



GEN VIC submission to Federal Inquiry into family, domestic and sexual violence

July 2020

About Gender Equity Victoria (GENVIC)

Gender Equity Victoria (GENVIC) is the peak body for gender equity, women's health and the prevention of violence against women in Victoria. Our vision is for equality, wellbeing and freedom from violence for every woman and girl, in every community of Victoria.

GENVIC represents individual and organisational gender equity leaders across Victoria who advance gender equity and hold values that align with feminist principles. Our current membership reaches every region and community in Victoria. We value our public, private and community sector membership.

GENVIC recognises gender as a key determinant of wealth, power and status in society and therefore one of the most powerful drivers of health inequities, hate and violence. We advocate, influence and collaborate to improve outcomes in gender equity, women's health and in the prevention of violence against women.

GENVIC performs a number of key functions that:

- support Victoria's gender equity industry with training and professional development
- ensure women's voices are integral to policy, legislation and services
- deliver evidence-informed gender equity, women's health and primary prevention projects and activities;
- facilitate collaboration and partnerships between Victorian women.
- Celebrate gender equity in Victoria

For any further enquiries please contact GENVIC Manager: Jacinta Masters

Jacinta.masters@genvic.org.au

What is gender equity?

- Gender equity is a journey and a destination.
- Gender equity is fairness and justice for all people in family, community, workplaces, the economy and public policy.
- Gender equity is people reaching their full potential regardless of sex or gender.
- Gender equity is people of diverse and different needs thriving without barriers.
- Gender equity is a future where opportunity is genuinely equally available to all.

For all women

- We're focused on achieving gender equity for anyone who identifies as a woman or experiences discrimination, harassment and oppressions that come from sex and gender stereotyping.

For expert gender equity, women's health and primary prevention practitioners and advocates

- Our membership includes organisations and individuals with expertise in the primary prevention of violence against women (PVAW) including:
 - 12 State-wide and Regional Women's Health Services who:

- Coordinate **9 Regional PVAW Partnerships with 500 organisations** across the State of Victoria
 - Educate through **Action to Prevent Violence Against Women Resource**
 - Deliver **cutting edge prevention programs** (See Addendum A)
 - Facilitate **Victim-Survivor voices** in prevention
 - Provide **Gender Equity Training** & support to organisations and individuals
- Women's Information Referral Exchange
 - A Statewide advice line providing support to Victorian Women, including **financial literacy for family violence survivors**
- Women's Legal Service Victoria
 - In addition to providing family violence legal services, undertakes primary prevention activity in the form of changing gendered cultures within the Victorian legal system through its **Starts With Us Project**
- The Women's – Royal Women's Hospital
 - In addition to treating victim-survivors of family violence, The Women's also undertakes primary prevention projects such as **Beneath the surface**, a digital storytelling project of health professionals own experience of family violence, **I-DECIDE** an online healthy relationship tool and safety decision aid; **Better Man Pilot** of an online early intervention tool for engaging men who use violence to seek help.

A full list of Gender Equity Victoria's membership is located at <https://www.GENVIC.org.au/about-us/our-members/>

Executive Summary

Gender Equity Victoria is focussed on assisting the State of Victoria to create the necessary preconditions to prevent violence against women in Victoria by addressing the key driver of violence – gendered attitudes and behaviours - which limit women achieving their full potential and seed a culture of gendered hate, violence and misogyny.

Preventing violence against women is both an aim of Gender Equity Victoria, but it is also a metric by which we measure the success of whole of community initiatives to address gender inequity. Which is why we are concerned that despite record levels of investment and a raised profile about gendered violence following the Royal Commission into Family Violence in 2015, all forms of gendered violence have continued to increase in Victoria.

SINCE THE ROYAL COMMISSION INTO FAMILY VIOLENCE, ALL FORMS OF GENDERED VIOLENCE HAVE INCREASED IN VICTORIA:

FAMILY VIOLENCE
SEXUAL OFFENCES
SEXUAL HARASSMENT



#intergenerationalchange #prevention
#RespectWomen #CallItOut

Family Violence

Family Violence offences were up **5.0% to 100,480 offences** in 19/20 and family related incidents increased by 5.8%. These are the highest numbers on record according to Fiona Dowsley, Crime Statistic Agency Chief Statistician.

