Preventing Violence Together

A Strategy for the Southern Metropolitan Region

2016 - 2021

whise

Women's Health in the South East

Acknowledgements

Contents

Foreword

'Preventing Violence Together – A Strategy for the Southern Metropolitan Region' has been developed to enable organisations in our region to collectively prevent violence against women and their children. Violence against women is an urgent public health and human rights issue worldwide that has devastating impacts. A growing body of evidence indicates that violence against women and their children is prevalent, serious and preventable. The vision of Women's Health in the South East (WHISE) is for women and their children in the Southern Metropolitan Region to live free from violence.

The role and purpose of this Strategy is to explain the causes of violence against women and their children, and make a clear case for collective action. It has been developed using a collaborative and consultative approach, and all organisations in the Southern Metropolitan Region who commit to this Strategy can be confident that by working together, we can make a real impact on the prevention of violence against women in our region.

I urge all organisations to engage with the 'Preventing Violence Together' Strategy and build your organisation's capacity in this important area. At WHISE, we look forward to working together with you to bring this Strategy to life by agreeing on priorities, and developing and implementing action plans.

Collectively, we can make a significant difference in the lives of women and their children in the Southern Metropolitan Region.

Susan Glasgow
CEO
Women's Health in the South East (WHISE)

01

The Strategy and framework at a glance: executive summary

Violence against women is an urgent public health and human rights issue. In Australia one in four women has experienced physical or sexual violence from a current or ex-partner since the age of 15. Violence against women has far-reaching and devastating social, health and economic impacts – but is preventable.

The term 'violence against women' is *any act of gender based violence that causes or could cause physical, sexual or psychological harm or suffering to women, including threats of harm or coercion, in public or in private life'.*[1] It is predominately recognised as behaviours intended to exercise power and control over women, and/or instil fear. This violence includes physical, emotional, economic, social, sexual and spiritual violence.

'Preventing Violence Together – A Strategy for the Southern Metropolitan Region' (the Strategy) is a five-year primary prevention Strategy with the vision to create a region where women have equality and respect – and where women and their children live free from violence. We use the term Prevention of Violence Against Women and their Children (PVAW&C) throughout this Strategy document as it reflects the gendered nature of the violence, and encapsulates many commonly used terms describing male perpetrated violence against women: domestic violence, family violence, intimate partner violence, and sexual assault. The primary focus of this Strategy is preventing violence against women with consideration of the flow-on effects to their children.

The Strategy adopts a primary prevention approach - a public health approach that seeks to prevent violence before it occurs through addressing the underlying causes of violence against women and their children. Effective primary prevention approaches to PVAW&C are whole-of-population strategies, as well as those that are tailored to the needs of particular communities

and groups. Approaches such as these are distinct from responses to existing violence such as crisis counselling, police protection or men's behaviour change programs, as well as from early intervention activities such as working with 'at risk' young people or families.[2]
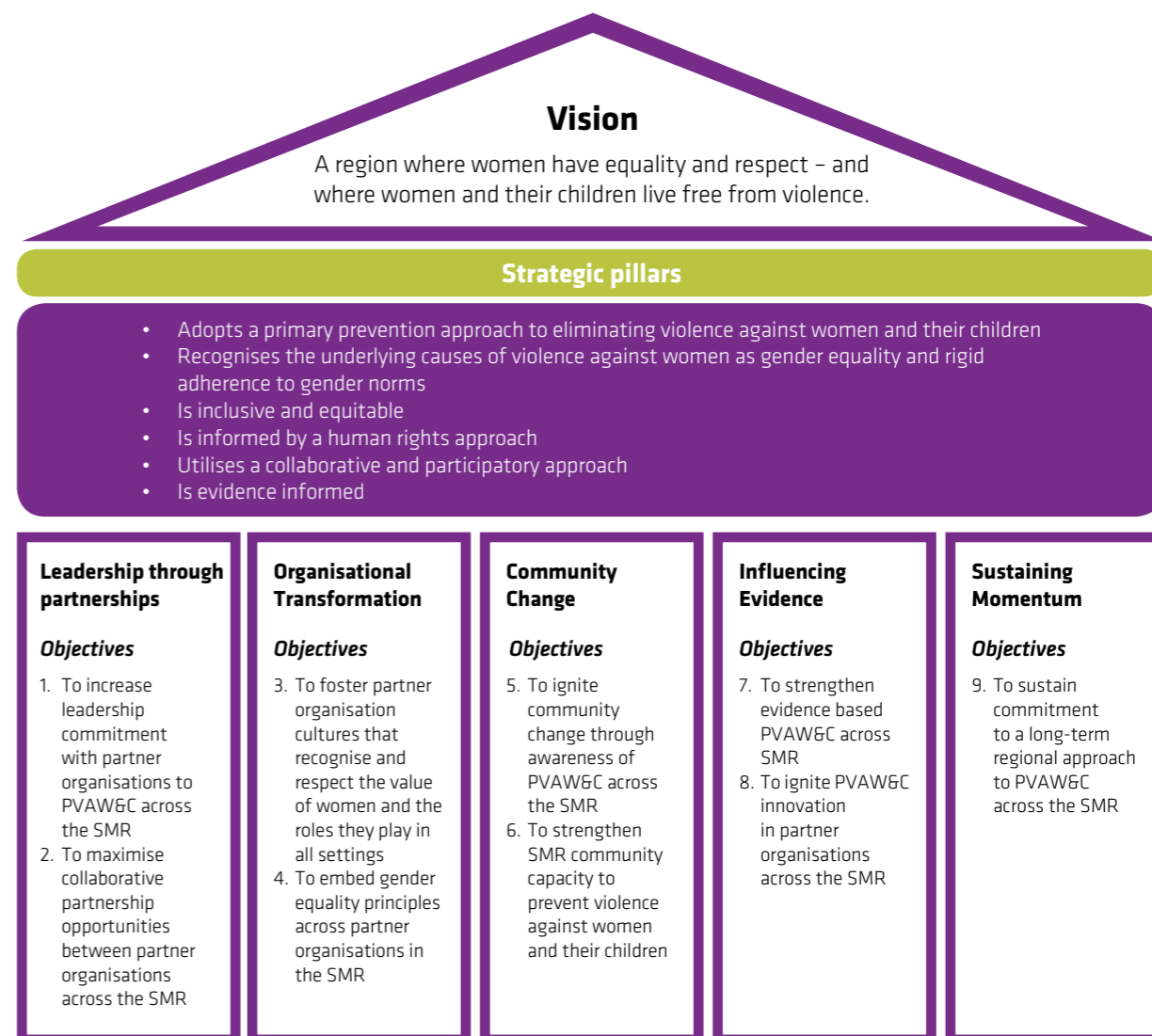
The Strategy is the result of a consultative process with 28 organisations in the Southern Metropolitan Region. We recognise that the long-term cultural change necessary to eliminate men's violence against women requires a consistent, collaborative and long-term approach. The Strategy recognises that successful primary prevention initiatives are implemented across sectors and settings, using mutually reinforcing strategies.

This Strategy is designed as a mechanism to coordinate combined and consistent activity across all participating organisations in the region. This will promote mutually reinforcing messaging and practice, as well as ensure reach across systems and sectors, rather than being limited to single communities, organisations or contexts. By working together, this Strategy will enable all signatory organisations to benefit from increased coordination and collaboration, capacity building, new funding opportunities to further extend and integrate PVAW&C work across the region, and co-ordinate advocacy efforts that harness the collective influence and expertise of all. Most importantly, it will ensure that we are coordinating initiatives to achieve a mutually reinforcing effect towards PVAW&C in the region.

