violence incidents they are in a unique position to respond to, intervene in, and be proactive about, preventing family violence. With indications that the volume of recorded violence has increased and the complexity of family violence matters has increased police workloads, police face many challenges in responding in an effective and timely manner to reported incidents.[24]

Prevention must be the long term strategy for dealing with untenable workloads.

Recommendation: Adopt preventing violence against women as a Victorian crime-prevention priority.

3.4 Policy consistency and a whole-of-government approach

Violence against women does not only manifest in the realms of policing, health or community services. It is also a complex problem that requires a whole-of-government approach for effective prevention and response. Policy synergies across government departments are therefore critical, and must be supported by effective interdepartmental governance structures and comprehensive lines of accountability.[25]

This includes the unprecedented opportunities to reform and resource sector approaches to early intervention through the Victorian Homelessness Action Plan. This will require the framework and action plans to intersect, and for primary prevention and early intervention in violence against women to be recognised by government as a core element of prevention and early intervention in homelessness.

As the Women's Health Association of Victoria observe in the *10 Point Plan for Victorian Women's Health 2010-2014*, despite increasing government attention to the problem of violence against women in recent years, evidence demonstrates that significant additional effort and action is required to adequately respond to the enormous social, economic and health impacts of men's violence against women. To this end, WHW recommend that the linkages between the Action Plan and all other relevant plans and strategies be made explicit. All portfolios discussed in section 6 must create mutually reinforcing, complementary strategies appropriate to their role in preventing and responding to violence against women. We commend the government for the leadership shown in this area so far.

For instance, the Action Plan outlines that it will support the intent of the Victorian Families Statement 2011 and the government's commitment to the 'health, wellbeing and prosperity of Victorian families now and into the future.' However, while the policy statement discusses actions to ensure Victorian families are safe, it does so in the context of community safety (e.g. safe public transport, abolishing suspended sentences, impounding hoon drivers and graffiti removal). There is no mention of family violence, sexual assault and other forms of violence against women and the implications this has for women and children's safety in their homes and communities. This is despite the evidence base that shows that women are more at risk of experiencing violence from a current or previous partner or family member than a stranger (VicHealth, 2007). Ensuring that government policies are consistent and mutually-reinforcing is essential if Victoria is to prevent and respond effectively to violence against women and their children.

Recommendation: Review all relevant guiding policies and strategic documents governing the departments discussed in section 6 to ensure that violence against women, particularly family violence, sexual assault and child abuse, is considered and redressed.

Recommendation: Review the Victorian Families Statement 2011 to ensure that violence against women, particularly family violence, sexual assault and child abuse, is considered and redressed.

3.5 Economic vulnerability and equal pay

The links between social equity and violence against women are well established:[26] improving the status of women is directly correlated to reducing the causal factors that lead

to the perpetration of violence against women. Key to this is reducing women's economic dependence on men. Evidence demonstrates that women's economic reliance on men – contributed to by unequal pay, insecure forms of work, and gendered patterns of childcare and other forms of unpaid labour – is a major barrier to escaping a violent relationship. The recent decision of the independent Fair Work Australia Tribunal found that the current pay gap between workers in the social and community sector and their public sector counterparts was largely gendered in nature, and ordered pay increases of between 18 and 41 per cent. WHW calls on the government to model gender equality in its own actions. This is not only in policy and legislation, but also in honouring the decision of FWA and fully funding the outcome of the equal pay case. Reducing women's economic vulnerability by eliminating the gender pay gap is an immediate step open to the government that would improve not only the status of women in the community sector, but the status of women in Victoria, by sending a clear message that 'women's work' is valued. In turn, this is a key strategy for the prevention of violence against women.

Recommendation: Fully fund the outcome of Fair Work Australia's Equal Remuneration Order.

4. Should particular Action Areas be prioritised?

As previously mentioned in this submission, violence against women is a complex problem, deeply embedded in a web of mutually reinforcing systems of gender inequality. As a result, the approach to tackling the problem must reflect this complexity – there are no simple solutions that will eliminate the problem overnight, or within a three-year time frame. Long term, sustained, strategies across a range of settings and sectors must be employed, supported by skilled workers who understand the social determinants of violence against women, and are properly resourced to combat it.