Sexual Offences

Sexual offences are up **11,568 at the start of the RCFV to 13,796. That's an increase of 19.2%** These statistics align to high profile rape and murders of young women in Victoria over the last four years.

Sexual Harassment

1177 sexual harassment incidents were investigated by the Victorian Equal Opportunity Commission since the Royal Commission into Family Violence. **25% of all women in Australia will experience sexual harassment at work.**

Victorian Crime Statistics Agency;
Victorian Equal Opportunity & Human Rights Commission

Gendered violence, of which family violence is one subset, continues to be a significant threat to the health, safety and economic equality of women in Victoria.

For these reasons, GEN VIC welcomes the opportunity to make a contribution to the *Federal Government's Inquiry into Family, Domestic and Sexual Violence*.

In this submission GENVIC's observations are focussed predominantly on the implementation of primary prevention recommendations, including strategies aimed at addressing the underlying gendered drivers of violence in the home. In relation to other recommendations relating to crisis response (or secondary and tertiary prevention), we defer to the expertise of specialist family violence crisis services.

Principles in the Prevention of Violence Against Women (PVAW)

Underpinning this submission are the following principles for the prevention of violence against women shared by our membership:

- **Primary prevention of gendered violence should be delivered by specialist services, including women's services with expertise in the Prevention of Violence Against Women (PVAW).**

The Royal Commission into Family Violence has delivered important policy focus and investment in family violence service provision across the State of Victoria, enabling the rapid growth of family violence response expertise within organisations across the State – a project of change that is ongoing. As governments and generalist social service organisations build capacity to embed family violence responses into their core work, there is a risk that the decades long PVAW expertise and grassroots organising against gendered violence within women's specialists service becomes lost. Specialist family violence services, with gender equity expertise, must always be at the centre of PVAW work.

- **Family violence reform is an intergenerational project requiring sustained and certain investment.**

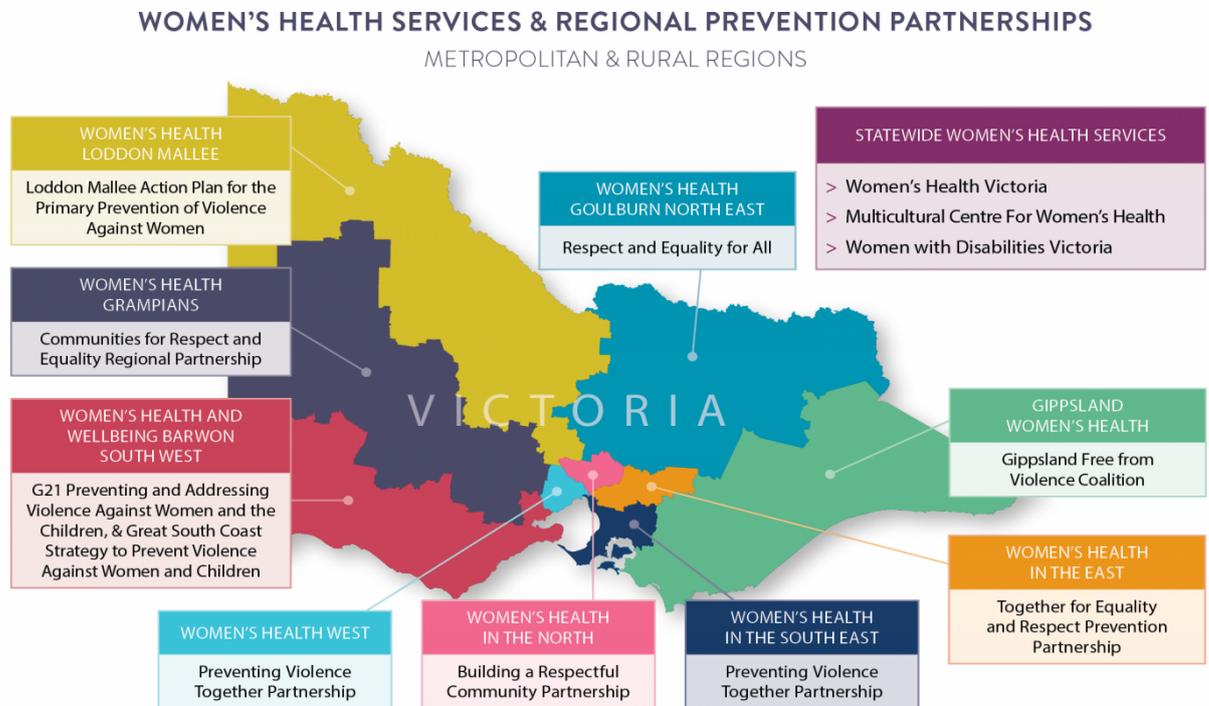
Ending gendered violence requires implementation across many years of Government. Putting an end to uncertain, ad-hoc, project-project funding for specialist family violence service provision is necessary to ensure longevity and sustainability for successful, lasting change.