Implementation of the Strategy will take a well coordinated, evidence-based approach based on public health principles. Women's Health in the South East (WHISE) will provide overall leadership of the Strategy, as WHISE is charged with the responsibility of leading the health agenda for women right across the Southern Metropolitan Region (SMR) of Melbourne. The Strategy

will be lead by a senior Steering Committee (SC), chaired by the CEO of WHISE, with membership comprised of senior management representatives from signatory organisations throughout the region. This will include Community and Women's Health Services, Local Government, Primary Care Partnerships, Integrated Family Violence Partnerships and other key agencies in the SMR. A Community of Practice (CoP) will be responsible for implementing and operationalising the Strategy. The WHISE CEO will chair the SC and WHISE staff will provide strategic and administrative support, maintaining the action plan, providing support to organisations and overseeing Strategy communications.

All organisations in the SMR that commit to the Strategy will have the opportunity to collectively demonstrate our leadership on the prevention of violence against women and their children. Achieving change on this issue will not be easy and will not be possible unless we all work together. The collective power of all organisations in the SMR working together to prevent violence against women and their children will have a far greater impact than any organisation can achieve alone.

Vision
A region where women have equality and respect – and where women and their children live free from violence.

Strategic pillars

- Adopts a primary prevention approach to eliminating violence against women and their children
- Recognises the underlying causes of violence against women as gender equality and rigid adherence to gender norms
- Is inclusive and equitable
- Is informed by a human rights approach
- Utilises a collaborative and participatory approach
- Is evidence informed

Leadership through partnerships	Organisational Transformation	Community Change	Influencing Evidence	Sustaining Momentum
Objectives	***Objectives***	***Objectives***	***Objectives***	***Objectives***
1. To increase leadership commitment with partner organisations to PVAW&C across the SMR 2. To maximise collaborative partnership opportunities between partner organisations across the SMR	3. To foster partner organisation cultures that recognise and respect the value of women and the roles they play in all settings 4. To embed gender equality principles across partner organisations in the SMR	5. To ignite community change through awareness of PVAW&C across the SMR 6. To strengthen SMR community capacity to prevent violence against women and their children	7. To strengthen evidence based PVAW&C across SMR 8. To ignite PVAW&C innovation in partner organisations across the SMR	9. To sustain commitment to a long-term regional approach to PVAW&C across the SMR

02

The importance of a primary prevention approach

The 'Preventing Violence Together' Strategy outlines a primary prevention approach. Primary prevention is a public health approach that seeks to prevent violence before it occurs through addressing the underlying causes of violence against women and their children. Effective primary prevention approaches to PVAW&C are whole-of-population strategies, as well as those that are tailored to the needs of particular communities and groups. Examples of primary prevention activities include schools-based programs to create gender-equitable environments and build students' relationship skills, efforts to reduce the disrespectful portrayal of women in the media, comprehensive public education and social marketing campaigns, and workplace initiatives promoting positive bystander responses.[3] Approaches such as these are distinct from responses to existing violence such as crisis counselling, police protection or men's behaviour change programs, as well as from early intervention activities such as working with 'at risk' young people or families.[4]

The prevention spectrum

A primary prevention agenda must be effectively linked to early intervention and response efforts, also known as secondary or tertiary prevention, as illustrated in Figure 1 below. Primary prevention complements work undertaken in the response system. It is designed to stop violence before it starts by addressing its deep-seated drivers. Because primary prevention targets the whole population, it inevitably reaches those who are already experiencing or perpetrating violence (or who are at increased risk of doing so). As such, primary prevention also enhances early intervention and response activity by helping reduce recurrent perpetration of violence (which is driven in part by

similar factors to initial perpetration), and shifting attitudes and practices in service and justice systems that may inadvertently tolerate, justify or excuse violence against women and their children.

The explicit focus on primary prevention means this framework is distinguished from early intervention or response efforts. But these other approaches can and do have important preventive effects: stopping early signs of violence from escalating, preventing a recurrence of violence, or reducing longer-term harm. They also provide the foundation stone of primary prevention, sending a society-wide message that violence is not acceptable, establishing perpetrator accountability, and protecting women and their children from further violence.

This Strategy will focus specifically on primary prevention actions that address the social structures, norms and practices that perpetuate gender inequalities and allow violence against women and their children to occur. In order to prevent and respond to violence against women and their children, action and collaboration is necessary across all levels of the spectrum. This Strategy recognises the importance of all work across the spectrum, and aims to contribute and strengthen the work undertaken by those who work in the secondary and tertiary prevention space.
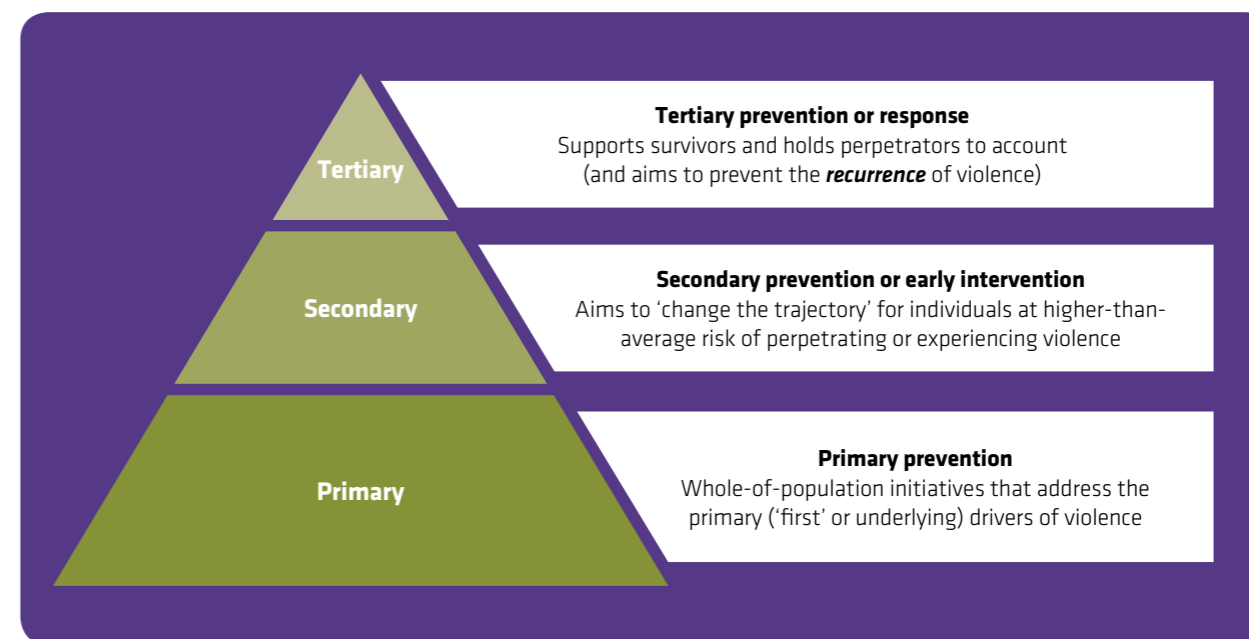

FIGURE 1: THE RELATIONSHIP BETWEEN PRIMARY PREVENTION AND OTHER WORK TO ADDRESS VIOLENCE AGAINST WOMEN

Primary prevention approaches

Effective primary prevention practice requires collaborative and mutually reinforcing efforts across sectors and settings, that is aligned with federal, state and local government policy. Emerging evidence suggests that the following techniques are most effective in preventing violence against women and their children:

- Direct participation programs: School-based respectful relationship programs that support individuals to engage in critiquing gender norms and attitudes that support violence against women

- Community mobilisation and strengthening: Identifying and supporting community leadership to challenge and critique gender norms and attitudes that support violence against women

- Organisational development: Organisational audit to identify and address structures and policies that contribute to gender inequality and violence against women

- Communications and social marketing: Development of simple, consistent key messaging to employ across a range of different social media and communications platforms

- Civil society and advocacy: Capacity building and skills training for leaders and community members who are advocating for gender equality and the prevention of violence against women.