4.1 Evidence

Fundamentally, the Action Plan and any priority areas must be based on the evidence. The 2007 VicHealth Framework is both world-standard and Victoria-specific. The key determinants of violence against women – particularly, gender inequality – must remain the central focus in all prevention of violence against women efforts. As noted above, the key

determinants of violence against women include:

- Unequal power relations between men and women
- Adherence to gender stereotypes
- Broader cultures of violence

To effectively tackle violence against women, evidence provides that the following strategies must be employed:

- Promote equal and respectful relationships between men and women
- Promote non-violent social norms and reduce the effects of prior exposure to violence
- Improve access to resources and systems of support

To ensure that programs and strategies provided for in the Action Plan are truly preventative in approach, is it vital that the Action Plan reflects all three key determinants across all proposed action areas and strategies. The Consultation Framework provides that 'We know that the causes of all forms of violence against women relate to gender inequality, gender stereotypes and broader cultures of violence'.[27] WHW recommends that 'iniquitous power relations between women and men' more accurately captures the dynamics of unequal social, political, and cultural power that exists between women and men, and should be preferred. However, 'inequity' is our preferred term for the Action Plan. While the concepts of inequity and inequality have often been used interchangeably, there is a fundamental difference between them: 'While inequality implies differences between individuals or population groups, inequity refers to differences which are unnecessary and avoidable but, in addition, are also considered unfair and unjust'.[28] Inequality is not always unjust – for example affirmative action policies encouraging employment of minority groups – but inequity results from unjust inequalities.

Recommendation: All VicHealth determinants of violence against women should be fully reflected in the Action Plan.

[27] Action Plan Consultation Framework: 3
[28] PAHA, 1999

4.2 Priority Areas

Further to the above general comments, WHW recommends that the following areas be prioritised in the Action Plan:

a) Fully fund the outcome of the pay equity case (refer to 3.5, above)
b) Provide resources for women's health services to act as regional conduits for the Action Plan, including capacity building efforts.

Work closely with the commonwealth government to implement the planned National Disability Insurance Scheme to ensure understandings of gender and disability are embedded in the scheme, and to address violence against women with disabilities within its development and implementation.

5. Are there any gaps in the Consultation Framework that should be considered?

5.1: Settings

Some of the action areas that feature in the prevention section of the Action Plan reflect some of the priority settings that are identified in the VicHealth 2007 Framework. However, not all settings established by the framework appear in the Action Plan, resulting in a number of gaps.

Evidence demonstrates that in order to truly prevent violence against women, a range of strategies across the full range of settings must be employed. The key settings for action include:[29]

- Community services (including women's health services)
- Corporate settings
- Workplaces
- Faith communities
- Education
- Cultural institutions and networks
- Arts
- Sports and recreation
- Media and popular culture
- Local government
- Health
- Cyberspace/New technologies
- Justice
- Academic institutions
- Military/like institutions

To support best-practice prevention work, the Action Plan must adopt the broadest range of settings identified through evidence, underpinned by a cohesive, mutually reinforcing approach.

5.2 Policy alignment

As discussed at 3.6, ensuring that government policies are consistent and mutually-reinforcing is essential if Victoria is to prevent and respond effectively to violence against

[29] See VicHealth 2007: 13

women and their children. Violence against women and children is a complex problem and requires a whole-of-government approach to prevent and to respond effectively. Policy synergies across government departments are therefore critical, and must be supported by effective interdepartmental governance structures and comprehensive lines of accountability.[30]

Recommendation: Embed prevention of violence against women in all relevant government policies, plans, and strategies.

Recommendation: Ensure embedded responses to prevention and response are aligned with other policies, plans, and strategies that address other forms of discrimination, for example, racism.

5.3: Evaluation

The Consultation Framework as it is presently drafted indicates that 'Monitoring and Reporting', along with 'Research and Analysis', will form part of the supportive structure for the Action Plan. WHW commend this inclusion, and recommend that a comprehensive monitoring, evaluation and review framework be developed to ensure that that we can effectively and fully measure the changes made under the Action Plan. In particular, evaluation must be built into all projects that are funded under the plan to ensure that the evidence for 'what works' in primary prevention continues to grow. As the causes of violence against women are already well understood in Victoria,[31] monitoring, evaluation, and research should focus on new interventions attached to the Action Plan. A comprehensive evaluation framework should ensure that the impact of individual interventions are measured, as well as measuring the impact population-wide, mutually reinforcing actions delivered in multiple settings.