- **Family violence reform, particularly in prevention, is a community wide endeavour requiring leadership from the public, private and community sector.**

Preventing gendered violence is best achieved through Collective Impact – building a shared vision for change, mutually reinforcing activities, continuous communication and measuring results together.

Giving life to VicHealth's Generating Equality & Respect pilot initiative and OurWatch's Change the Story, PVAW Prevention Partnerships in metropolitan, rural and remote areas of Victoria provide a 500 organisation strong community of private, public and community actors achieving Collective Impact in family violence prevention. Each Partnership is unique, with priorities determined by their unique geography and demography.

What works for the prevention of gendered violence in an inner urban settings is entirely different within a rural and regional location. Primary prevention activities must be place based and localised.



Thanks to the *Backbone Support* provided by women's health services in each region, the PVAW Partnerships have been long-lasting and successful alliances, delivering change at organisational and local level, enabling commitment to the RCFV Implementation agenda. They have also delivered a number of innovative localised primary prevention projects, worthy of national scale-up.

- **That victim-survivors essential to prevention.**

The political impetus to convene Australia's first Royal Commission into Family Violence is owed, in large part, to the bravery of victim-survivors, particularly Rosie Batty, mother to the late Luke Batty, a child victim of family violence.

Victim-survivor voices have been essential to shifting attitudes towards family violence, making large scale government reform possible. Their voices must inform change, but also provide the human face of the impact of gendered violence as we journey towards attitudinal and behavioural change. Projects designed to enable victim-survivors to be healthy, safe, thoughtful, engaged and effective advocates in primary prevention are essential to primary prevention activities.

Recommendations

1. Develop a new National Plan for the Prevention of all forms of Violence Against Women (the new National Plan), co-designed with experts in the field
2. Include a discrete focus on primary prevention activities and outcomes in the new National Plan.
3. Establish and maintain a national advisory committee on gendered violence primary prevention to guide development of policy and monitor outcomes.
4. Enact national gendered violence prevention legislation to embed national infrastructure and sustained investment
5. Enact a National Gender Equality Act to address the key drivers of gendered violence – poor attitudes and behaviours towards women.
6. Roll out the Victorian Regional PVAW Partnerships across Australia
7. Support Victoria’s pilot project on Gender Inequality in Advertising
8. Create a National Gender & Disaster Workforce to address the higher risk of gendered violence during natural disaster, pandemic, war and terrorism and climate change.
9. Support scale up of LGBTIQ violence prevention research and initiatives
10. Integrate sexual harassment into existing efforts to prevent violence against women across multiple settings, in line with the national primary prevention framework, Change the Story, and guided by an intersectional gender equity approach
11. Explicitly include preventing and responding to sexual harassment as a priority area in the next National Plan to Reduce Violence Against Women and their Children.
12. Explore what, if any, adjustments are needed to ensure existing primary prevention programs, including training, deal effectively with sexual harassment
- 13.** Implement all the recommendations outlined in the Australian Human Rights Commission’s National Inquiry into Sexual Harassment in Australian Workplaces Report.
14. Invest in research to understand the impacts of the COVID-19 response on sexual harassment and ensure approaches to preventing and responding to sexual harassment accommodate changes to work practice arising (or accelerating) due to COVID-19
15. Resource specialise women’s organisations to prevent and respond to sexual harassment
16. Ratify ILO Convention 190, concerning the elimination of violence and harassment at work.
17. Increase support of specialist gendered violence services and Centers Against Sexual Assault to meet rising incident and reporting rates.
18. Report annually via a National Gender Equality Report on the numbers of sexual violence incidents, including data on the numbers of complaints proceeded with and discontinued.