Addressing the drivers of violence against women and their children

Local and international research has established that gender inequality is the necessary condition or root cause of violence against women. *"Gender inequality is a social condition characterised by unequal value afforded to men and women and an unequal distribution of power, resources and opportunity between them."*[5]

Gender Equality in Australia

Full-time average earning difference of $284.20 per week full-time gender pay gap 17.9%

In 2015, women in Australia would have to work, on average, an extra 65 days to earn the same as men

In 2009-2010, average superannuation payouts for women were just over half (57%) those of men

Australian women account for: 92% of primary carers for children with disabilities, 70% of primary carers for parents, 52% of primary carers for partners
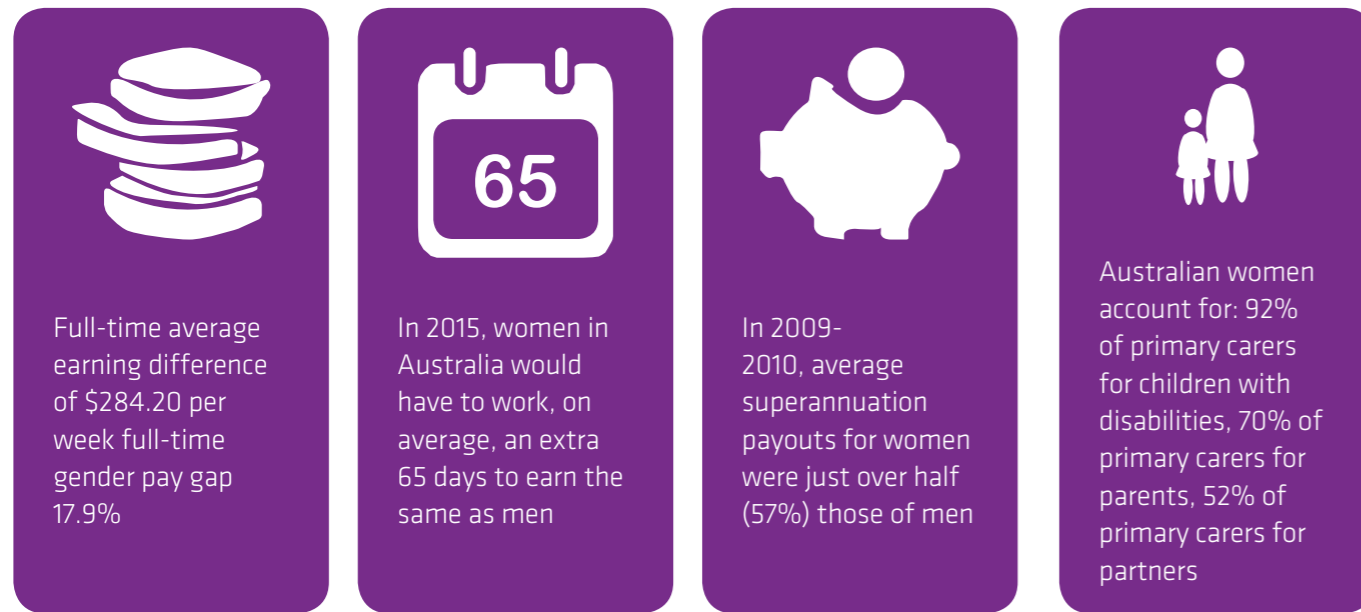
FIGURE 2: GENDER EQUALITY IN AUSTRALIA

It is important to note that whilst gender inequality is the primary driver of violence against women, it should not be considered in isolation, nor is it experienced in the same way by every woman. That is, there are a number of other systemic social, political and economic discriminations and disadvantages that may influence and intersect with gender inequality to compound experiences of violence for some women. Primary prevention initiatives must address these intersecting forms of inequality and all work must be inclusive and equitable and with an intersectional focus, to ensure the prevention of violence against all women.

This Strategy is underpinned by a socio-ecological model for individual behaviour, which is a useful way to understand individual behaviour in a social context. The Strategy also recognises the well-established gendered drivers of VAW&C,[6] which are:

1. Tolerance for, and the condoning of, violence against women

2. Men's control of decision-making and limits to women's independence in public and private life

3. Rigid gender roles and stereotyped constructions of masculinity and femininity

4. Male peer relations that emphasise aggression and disrespect towards women.

Intersectional experiences of gendered violence against women

The Strategy is informed by a human rights framework which highlights the intersectional experiences of gendered violence against women. It also adopts a broad definition of a universal approach to primary prevention that encompasses the needs of women who are at higher risk of gendered violence. Currently women with compounding levels of disadvantage such as: low socioeconomic status, disability, low educational attainment, past experiences of trauma, English as a second language, and women living in rural and remote areas may not have equitable levels of support and may experience greater levels of structural disadvantage. Recognition of the unmet needs of these groups of women will mean that prevention policy and practice approaches will prioritise their needs and address structural barriers to support.

This Strategy will focus on achieving inter-sectoral, systemic change that builds the capacity of services to measure and respond using appropriate, culturally safe and targeted approaches which address the unique needs, perspectives and barriers for women who are at higher risk of gendered violence.

03

What is violence against women and their children?

The term 'violence against women' covers a range of forms of violence that may be criminal or non-criminal in nature. It is predominantly recognised as behaviours intended to exercise power and control over women and/or instil fear. This violence includes physical, emotional, economic, social, sexual and spiritual violence. In addition to the physical, emotional and social harms resulting from gender based violence, there are also multiple, serious, long-term effects for its victims.

This Strategy's definition of violence against women is shared with *Change the Story*, the *National Plan to Reduce Violence against Women and their Children 2010-2022* and the United Nations Declaration on the Elimination of Violence against Women (1993). It is:

> *Any act of gender based violence that causes or could cause physical, sexual or psychological harm or suffering to women, including threats of harm or coercion, in public or in private life.[7]*

We will use the term Violence Against Women and their Children (VAW&C) throughout this Strategy document as it reflects the gendered nature of the violence, and encapsulates many commonly used terms describing male perpetrated violence against women: domestic violence, family violence, intimate partner violence, sexual assault. The primary focus of this Strategy is preventing violence against women with consideration of the flow-on effects to their children.

The scale of the problem

In Australia, at least one woman is killed each week by an intimate partner or former partner. Intimate partner violence contributes to more death, disability and illness in women aged 15 to 44 than any other preventable

risk factor.[8] 1 in 4 Australian women have experienced violence at the hands of a current, or ex-partner since the age of 15. The economic costs of violence against women and their children are vast and are estimated to cost the Australian economy $21.7 billion each year. Almost half of this cost is attributed to the pain, suffering and premature mortality of women who have experienced violence.[9]

Violence against women and their children (VAW&C) has far-reaching social, economic and health impacts. The health burden is related to increased mental health issues for women who have experienced violence – specifically depression and anxiety.[10] Further, violence from a current or ex-partner is the most commonly cited reason for homelessness for women with their children,[11] accounting for 55% of female clients presenting to homelessness services. This issue affects all communities regardless of culture, class, sexuality and religion. However, it is important to recognise or understand how the various social positions women occupy can also impact upon experiences of violence. Aboriginal and Torres Strait Islander women have been found to experience higher rates and more severe forms of violence than non-Aboriginal and Torres Strait Islander women.[12] While there is a lack of large population studies which include women with disabilities, evidence strongly suggests that they are more likely to experience violence; and young women (18-24 years) experience higher rates of violence than older women.[13] While there is no evidence to suggest that levels of violence are higher in Culturally and Linguistically Diverse (CaLD) communities, research indicates that the experiences of migration and settlement have a profound effect on the experience of violence and women's ability to access and receive support.[14]

Effective evidence-based approaches to PVAW&C take a comprehensive public health approach, using regional representation from specialist women's health agencies such as WHISE. This Strategy is designed to take a whole of government policy approach, tailored for local conditions in the SMR.