The evaluation framework must be appropriate to the timeline provided for. As primary prevention of violence against women concerns long-term social, cultural, and attitudinal change, the indicators used to measure this must be similarly long-term. If a three-year period is adopted, the evaluation framework should focus on process and short and medium-term impact evaluation.

Recommendation: Develop a comprehensive monitoring and evaluation framework

[30] Whole of government approaches and governance are discussed in section 6
[31] See VicHealth: 2004 & VicHealth 2007

that is explicitly tied to the goals and expected outcomes of the Action Plan.

Recommendation: Ensure that the indicators used in the monitoring and evaluation framework reflect the timelines of the Action Plan.

6. How can future governance arrangements most effectively engage partners across government and community?

Recommendation: The future governance arrangement that most effectively engages partners across government and community must have specific focus on primary prevention, must include the women's health services, and must facilitate regional and statewide oversight of the primary prevention aspects of the *Addressing Violence against Women and their Children Action Plan*.

The establishment of a high-level, cross-government steering structure for the implementation of primary prevention activities and other women's health and wellbeing initiatives would be significantly strengthened by departmental linkages between the Department of Health, the Department of Planning and Community Development, the Department of Human Services, and other agencies relevant to the prevention of violence against women. Given that women's health is impacted by a range of portfolios,[32] we see this high-level, cross-government leadership structure as vital to the meaningful implementation of effective strategies.

[32] The links between violence against women and women's homelessness, for example, are well established. This evidence suggests that the Office of Housing must be included in any kind of governmental structure addressing violence against women if we are to be effective in our prevention efforts.

Currently, there is no structure providing a place for high level conversation relating to primary prevention generally and certainly not for the primary prevention of violence against women. No structure exists to engage partners across government and community to share knowledge of existing work, and no governance arrangement to ensure that there is a consistent approach to primary prevention exists. High level government commitment to key change initiatives promotes increased levels of success; currently, no governance structure demonstrating this commitment or leading the work of the primary prevention of violence against women exists.

The development of a new governance structure with responsibility for primary prevention of violence against women recognises that reducing the incidence of violence against women can only be achieved by supporting long-term sustained changes in individual skills and knowledge, as well as changes in the broader environments.[33] The current governance structure presented by the action plan does not reflect the different skills and knowledge required to lead this work, especially at a regional level.

Primary Prevention and Health Promotion:
WHW believes that all primary prevention actions of the Action Plan should be based on the VicHealth framework for the prevention of violence against women, underpinned by health promotion best practice.

Primary Prevention – preventing violence before it occurs:
Primary prevention interventions are those that seek to prevent violence before it occurs. Interventions can be targeted to the whole population or to particular groups that may be at higher risk of being the perpetrators or victims of violence. Some primary prevention interventions (such as social marketing campaigns) focus on changing behaviour or building the knowledge and skills of individuals. However, primary prevention can also focus on changing environments so that they are safer for women. Interventions that do not have a particular focus on violence, but address its underlying causes (such as gender inequality and poverty), are also primary prevention interventions.[34]

Health promotion represents a comprehensive social and political process; it not only embraces actions directed at strengthening the skills and capabilities of individuals, but also

[33] VicHealth 2007
[34] VicHealth, 2005
[35] Smith, B, J. Tang, K, C. & Nutbeam, D. 2006
[36] Smith, B, J. Tang, K, C. & Nutbeam, D. 2006

action directed towards changing social, environmental and economic conditions so as to alleviate their impact on public and individual health. Health promotion is the process of enabling people to increase control over the determinants of health and thereby improve their health. Health promotion is, therefore, essential in the primary prevention of violence against women.