19. Dedicate resources aimed at reducing sexual violence, while also investigating and addressing complaint making systems that routinely fail women and children who make complaints.
20. Strengthen family violence and sexual assault definitions to ensure reproductive coercion is included in the list of unlawful behaviour covered by existing laws
21. Ensure access to reproductive health services including contraception and abortion, in light of likely increase in unplanned pregnancies and increased sexual violence.
22. Ensure that there is gender-based planning and inclusion of women in disaster prevention, response and recovery. This should include a plan to ensure a back-up workforce can sustain prevention activity during a major crisis.
23. Develop annual National Gender Equality Report, measuring performance on gender equity and the prevention of all forms of violence against women.
24. Implement the Gender Equity & Covid19 Joint Statement
25. Ensure a gender equal recovery from COVID19 in Victoria

Primary prevention – research and evidence

Family violence and violence against women is a prevalent and serious concern in Australian society, the prevention of which is key to securing positive health and wellbeing outcomes in communities. Evidence shows that there are clear differences in the ways in which men and women perpetrate and experience violence. National data shows women were nearly three times more likely to have experienced partner violence than men, and eight times more likely when it involved sexual violence (ABS, 2017). Women also experience violence in public spaces, with one in two women having experienced sexual harassment in their lifetime (ABS, 2017). Ninety-five percent of violent acts in both these public and private domains (and against either men or women) are perpetrated by men (Change the Story, 2015). A gendered understanding therefore must inform any prevention response to this issue.

Primary prevention works by targeting the underlying causes of violence, challenging the norms, structures and practices that drive violence against women to prevent the issue before it begins. A key publication informing this work is *Change the Story: A shared framework for the primary prevention of violence against women and their children in Australia* (Our Watch, ANROWS and VicHealth, 2015), which paved the way for cohesive and mutually reinforcing practice across Australia. This framework consolidates national and international research that demonstrates how higher levels of violence against women are consistently accompanied by lower levels of gender equality in both public life and personal relationships.

A key element of the *Change the Story* framework is the use of the socio-ecological model, recognising that harmful gendered norms, practices and structures exist not only at an individual level, but also at the organisational, community and societal level. Given the entrenched nature of attitudes, a whole-of-population approach must be adopted, tailoring strategies across different settings, communities and contexts. This encompasses actions that can include campaigns, programs, education or advocacy activities. Our Watch's *Workplace Equality and Respect* (2018) is one such approach, outlining practice tools and resources to make organisational change that embeds gender equity.

This work is enhanced by incorporating an intersectional lens. While family violence and violence against women stems from gender inequality, other forms of discrimination, policies and political forces interact with gender. Overlapping characteristics such as ethnicity, ability, sexual orientation, gender identity, religion or age can compound and influence the patterns of violence people experience (Chen, 2017). *Changing the picture: A national resource to support the prevention of violence against Aboriginal and Torres Strait Islander women and their children* (Our Watch, 2018) expands a gendered lens to integrate impacts of colonisation on Aboriginal and Torres Strait Islander people's experience of violence. Similarly, the recently released *Pride in Prevention: A guide to primary prevention of family violence experienced by LGBTIQ communities* (Rainbow Health, 2020) considers the need to address specific drivers and impacts of violence against LGBTIQ communities. Examples such as these demonstrate the ongoing evidence base that is being built by sector leaders to ensure violence is prevented in all communities.