There are many reasons for organisations in the SMR to work together to prevent violence against women and their children. But above all, it is a fundamental violation of human rights, and one that we have an obligation[15] to prevent under international law. Violence against women and their children is preventable and we can work together in this region to target the drivers of violence against women and prevent future violence.

04

A new regional framework for action

All Australian governments have made a long-term commitment to ensuring that women and their children live free from violence in safe communities, through the *National Plan to Reduce Violence against Women and their Children 2010 – 2022* (the *National Plan*). The development of the national 'Change the Story' framework by Our Watch was a priority action under the *Second Action Plan 2013-2016: Moving Ahead*, and aims to support all prevention work under the National Plan throughout its third and fourth action plans. This regional Strategy has incorporated relevant elements from 'Change the Story', to ensure that it is consistent with the national Strategy. This regional Strategy provides the local connection to the national framework.

All organisations in the SMR that commit to this Strategy will have the opportunity to collectively demonstrate our leadership on violence against women and their children. Achieving change on this issue will not be easy and will not be possible unless we all work together. The collective power of all organisations in the SMR to prevent violence against women and their children will be far greater.

Violence against women in the Southern Metropolitan Region of Melbourne

The SMR is located in the South East of Melbourne and is based on Department of Health and Human Services boundaries. The SMR consists of 10 local government areas and has an estimated population of just over 1.4 million people.[16]

Southern Metropolitan Region Local Government Areas

Bayside	Glen Eira
Cardinia	Kingston
Casey	Mornington Peninsula
Dandenong	Port Phillip
Frankston	Stonnington

Police data provides the most localised statistics related to VAW in the SMR. This data is presented below, with the caveat that research indicates that less than one third of women contact the police following a violent incident[17]. Further, this data includes all violence that has been perpetrated from one family member to another, and is not exclusively related to VAW. However, as described earlier, the gendered nature of family violence means that perpetrators are overwhelmingly male, while the victims are female.

Police callouts to family violence incidents in the SMR have doubled over the last decade and in the 2013/14 period alone, there were more than 15,000 callouts to family incidents in the South East region. This represents 1,097 callouts per 100,000 residents – slightly higher than the metropolitan rate. Of the 15,244 reported family violence incidents in 2013/14:

- Children were present at 2,880 cases (360.7 per 100,000, compared to the Victorian rate of 387.6 per 100,000);

- Charges were laid in 2,845 cases (458.4 per 100,000, in contrast to the overall Victorian rate of 507.7 per 100,000); and

- 2,421 Intervention Orders and Family Violence Safety Notices were issued, a rate of 274.9 per 100,000 in the SMR compared to a rate of 295.3 per 100,000 in Victoria.[18]
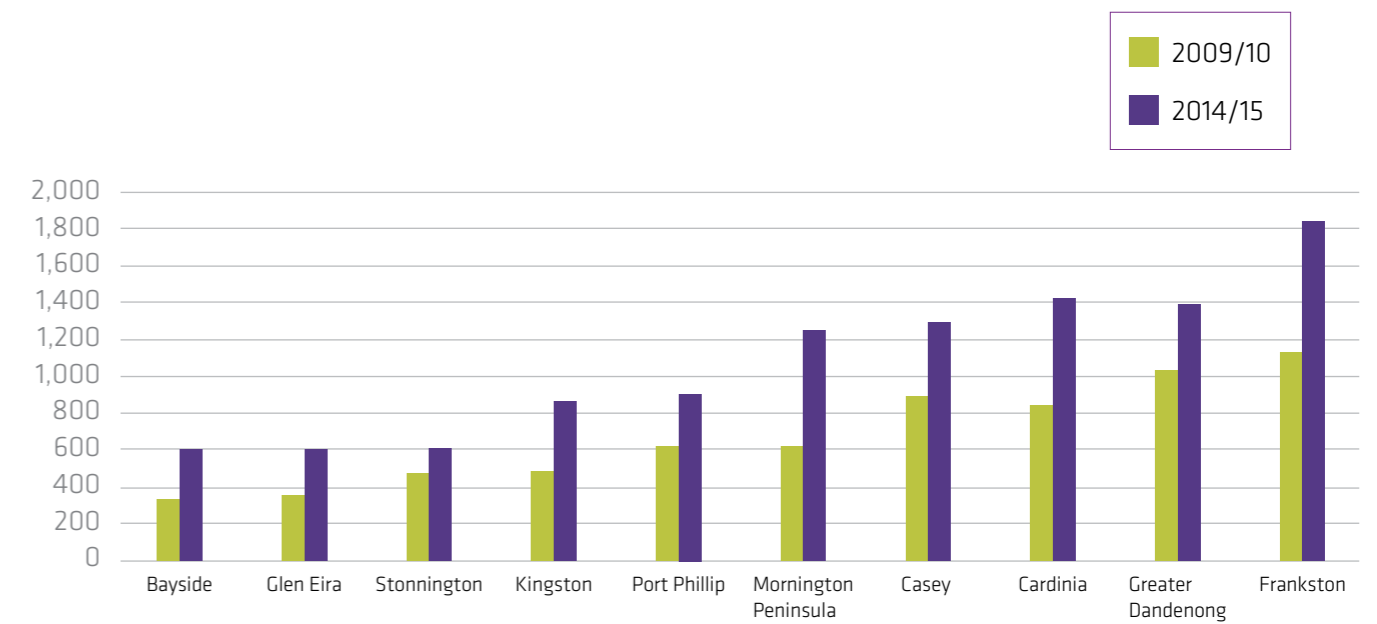

FIGURE 3: VICTORIA POLICE CALLOUTS TO FAMILY INCIDENT REPORTS: PER 100,000 POPULATION SOUTH EASTERN MUNICIPALITIES, 2009/10 COMPARED TO 2014/15

05

Our vision for the SMR

The primary prevention of violence against women and their children in the SMR will have positive impacts that go well beyond ending the violence itself. Women and their children in our region will have better health outcomes, our organisations will be more inclusive and equal, and our communities and families will support personal development and social wellbeing.

Our vision is for the SMR to be a region where women have equality and respect – and where women and children live free from violence. To achieve this vision, organisations from across the SMR Region will come together in the recognition that no single organisation can work alone to eliminate violence against women and their children.

Guiding Principles

The guiding principles will underpin all work undertaken through the Strategy, and will be reflected in all of the actions underneath each pillar. The guiding principles of this Strategy are that it:

- Adopts a primary prevention approach to eliminating violence against women and their children

- Recognises the underlying cause of violence against women as gender inequality

- Is inclusive and equitable

- Is informed by a human rights approach

- Utilises a collaborative and participatory approach

- Is evidence informed.

06

Strategy Framework

In the development phase of the Regional PVAW&C Strategy, participating organisations worked together to articulate the five Strategic Pillars and associated objectives that would underpin the Strategy. The Strategic Pillars have been designed to reflect current best practice in primary prevention work, to promote innovation within the region and to be reflective and responsive to the needs of organisations and the community in the SMR. The Strategic Pillars have been designed to compliment and reinforce one another, and will provide the strategic focus for work across the region, outline the objectives and guide action in each of the five areas.