Primary prevention of violence against women – achieving the changes in risk factors and risk conditions that will result in the reduction of violence against women – requires the implementation of health promotion actions over years and decades. Attention needs to be given, therefore, to designing governance structures and prevention actions that have the potential for ongoing delivery and institutionalisation after they have been evaluated and found to be effective. Health promoting policy across a range of sectors, and modifying the physical environment in which people, live have particular value because of their potential sustainability.[35]

The primary prevention aspects of the action plan and of other government initiatives across portfolios (e.g. Department of Justice, Office for Women's Policy, Education) must be led by a specific governance arrangement that uses the significant evidence-based knowledge of the WHO and VicHealth, as well as the experience of the women's health services and others that understand the underlying theory of both health promotion and primary prevention.

Health promotion action goes beyond the health care sector and should be on the policy agenda in all sectors, and at all levels of government. An important element in building healthy public policy is the accountability for health. Governments are ultimately accountable to their people for the health consequences of their policies, or lack thereof. A commitment to healthy public policies means that governments must measure and report on their investments for health, and the subsequent health outcomes, and intermediate health outcomes of their investments and policies in a language that all groups in society readily understand[36]. The development of a new governance structure with responsibility for the primary prevention of violence against women would provide this government with a framework for demonstrating their commitment to the community and to reporting on their outcomes.

Women's health services role in the statewide and regional governance and leadership of prevention of violence against women:

There are twelve services funded through the Women's Health Program in Victoria (VWHP). They include nine regional services (one in each of the Department of Health (DH) regions) and three state-wide services. The Victorian Women's Health Program was established in 1987. Collaborative health promotion (termed integrated health promotion by DH) is the key way of working for the women's health services and each has had a long-term focus on the prevention of violence against women. The Women's Health Association of Victoria (WHAV) is the peak body for this group of organisations and has been in place for over 20 years.

With over twenty years experience working in the prevention of violence against women, the women's health services provide the Baillieu Government with an established and experienced statewide structure with leadership in primary prevention efforts:

- Women's health services are the key funded organisations with the mandate for regional work in integrated health promotion that have identified the prevention of all forms of violence against women as a priority over a long period of time. This existing work can be built on by the development of a high level, strong governance structure.
- Women's health services have an existing formalised and effective planning and information sharing system in place through WHAV, which has a track record of developing state-wide and regional evidence-based policy papers, advocacy strategies and integrated health promotion initiatives. This system has been in place for over twenty years and as a result of this:
    - Women's health services have existing, established and strong relationships across communities and governments across priority settings
    - Regional women's health services have existing, established and strong relationships that are region-wide across the priority settings identified by VicHealth, and with significant organisations with the capacity to lead population change, including primary care partnerships, community health and local government.
    - Statewide women's health services provide statewide population based research, resource and policy analysis to advocate for policy reform, and training. They have existing, established and strong relationships across government and across priority settings at a statewide level. The statewide services of the WHAV provide expertise and leadership across diverse populations; specifically women with disabilities and women from culturally and linguistically diverse populations.

Recognition of the work of other organisations:

WHW recognises that there are a range of organisations effective in the early intervention and response to violence against women. These organisations are recognised in the governance framework of the action plan in the Family Violence Interdepartmental Committee, the Family Violence Statewide Advisory Committee, the Indigenous Family Violence Partnership Forum and the Sexual Assault Advisory Committee. It is important to note that these organisations and the committees/forums that support them are not focused on primary prevention. While some of these organisations may bring skills and experience to a new governance structure focussed on primary prevention, the focus must remain on primary prevention.

Suggested model for the future governance arrangements for the Primary Prevention of Violence Against Women:

The model on page 48 below is adapted from the model presented on page 14 of the Action Plan Consultation framework and was developed by the Women's Health Association of Victoria and is presented as a recommended structure to strengthen governance arrangements for the Primary Prevention of Violence Against Women in Victoria.

The notes below relate directly to the diagram on page 48, which would not fit here for formatting reasons.