Victoria is leading the way, giving life to best practice prevention research and evidence. Our submission highlights key activities across the state, evaluated, scale-able and adaptable for potential national implementation.

Promising practice in Victoria with national application

The Royal Commission into Family Violence has given the Victorian family violence prevention sector an opportunity to embed theory into promising practice in policy development, legislated infrastructure, state-wide delivery partnerships and thoughtful localised projects.

Policy for prevention

The policy framework for prevention in Victoria, *Free from Violence: Victoria's strategy to prevent family violence and all forms of violence against women*, while integrated with other family violence policy in the state, is a discrete and separate document with a strong outcomes framework. Extensively co-designed with the gendered violence prevention sector, Free from Violence has three distinct phases:

Phase 1: Building on what works and scaling up

Phase 2: Strengthening Whole of Community Efforts and Actions

Phase 3: Maintaining Efforts and Getting Results

Victoria is currently implementing Phase 1, with Government and a number of public sector and community organisations responsible for its implementation.

The development of the policy framework was aided by a Ministerial Prevention of Violence Taskforce, which was particularly active during drafting. It is not clear whether this body will continue to provide oversight of the policy.

Recommendation:

26. Develop a new National Plan for the Prevention of all forms of Violence Against Women (the new National Plan), co-designed with experts in the field
27. Include a discrete focus on primary prevention activities and outcomes in the new National Plan.
28. Establish and maintain a national advisory committee on gendered violence primary prevention to guide development of policy and monitor outcomes.

Legislation for prevention

Victoria has created a strong legislative environment for prevention through the enactment of the *Prevention of Family Violence Act*, which establishes an independent statutory agency, Respect Victoria, to lead the implementation of a family violence agenda. In addition, Victoria has also legislated a *Gender Equality Act* to drive attitudinal and behaviour change within public sector workplaces and settings, as Government's way of addressing the key drivers of violence.

Legislation embeds the prioritisation of gendered violence prevention across the state, ensuring that the investment and policy focus lasts across changes of Government, delivering the necessary infrastructure for sustained change required over generations.

Recommendation:

29. Enact national gendered violence prevention legislation to embed national infrastructure and sustained investment
30. Enact a National Gender Equality Act to address the key drivers of gendered violence – poor attitudes and behaviours towards women.

Prevention projects

In addition to prevention policy and legislation, there are a number of prevention projects in Victoria which have potential for national scale up.

CASE STUDY 1: Regional Prevention of Violence Against Women Partnerships

Victorian gendered violence prevention infrastructure is driven through Regional Prevention of Violence Against Women (PVAW) Partnerships. There are 9 partnerships operating in discrete regions of the state each with their own distinct name, governance and focus determined by the setting in which they are founded – whether metropolitan, suburban or rural. **Together the Regional PVAW Partnerships represent 500 organisations** across the state committed to ending violence against women in Victoria. (See diagram below and this [digital resource](#).)



Giving life to OurWatch's *Change the Story*, the PVAW Prevention Partnerships represent best practice in *Collective Impact* – building a shared vision for change, mutually reinforcing activities, continuous communication and measuring results together. *Collective Impact* is made possible because of *Backbone Support* provided by women's health services in each region.