Strategic Pillar 1 - Leadership through Partnership
Objectives:

- To increase leadership commitment with partner organisations to PVAW&C across the SMR

- To maximise collaborative partnership opportunities between partner organisations across the SMR

Strategic Pillar 2 - Organisational Transformation
Objectives:

- To foster partner organisation cultures that recognise and respect the value of women and the roles they play in all settings

- To embed gender equity principles across partner organisations in the SMR

Strategic Pillar 3 - Community Change
Objectives:

- To ignite community change through awareness of PVAW&C across the SMR

- To strengthen SMR community capacity to prevent violence against women and their children

Strategic Pillar 4 - Evidence Informed
Objectives:

- To strengthen evidence-based PVAW&C across the SMR

- To ignite PVAW&C innovation in partner organisations across the SMR

Strategic Pillar 5 - Sustaining Momentum
Objectives:

- To sustain commitment to a long-term regional approach to PVAW&C across the SMR.

Why a regional approach?

At present, there are a range of programs and projects related to the primary prevention of violence against women and their children being undertaken throughout Victoria, and more specifically in the SMR. These stem from a range of different organisations, and diverse funding sources with varying criteria attached. Research has shown that the significant and long-term cultural change necessary to eliminate men's violence against women and their children requires the implementation of consistent and coordinated initiatives; not one-off or short term projects that are implemented in isolation.[19]

A region-wide approach to the PVAW&C aims to reach everyone living in the SMR to have the greatest impact. This requires us to engage with people from all demographic groups, from all cultural and socio-economic backgrounds, of all ages, abilities, genders and sexualities, and from all locations across the SMR. This does not mean that every initiative needs to reach everyone. The purpose of this Strategy is to ensure that all PVAW&C activity in the region is tailored to the

different communities, contexts and audiences that it needs to target. This will ensure relevance across a diverse population. Each initiative should be carefully tailored to ensure it is appropriate and meaningful for the group of people it aims to engage; whether this is men in a male-dominated outer suburban football club, young people in an Aboriginal community or an organisation's employees working in a specific environment. We will prioritise collaboration with higher risk communities and their specialist services (such as Disability Services and Aboriginal Services), and we will focus specific and intensive effort with communities affected by multiple forms of disadvantage and discrimination, as well as working across the life course.

Vision

A region where women have equality and respect – and where women and their children live free from violence.

Strategic pillars

- Adopts a primary prevention approach to eliminating violence against women and their children
- Recognises the underlying causes of violence against women as gender equality and rigid adherence to gender norms
- Is inclusive and equitable
- Is informed by a human rights approach
- Utilises a collaborative and participatory approach
- Is evidence informed

Leadership through partnerships	Organisational Transformation	Community Change	Influencing Evidence	Sustaining Momentum
Objectives	**Objectives**	**Objectives**	**Objectives**	**Objectives**
1. To increase leadership commitment with partner organisations to PVAW&C across the SMR	3. To foster partner organisation cultures that recognise and respect the value of women and the roles they play in all settings	5. To ignite community change through awareness of PVAW&C across the SMR	7. To strengthen evidence based PVAW&C across SMR	9. To sustain commitment to a long-term regional approach to PVAW&C across the SMR
2. To maximise collaborative partnership opportunities between partner organisations across the SMR	4. To embed gender equality principles across partner organisations in the SMR	6. To strengthen SMR community capacity to prevent violence against women and their children	8. To ignite PVAW&C innovation in partner organisations across the SMR	

Settings for PVAW&C

To ensure that PVAW&C actions are effective, they must be implemented across settings through mutually reinforcing strategies.

Settings include:

- education and care settings for children and young people
- universities, TAFEs and other tertiary education institutions
- workplaces, corporations and employee organisations
- sports, recreation, social and leisure spaces
- the arts
- health, family and community services
- faith-based contexts
- media
- popular culture, advertising and entertainment
- public spaces, transport, infrastructure and facilities
- legal, justice and correctional contexts.

In order for primary prevention initiatives to be successful they must be implemented across sectors, utilising collaborative and mutually reinforcing strategies. There is a growing recognition that preventing violence against women and their children is everybody's business. Further, integrated, region-wide planning must continue to be a priority given the scant resources available to organisations, in order to ensure that existing work continues to be supported and enhanced, and that PVAW&C remains a priority across the SMR. One of the ambitions of this Strategy over the next five years will be to expand the reach of participating organisations to encompass as many of the above settings as possible.

How has the Strategy been developed?

The Women's Health Association of Victoria received funding from the Victorian Department of Health (DHS) to implement the project 'Women's health services leading regional action to prevent violence against women and children (2014-2016)'. The project was funded for a period of 18 months (2014-2016), ending in May 2016 and will result in nine regional strategies for the prevention of violence against women and their children throughout the State. Each of the regional strategies will be developed and implemented by respective regional Women's Health Services. Women's Health in the South East (WHISE) received funding to lead the development of a Strategy in the Southern Metropolitan Region.

WHISE's vision is to improve the health and wellbeing of women in the SMR within a Social Model of Health and a feminist perspective with a commitment to the principles of equity and choice in health for all women. A whole-of-region perspective and an ongoing commitment to PVAW&C prioritisation, means WHISE is well positioned to oversee this Strategy development and implementation in the SMR.

Consultation and collaboration processes

The development of the Strategy was an inclusive and collaborative process - building upon and strengthening existing work in the region - WHISE prioritised consultation and networking with key partners across the region. Consultation with partners across the region demonstrated a high-level of commitment from organisations, and clearly articulated the need for a consistent regional approach to the prevention of violence against women and their children. Consultation was also undertaken with local and state-wide services to ensure representation across specific population groups such as CaLD women, Indigenous women and women with a disability.

This culminated in the inaugural Leaders Forum, held by WHISE in July 2015. The Leaders Forum gathered high-level representatives from 28 organisations across the SMR, including local governments, community health services, primary care partnerships, family violence services and government partners to establish the vision and priorities for the SMR Strategy. The Leaders Forum utilised the evidence base described above and results from a Stakeholder survey to identify guiding principles and strategic pillars to oversee and guide Strategy action.