*Note 1: **Statewide prevention of violence against women advisory committee**

- Membership of this committee will have primary prevention and governance expertise
- This committee has oversight of the primary prevention components of the prevention of violence against women action plan (and potentially the prevention aspect of the Justice funding and the VicHealth prevention of violence against women program).
- This committee:
    - Is a legitimate place for informed discussion about prevention (a community of practise) to ensure strategies are in fact primary prevention activities across the health promotion spectrum and across priority settings: no such committee or forum currently exists
    - Will develop a long term strategy aligning to the National Plan to prevent violence against women in the Victorian context

    - Will review and understand the current capacity in regions to undertake primary prevention and where possible support the development of regional structures (regional prevention committees) to implement and report against the prevention components of the three year plan of the Action Plan
    - Provide leadership around primary prevention best practise to support organisations funded to implement prevention of violence against women strategies, within the framework of the regional structures and in line with the Action Plan
    - Will investigate synergies between the major initiatives funded by the state government: i.e. Action Plan, Vic Health prevention of violence against women program, Justice funding
- This committee will explore ways to communicate across and between the broader governance structure focusing on violence against women i.e. exchange of common strategies, research, ideas, information across and between the Family Violence IDC, the Family Violence Statewide Advisory Committee, the Indigenous Family Violence Partnership Forum and the Sexual Assault Advisory Committee.

Whilst this model is focussed on the prevention of violence against women, it has capacity to lead and oversee prevention work more broadly. For example, the *Statewide Primary Prevention Committee* may act as an overarching committee focussing broadly on primary prevention and subcommittees could include prevention of violence against women, prevention of chronic disease etc.

*Note 2: **Regional prevention of violence against women committee**

- The role of the committee is to plan, implement and evaluate a regional action plan for primary prevention of violence against women
- Representatives from other sectors may chose to participate e.g. family violence integrated system, as long as their focus and contribution is primary prevention
- This regional committee will explore ways to communicate across prevention, early intervention and response in order to:
    - Understand the nature of the violence women are experiencing to inform prevention work
    - Ensure the regional prevention of violence against women committee understand the possible implications of prevention work (systems change and/or awareness raising) for the integrated system (i.e. increased

reporting increases the workload, faxback)
- Use the early intervention skills of organisations where relevant
- Identify any relevant links between early intervention and response activities and planned primary prevention
- Ensure primary prevention work is mutually inclusive

Advantages of this model:

- Investment into this governance structure makes the Baillieu Government's commitment to primary prevention evident, accountable and measurable
- Places prevention with the prevention 'experts' and recognises that primary prevention requires a range of skills, networks and relationships that are very different to those of early intervention, risk assessment, case management and crisis intervention
- Promotes across priority setting and across sector government work
- Coordinates prevention of violence against women 'efforts' regardless of the funding source
- Improves health and wellbeing outcomes for women and children through the development of a specific governance model providing evidence based, measurable prevention focussed regional and statewide efforts
- Provides a framework to ensure that government funded prevention of violence against women work is, in fact primary prevention as defined by Vic Health
- Has capacity to be adapted to lead and oversee prevention work more broadly. For example, the *Statewide Primary Prevention Committee* may act as an overarching committee focussing broadly on primary prevention and subcommittees could include prevention of violence against women, prevention of chronic disease etc

WHW recommends that the women's health services are funded to support the proposed governance arrangements in the following ways:

- **One position based in each of the regional women's health service to lead coordination of the activities of the regional prevention of violence against women committee.**
- **One position based in a statewide women's health organisation to support the development and dissemination of consistent, quality prevention resources, provide expertise relating to diverse populations, gendered research and other**

relevant information, and to draw together and share the work of the regional prevention of violence against women committees.

7. What are the potential barriers and risks to be managed and mitigated in delivery of the actions?

7.1 Dilution of primary prevention

WHW note that with the amalgamation of the previously separate primary prevention and tertiary response action plans, there is a risk that primary prevention may be diluted. As discussed at 2.2, WHW recommends the development of a separate, ten-year, primary prevention plan to complement the early intervention and tertiary response plan. It is our experience that primary prevention is not easily understood, and that specialist approaches are required. A stand-alone plan would safeguard the integrity of primary prevention actions and ensure that prevention is not 'lost' within ever-growing demands for early intervention and response actions.

Recommendation: Develop a separate, primary prevention-specific, action plan to complement the plan targeting early intervention and tertiary response. Alternatively, commit to subsequent Action Plans and adopt a 'staged' approach to implementation, with the first stage a focus on supported sector-wide capacity building.

Recommendation: Resource women's health services to lead regional coordination activities for primary prevention of violence against women.