They have been long-lasting and successful partnerships because they are:

- **Genuinely Local.** Strategic plans for each prevention partnership are aligned to the unique features and needs of the metropolitan/regional location & community they're situated in. Being local means taking into account and being responsive to:
 - Geography and Demography including workforces/industries
 - Local Violence against Women Statistics
 - Local organisational capacity

- **Diverse.** Partnerships include Local Governments, Health Services (including Indigenous health services), Primary care partnerships, Primary health networks, Community and Migrant information centres, family violence services, seniors' groups, youth groups, Neighbourhood houses, CASA's Victoria Police and local energy and water providers. Regional representatives within DHHS and DET are also in some partnerships, too.
- **Active.** Local/Regional Prevention Partnerships are strong, deep and active partnerships, which supported PVAW advocacy before, during and subsequent to the findings of the RCFV. Local/Regional Partnerships have delivered unique and promising prevention initiatives (See addendum A for a full list of prevention projects emanating from the Partnerships) Many of these projects are now ready for state-wide scale-ability and it is only funding which is preventing these initiatives from being replicated in other parts of Victoria.
- **Adaptable.** Local/Regional Prevention Partnerships have learned to adapt to the changes in government policy and investment. When government commitment to PVAW is modest, many partners find ways to continue to deliver local solutions, adapting to deliver on shared goals and aims. As funding has increased for the work, partners have found ways to work around government decisions to divest funding away from these collaborations to still deliver what's best in the interest of the partnership and local people.
- **Expert.** Local/Regional Prevention Partnerships honour and centre gender equity at the heart of violence prevention responses in accordance with best practice. This includes the respectful recognition of the expertise and knowledge of gender equity organisations within its catchment. All PVAW partnerships have been independently evaluated many times with feedback provided to government and little further engagement.
- **Collegiate – gender equity and violence prevention in practice.** Preventing violence against women requires challenging traditional power structures. Local/Regional Prevention Partnerships rely on a non-hierarchical partnership of entities engaged in servant leadership, facilitated by Women's Health Services, building shared vision, trust and interdependency. While all partners are equal in the Local/Regional Prevention Partnerships, the partners acknowledge the coordination, leadership *and emotional labour* of women's health services and their role fulfilling *VicHealth's Six Steps to Sustaining Prevention Partnerships*:
 - Identifying and engaging stakeholders
 - Consultation & information sharing
 - Establishing and launching networks
 - Promoting and recruiting to the network
 - Building workforce capacity (including training and development of new workers within existing partner organisations)
 - Evaluating and sustaining

Further, the state-wide approach is supported by the following infrastructure:

- Regional Prevention Partnership Workforce Capacity building in the form of the online digital resource *Action to Prevent Violence Against Women (Gender Equity Victoria)*
- Training, development and workforce capacity building in the form of masterclasses for experienced PVAW practitioners (*Women's Health Victoria*)
- Intersectional practice and policy on disabilities and culturally and linguistically diverse prevention initiatives (*Women with Disabilities Vic and Multicultural Centre for Women's Health*)

Having been in existence for over a decade, the partnerships have recently been granted a further 2 years of funding, but have been informed that their role is uncertain after those two years. The PVAW Partners continue to call for:

- Formalisation of Regional PVAW Partnerships into the new prevention infrastructure; enabling the adaptation of state-wide education and behavioural change in place-based settings.
- An end to the uncertainty of short-term funding cycles and transition to stable, certain sustainable funding
- Clarification of the state-wide support structure for Regional Prevention Partnerships within Government (ie. do these partnerships report into the Office of Women, the Department of Health and Human Services or Respect Victoria?)

CoRE - Regional prevention partnership in the Grampians

The regional prevention partnership in the Grampians region of Victoria, led by Women's Health Grampians, is the Communities of Respect and Equality Alliance (CoRE). CoRE is a partnership of organisations, businesses, clubs, groups and networks from across the Grampians Region that share a vision for safe, equal and respectful communities. Members of CoRE commit to the [CoRE Regional Plan to Prevent Violence Against Women and their Children](#). It guides individual organisations and collective work in fostering communities of respect and equality, and preventing violence against women.

The CoRE initiative is managed by Women's Health Grampians under the guidance of a CoRE Alliance Governance Group and calls for systemic change to be led by organisations, clubs and networks, and for mutually reinforcing activities to be conducted across the region. Members are encouraged and supported to implement sustainable changes that support the CoRE vision, and to undertake actions that align with their core business. A comprehensive evaluation strategy is in place to support the systematic monitoring and evaluating of CoRE over time.