A second consultation workshop was held in October 2015. Here, the vision, guiding principles and strategic pillars were further developed into areas of action. Participants developed draft objectives for each of the five key pillars and utilised VicHealth 'Action Areas for Primary Prevention'[20] to discuss the work already being undertaken in the region, to highlight gaps, and to outline future plans/priorities.
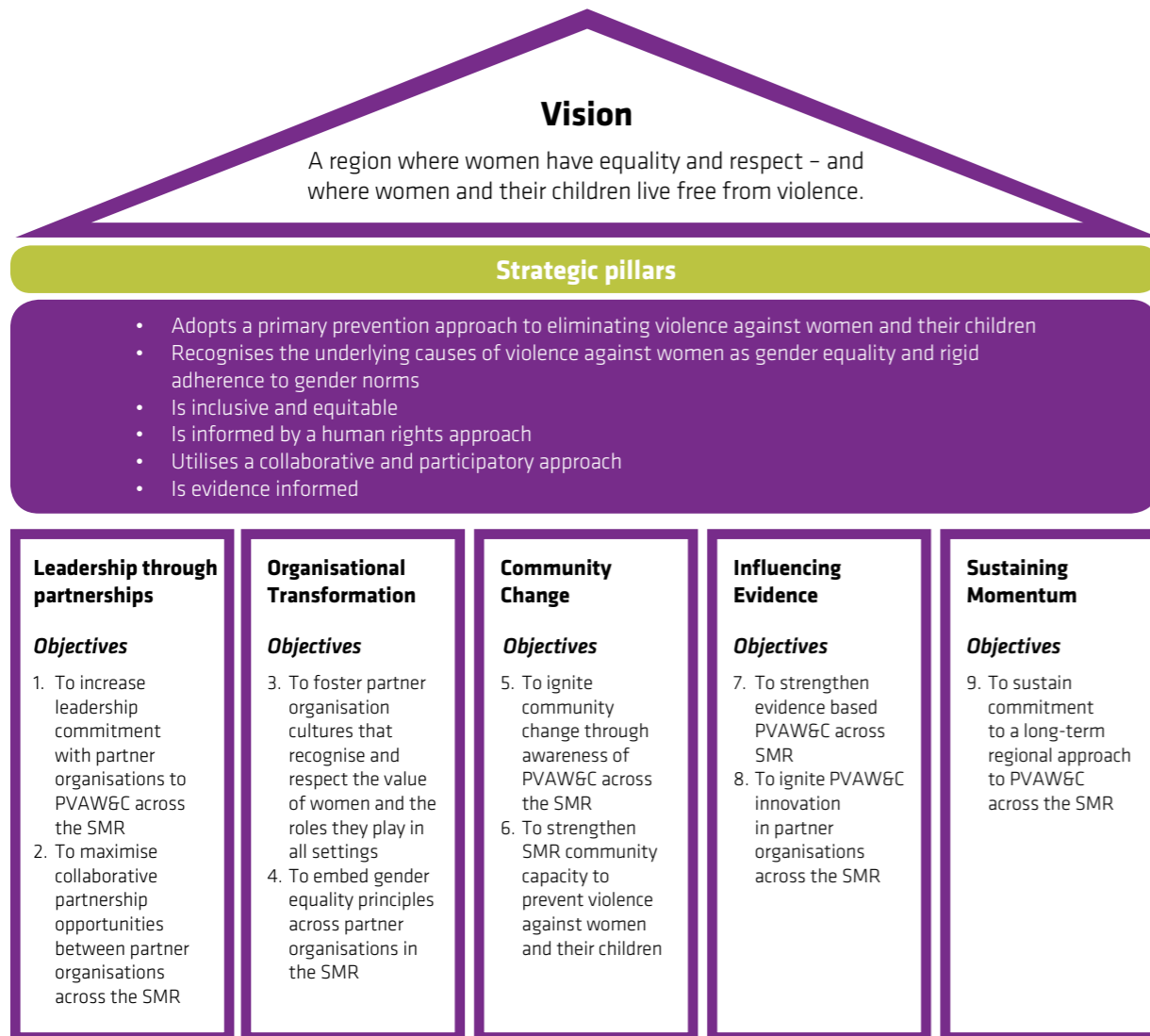
Alignment with broader Policies, Strategies and Structures

The development of this Strategy has been informed by the current policy context described below, and has been designed to align with National, State-wide and regional policies and structures.

Australia is a signatory to the International Convention on the Elimination of All Forms of Discrimination against Women (CEDAW).[21] CEDAW signatories must be seen to take all necessary measures to end discrimination against women and is a mechanism that holds governments accountable to upholding these rights. The CEDAW as a global instrument shifted the discourse surrounding violence against women from one of personal responsibility, to being viewed as a violation of social, political and human rights.

Both the National and State-wide plans to address violence against women have articulated the prevention of violence against women as an urgent public health issue, also prioritising the need for increasing primary prevention policies and initiatives.

The Australian Government demonstrated an increased commitment to ending violence against women with the *National Plan to Reduce Violence Against Women and their Children (2010 – 2022)*[22]. Currently in its Second Action Plan; *Moving Ahead (2013-2016)*, the National Plan has clearly articulated a need to engage in primary prevention, with a specific focus in national priority area one: *driving whole of community action to prevent violence*.

In November 2015, Our Watch, VicHealth and ANROWS released *Change the Story: a shared framework for the primary prevention of violence against women and their children in Australia*[23]. *Change the Story* is a National Framework designed to achieve a consistent and integrated approach to the primary prevention of violence against women and their children in Australia. Australia is the first country in the world to have a national, evidence-based framework to prevent violence against women and their children. This Strategy for the SMR has been designed to directly align with the national framework from Our Watch.

The Victorian Government launched the *Victorian Action Plan to Address Violence Against Women (2012-2015)*[24], which has an action area to prevent violence against women and their children through education to change attitudes and behaviours and promote respectful non-

violent relationships. *The Victorian Health and Wellbeing Plan 2015-2019* clearly articulates the prevention of violence against women and their children as a public health responsibility.

At the regional level there are a number of existing plans and strategies that complement, strengthen and support this Strategy. There are two Integrated Family Violence Partnership Governance Bodies with a focus on the prevention of violence against women and their children in the region, and each has participated in the development of this Strategy. These two governance bodies are formed by local partnerships in the region who are working together to roll out the Government family violence reform agenda: Victoria's Action Plan to Address Violence against Women and Children. These are:

- Bayside Peninsula Integrated Family Violence Partnership
- Southern Melbourne Integrated Family Violence Partnership

The Kangoo Bambadin Indigenous Family Violence Regional Action Group also covers the entire SMR, to work with the community to prevent and respond to Indigenous family violence. In 2014 the Southern Metropolitan Regional Management Forum[25] (RMF) determined Family Violence to be one of its key priority projects and as such uphold its mandate to educate and increase awareness of violence against women within the SMR. As leaders, employers and procurers, RMF members have a strong collective community reach. The RMF's interest in changing cultural underpinnings that enable family violence to occur can bring to action the message that it is the responsibility of all.
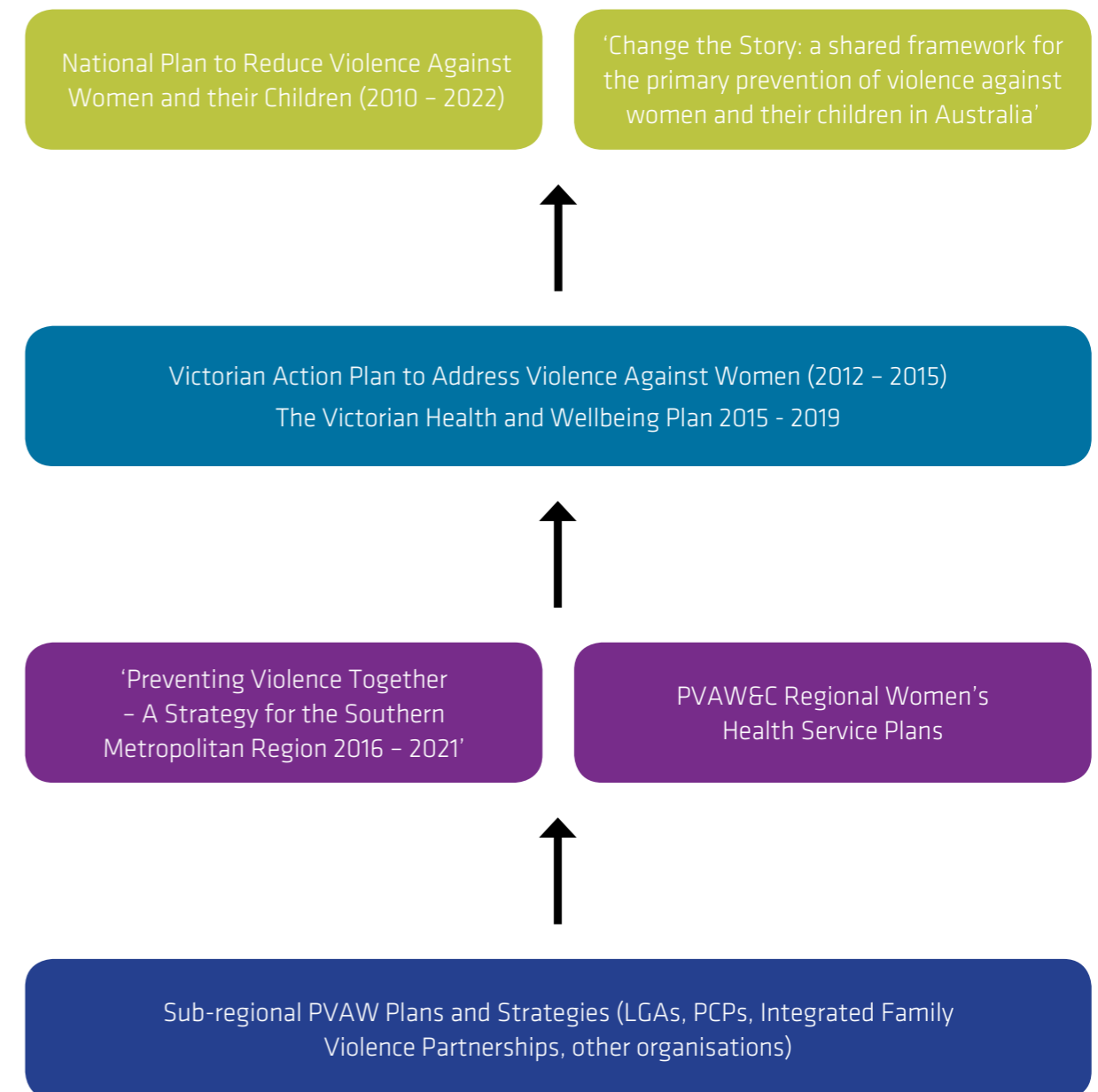
Strategy Endorsement