7.2: Non-partisan and whole of government approach

As discussed at 3.6, effective approaches require a whole-of-government commitment. Policy consistency across government departments is critical, and must be supported by effective interdepartmental governance structures and comprehensive lines of accountability as discussed in section 6.

Non-partisan political commitment is also critical. We urge the government to work collaboratively with the opposition and the Victorian Greens to ensure that commitment to finally eliminating violence against women is not vulnerable to changes in government. Stable, tri-partisan structures must be established to ensure that such an approach is supported.

Recommendation: Ensure a non-partisan, whole-of-government approach to prevention, early intervention and response is supported by stable cross-party structures.

7.3: Funding

The Action Plan Consultation Framework makes reference to a 'financially constrained environment'.[37] WHW submit that as a critical needs area, funding to combat violence against women must be exempted from any austerity measures. Like child protection and other critical human services, preventing violence and responding effectively after it has occurred is core business for governments and must be funded accordingly.

Investing in prevention not only reduces the risk of death, disability and injury to Victorian women and children, it also makes good economic sense. A study undertaken by KPMG found that the costs associated with violence against women exceed $3.4 billion dollars per year in Victoria.[38] It is estimated that unless action is taken, this figure will grow to more than $3.9 billion by 2021. According to the KPMG report, preventing violence for just one Australian woman would mean avoiding over $20,766 in costs.[39] Preventing violence will therefore not only optimise Victorian women's health and wellbeing; it also makes economic

[37] Action Plan Consultation Framework, p. 2
[38] State Government of Victoria (2009) A Right to Respect: Victoria's Plan to Prevent Violence against Women 2010-2020, Melbourne.
[39] Ibid

sense.

Recommendation: Fully fund the Action Plan and ensure that core, ongoing funding is provided to primary prevention, early intervention and tertiary responses.

As part of the integrated family violence reform, the Department of Human Services provided each region with funding for a regional integration coordinator. The position supports the regional family violence committees and provides leadership in the development, implementation and monitoring of an integrated approach to family violence. The non-recurrent funding associated with the regional integration coordinator positions concludes on 30 June 2012. This will have significant implications for integration and the advancement of the family violence reform agenda. WHW recommends that the government build on their investment in the relationship-building and integration work underway – good integration requires adequate resources.

Recommendation: Ensure the non-recurrent funding for the regional integration coordinator positions is made recurrent.

8. **What other issues need to be considered?**
   If you would like to provide comment on any specific action areas as set out in the Consultation Framework, please specify the number of the action area(s) on which you are commenting. For example P1, E12 or R29.

Follow up

Do you give permission for the Office of Women's Policy OWP to obtain further information from you or your organisation? **If so, please ensure you have provided relevant contact details on page 1 of this submission.**

Yes
No

Written submissions are required **no later than Friday 23 March 2012**.
Please submit via email (in a Word.doc format) to submissions.owp@dhs.vic.gov.au.

The Minister for Women's Affairs **thanks you for taking the time to provide feedback** on the Action Plan Consultation Framework for addressing violence against women and their children.

WHAV: Suggested governance arrangement for the Primary Prevention of Violence Against Women

Please note: WHAV has sought to strengthen the primary prevention of VAW aspect of the governance model. The diagram is otherwise as presented by the DoH Action Plan Consultation document.

1. **Ministers responsible for prevention**

   Across the government: Local Government, Sport and Rec, the Arts, Multicultural Affairs, Early Childhood, Police, Consumer Affairs, Mental Heath, Youth, The Attorney General, Health, Women, Housing, Aboriginal Affairs, Education, community services

2. **Statewide Primary Prevention Committee**

   Prevention of Violence Against Women Advisory Committee

   - A number of representatives from the WHS (regional and state-wide)
   - Vic Health
   - CEIPS
   - Justice/Regional Crime prevention group
   - OWP
   - Specific, relevant state-wide services representing marginalised groups i.e. CALD & Disability
   - Research institutions
   - Education
   - CASA Forums

   *focus of representation is on primary prevention

3. **Regional Prevention of Violence Against Women Committee**

   Led by WHS in each DH region

   Setting approach:

   - LGA's, Sport, Media, Education, Workplace, Justice
   - Representatives of organisations focussing on diversity