CoRE has made impressive progress in its first four years. **In July 2020, CoRE had 122 members.** Members are from a wide range of sectors: 29% - Health Services, Community Health and Social Services, 15% - Sports, 15% - Community Organisations, 11% - Businesses, 10% - State Government Agencies, 9% - Local Government, 7% - Education and Training and 4% - Partnerships. CoRE is a well-respected and well-supported regional initiative. The model is established, membership is growing and most members are undertaking meaningful actions aligned with Change the Story.

It is worth noting that CoRE now has the potential to reach the full population across the Grampians region, as all 11 Local Councils are members. As membership grows and becomes more diverse, actions by members will create an overlay where community members will be influenced multiple times. This is part of the design of the initiative which promotes mutually reinforcing actions from CoRE members across settings where we live, work and play and is likely to have more impact on individual behaviours than a single dimension of contact.

Regional prevention partnerships, led by women's health services across the state, are well placed to achieve collective impact by driving cultural change, reducing barriers to gender equality, re-framing social norms and acceptable behaviour and ultimately, preventing violence against women.

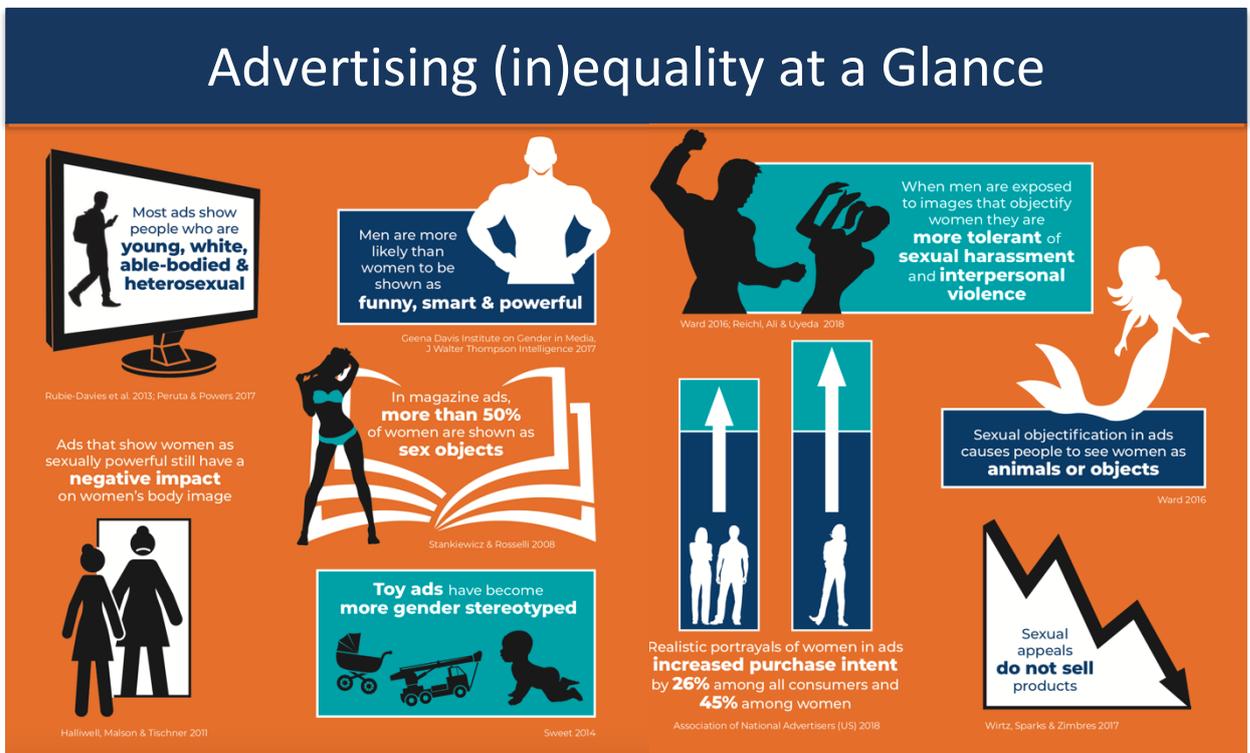
Case Study - Gender equality in advertising