This Strategy is designed to be the mechanism to coordinate combined and consistent activity across all participating organisations in the region. This will promote mutually reinforcing messaging and practice, as well as ensure reach across systems and sectors, rather than being limited to single communities, organisations or contexts.

Signatory organisations to this Strategy have made a formal commitment to the prevention of violence against women, agreeing to actively participate in the development, oversight and implementation of an Action Plan to guide the regional approach.

This Strategy provides an overarching agenda for the prevention of violence against women and children in the SMR through the articulation of mutually reinforcing strategies and a commitment from organisations in the SMR to prioritise PVAW&C and gender equity work. All organisations in the SMR that commit to the Strategy will have the opportunity to collectively demonstrate our leadership on violence

against women and their children. The Strategy recognises that organisations throughout the region have different levels of readiness and capacity to engage in PVAW&C work. Involvement in the Strategy does not prevent organisations from tailoring actions to address their own organisational mandate or the needs of the communities they work with.

National Plan to Reduce Violence Against Women and their Children (2010 – 2022)

'Change the Story: a shared framework for the primary prevention of violence against women and their children in Australia'

Victorian Action Plan to Address Violence Against Women (2012 – 2015)
The Victorian Health and Wellbeing Plan 2015 - 2019

'Preventing Violence Together – A Strategy for the Southern Metropolitan Region 2016 – 2021'

PVAW&C Regional Women's Health Service Plans

Sub-regional PVAW Plans and Strategies (LGAs, PCPs, Integrated Family Violence Partnerships, other organisations)

07

Strategy Governance and Implementation

Implementation of the Strategy will take a well coordinated, evidence-based approach. Women's Health in the South East (WHISE) will provide overall leadership of the Strategy, as WHISE is charged with the responsibility of leading the health agenda for women right across the SMR of Melbourne. The Strategy will be led by a senior Steering Committee (SC), chaired by the CEO of WHISE. The SC will meet quarterly with membership comprised of senior management representatives from signatory organisations throughout the region. This will include Community and Women's Health Services, Local Government, Primary Care Partnerships, Integrated Family Violence Partnerships and other key agencies in the SMR.

The purpose of the Steering Committee, chaired by the WHISE CEO, will be to:

- Provide high-level leadership of the Strategy implementation

- Reduce duplication of PVAW&C work

- Optimise resources across the region to maximise the collective PVAW&C action.

- Coordinate the provision of tailored training in a systems-based approach to the implementation of PVAW&C and gender equity across participating organisations;

- Identification and co-ordination of funding opportunities to further extend and integrate PVAW&C work across the region;

- Co-ordinate advocacy efforts that harness the influence and expertise with partnership organisations to be added to a national and unified voice on PVAW&C

- Reporting PVAW&C actions to all stakeholders.

The SC will inform the Community of Practice (CoP) who will be responsible for implementing and operationalising the Strategy. The WHISE CEO will chair the SC and WHISE staff will provide strategic and administrative support, maintaining the action plan, providing support to organisations and overseeing Strategy communications. The CoP will involve practitioners from across the SMR who are working in the PVAW&C space within their own organisation. It will provide a unique opportunity to support Strategy implementation and provide opportunity for capacity building and development of the PVAW&C workforce. Working groups will be established from either the SC or the CoP based on needs as determined by the SC.
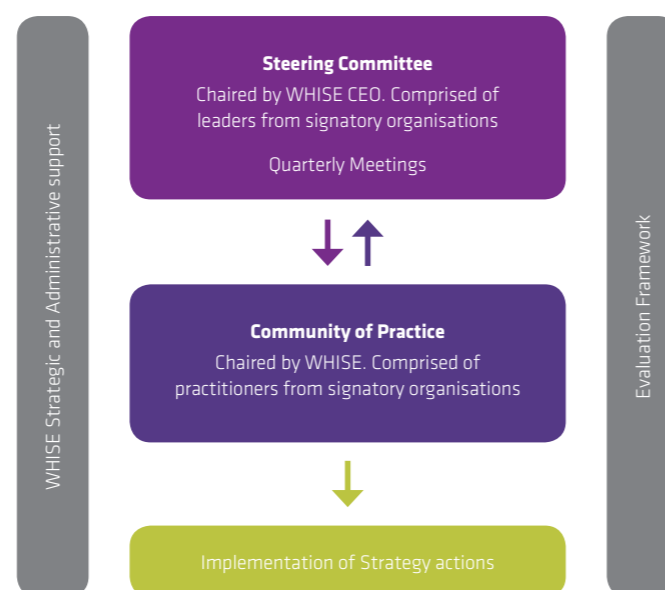
Role of WHISE

WHISE is a women's health promotion agency working in unison with stakeholders to build the capacity across the SMR in issues affecting the social determinants of women's health. Central to WHISE is the recognition that immigrant and refugee women should be at the forefront of all efforts to prevent violence and to optimise access to sexual and reproductive health through a culturally secure approach.

WHISE is uniquely placed to harness the collective efficacy of this growing community momentum. Building on the settings-based approach outlined by VicHealth, WHISE has extensive experience and the specialist expertise required to continue to lead the way in PVAW&C, working in partnership with workplaces, local government, community organisations, health services, ethno-specific, multicultural and Aboriginal community controlled organisations, sport and recreation, emergency services, education providers including schools, the domestic violence response sector and more. WHISE works with community leaders, organisations and individuals to influence men, women, young people and children through changes to policy, practice and culture that respond to the needs of the local community.

Key elements of WHISE's work include:

- The provision of leadership and expertise in the areas of prevention of violence against women and sexual and reproductive health, including the monitoring of all aspects of regional women's health, advocating on key women's health issues and facilitating integrated responses

- The delivery of tailored training to organisations to orient policy and practice to recognise violence against women as a workplace issue and build capacity regarding gender equity

- Taking a whole of community approach to tackling the drivers of violence against women by influencing service systems, regional policy and practice approaches, community attitudes and supporting community action

- Evidence creation, translation and dissemination on issues relating to violence against women and sexual and reproductive health in partnership with ANROWS (Australia's National Research Organisation on Women's Safety) to inform best-practice approaches.

As a specialist organisation WHISE is ideally placed to lead the regional PVAW&C Strategy. WHISE's specific contribution to the regional PVAW&C Strategy will be to demonstrate leadership of the Strategy through:

- Leveraging strategic partnerships with organisations within and outside of the health sector to inform and support the regional Strategy

- Co-ordination of the steering committee and driving the agenda of the Community of Practice, ensuring all actions are evidence informed, and monitoring actions under the regional PVAW&C strategy to ensure marginalised women are at the fore-front of all PVAW&C efforts

- Development and monitoring of the underpinning evaluation framework

- Building the capacity of providers to take a systems-based approach to PVAW&C and gender equity.

08

Next steps

Signatory organisations have agreed that the goal of this Strategy is to create 'a region where women have equality and respect – and where women and children live free from violence'. This is an achievable goal, but reaching it will require sustained effort over the long term. This final element details the next steps towards achieving our goal.

Action Plan 2016

Following publication of this Strategy, the Steering Committee will work together to develop an Action Plan to accompany the Strategy. This will be a dynamic plan that will be updated yearly to provide annual targeted focus for action. It will be based on regional needs, the broader political environment and ongoing monitoring and evaluation findings. It will highlight leadership opportunities and drivers of change, as well as providing a clear set of objectives and actions for organisations to work towards.

The Action Plan will recognise existing work being undertaken across the SMR, and highlight actions that can be embedded within existing programs and policies and others that require additional input. It will also serve as a catalyst for increased coordination and collaboration of PVAW&C activities in order to augment existing approaches, avoid unnecessary duplication and most importantly, ensure we are coordinating initiatives to achieve a mutually reinforcing effect towards PVAW&C in the region.

Innovating and evaluating to build evidence

One of the strategic pillars of this Strategy is to strengthen evidence based PVAW&C work, and ignite PVAW&C innovation across the SMR. Primary prevention of VAW&C is a relatively new field, which means there is a limited number of fully evaluated example programs. As part of this Strategy, we will work together to draw on all available evidence, prioritising formal evaluations but also incorporating lessons from research, practice, consultation and advice from those with relevant expertise. We will seek to not only replicate successful techniques, but also test, adapt and evaluate them in different contexts and settings, an approach that is not only evidence-based, but also evidence-building.

Investment in evaluation is crucial if we are to strengthen our knowledge of what works, and just as importantly, what does not work, to prevent violence. The Steering Committee will work together to ensure that evaluation forms a part of all PVAW&C initiatives in the region, and that it is resourced appropriately as a tool for learning and accountability. An evaluation framework will be developed in the next phase of activity under this Strategy.

How will we know we are making a difference?

Our Watch plans to publish a guide to monitoring PVAW&C initiatives, which will identify measures of national prevention efforts that will contribute to shifts in the underlying drivers of violence against women and their children. This will provide us with high-level guidance on how to measure the impact of prevention efforts across our region. We will seek to align our monitoring and evaluation plans to these indicators and measures.

We will also use tools such as VicHealth's 'Gender equality roadmap' to provide a useful benchmarking tool for participating organisations. This will enable the Steering Committee to assess progress each year towards achieving sustainable change, as well as our collective impact in the SMR towards achieving gender equality.

Endnotes

1   United Nations (1993). *Convention on the Elimination of all forms Discrimination Against Women*. Retrieved from: http://www.un.org/womenwatch/daw/cedaw/text/econvention.htm

2   Our Watch, ANROWS and VicHealth 2015. *Change the story: A shared framework for the primary prevention of violence against women and their children in Australia*, Our Watch, Melbourne, pg 18

3   See *Change the Story*, Element 3 for more detail on primary prevention techniques and strategies.

4   *Change the Story*, pg 18

5   *Change the Story*, pg 12

6   *Change the Story*, pg 26

7   United Nations (1993). *Convention on the Elimination of all forms Discrimination Against Women*

8   Based on Victorian figures from VicHealth (2004) The health costs of violence: Measuring the burden of disease caused by intimate partner violence, Victorian Health Promotion Foundation, Melbourne, https://www.vichealth.vic.gv.au/media-and-resources/publications/the-health-costs-of-violence. A comparable national study is pending.

9   *A high price to pay: The economic case for preventing violence against women*. Retrieved from: http://www.pwc.com.au/publications/economic-case-preventing-violence-against-women.html

10 Mouzos, J & Makkai, T. (2004). *Women's Experiences of Male Violence: Findings from the Australian Component of the International Violence against Women Survey*, Research and Public Policy Series, no. 56, Australian Institute of Criminology, Canberra. Retrieved from: http://www.aic.gov.au/media_library/publications/rpp/56/rpp056.pdf

11 Australian Institute of Health and Welfare Specialist homeless services data collection 2011-12, Cat. No. HOU 267, Australian Institute of Health and Welfare (2012). http://www.aihw.gov.au/shs/data-cubes/

12 SCRGSP (Steering Committee for the Review of Government Service Provision) 2014, *Overcoming Indigenous Disadvantage: Key Indicators 2014, Productivity Commission, Canberra*. Retrieved from: http://www.pc.gov.au/research/ongoing/overcoming-indigenous-disadvantage/key-indicators-2014/key-indicators-2014-report.pdf

13 See note 3.

14 Rees, S & Pease, B (2007). *Domestic violence in refugee families in Australia: Rethinking settlement policy and practice*. Journal of Immigrant & Refugee Studies, 5(2), 1–19.

15 Change the Story, 2015

16 Correlation between Selected Social Conditions, 2010 / Hayden Brown. Melbourne : City of Greater Dandenong, c2010

17 Parliament of Australia, *Measuring domestic violence and sexual assault against women: a review of the literature and statistics*, retrieved from http://www.aph.gov.au/about_parliament/parliamentary_departments/parliamentary_library/publications_archive/archive/violenceagainstwomen

18 Victoria Police Family Incident Reports 2009/10 - 2013/14 retrieved from: https://www.police.vic.gov.au/content.asp?a=internetBridgingPage&Media_ID=72311

19 Amnesty International (2008). *Setting the standard: International good practice to inform an Australian National Plan of Action to eliminate violence against women*. Retrieved from: http://www.amnesty.org.au/images/uploads/svaw/NPOA_report_-_Master_13June_opt_rfs.pdf

20 For further information on the Vic Health action areas see: Preventing violence before it occurs- A framework and background paper to guide the primary prevention of violence against women in Victoria

21 United Nations (1993). *Convention on the Elimination of all forms Discrimination Against Women*.

22 COAG (2010). National Plan to Reduce Violence against Women and their Children 2010-2022. Retrieved from: (https://www.dss.gov.au/sites/default/files/documents/08_2014/national_plan1.pdf

23 *Change the Story*, 2015

24 Victorian Government (2012), *Victoria's Action Plan to Address Violence Against Women and their Children (2012-2015)*. http://awava.org.au/wp-content/uploads/2012/10/VIC-Action-Plan-To-Address-Violence-against-Women-Children.pdf

25 Regional Management Forums (RMFs) are the preeminent Victorian Government mechanism for collaboration between senior officers across the three tiers of government at the regional level. Established in 2005, RMFs play an important role in ensuring that, together, key government and community players can identify, discuss and coordinate efforts to address priority issues in their local communities. Each RMF is tasked to identify and articulate two priority areas of focus, milestones and outcomes to be addressed throughout the year.