Advertising is pervasive in our daily lives, and is highly influential in shaping gender norms, attitudes and behaviour. Alongside other media, advertising shapes and reinforces gendered ideas about what it means to be a woman or man and how women and men are valued in our society. While advertising plays a critical role in perpetuating the attitudes, beliefs and behaviours that promote violence against women, it can also play a significant role in contributing to their transformation and promoting gender equity.

Since 2018, Women's Health Victoria (WHV) has been leading the first coordinated effort in Australia to address the drivers of violence against women in the advertising setting, which is identified as a priority setting for primary prevention in Australia's national framework for preventing violence against women, *Change the Story*. Currently funded by the Victorian Government, the project brings experts in the prevention of violence against women together with change agents within the advertising industry to cross-pollinate

The project takes a whole-of-system approach, focusing on three priority areas: industry culture change; empowering community; and regulation and policy change. Following an initial phase focused on building the evidence base and engaging with ad industry stakeholders, the project is about to launch a strategic framework and action plan for gender equality in advertising.

The project is currently centred on Victoria. However, given that advertising is regulated at a federal level and many ad industry players operate nationally, we recommend that the federal government partner with the Victorian Government to expand the scope and impact of this project by investing to scale it up at a national level.





Gender & Disaster Pod

An initiative of WHGNE, WHIN & MUDRI

Case Study: Gender & Disaster Pod

For a decade since the devastation of the Black Saturday Bushfires, the Gender & Disaster (GAD) Pod (a collaboration of Women's Health In the North, Women's Health Goulburn North East and Monash University Disaster Resilience Unit) has been at the cutting edge of the following prevention and recovery activities:

- Resourcing communities in bushfire and other disaster areas to develop plans, to build resilience, and to prevent family violence after disaster.
- Training emergency services, local governments, government caseworkers and community based social services to identify ways in which gender shapes disaster planning, response and recovery.
- Researching issues relating to gender and disaster, at times at the request of the Victorian Government's Department of Premier and Cabinet (DPC), Department of Emergency, Land, Water & Planning (DELWP) and the Department of Health & Human Services (DHHS), including:
 - How women, men and people of diverse gender and sexual identities responded and recovered Relationships, including impact of family violence, after bushfire disaster
 - The role of women in Fire and Emergency Leadership
 - Building long term disaster resilience through a gendered lens.

The Gender and Disaster (GAD) Pod provides a comprehensive body of evidence and resources about the harms of gendered expectations in times of disaster. Several of these resources have been recipients of state, federal or international awards.

The GAD Pod was recognized by the Victorian State Government as a key driver in the establishment of the state-wide Gender and Disaster (GAD) Taskforce, co-chaired by then Emergency Management Commissioner, Craig Lapsley and then WHGNE CEO, Susie Reid. The achievements of the three-year GAD Taskforce are outlined in two Australian Journal of Emergency Management journal articles (<https://knowledge.aidr.org.au/resources/ajem-jul-2018-victoria-s-gender-and-disaster-taskforce-a-retrospective-analysis/> and <https://ajem.infoservices.com.au/items/AJEM-30-04-08>).

Of central importance was the collaborative development of National Gender and Emergency Management (GEM) Guidelines. The GEM Guidelines (funded by DHHS in Victoria and National Emergency Management Projects) include contributions by almost 500 emergency sector personnel, and are housed on the Australian Institute for Disaster Resilience (AIDR) Knowledge Hub (<https://knowledge.aidr.org.au/resources/national-gender-and-emergency-management-guidelines/>). These guidelines cover three key areas of focus in emergencies:

- Supporting community gender equity and diversity
- Gender-sensitive communication and messaging
- Addressing domestic violence before, during, and following an emergency

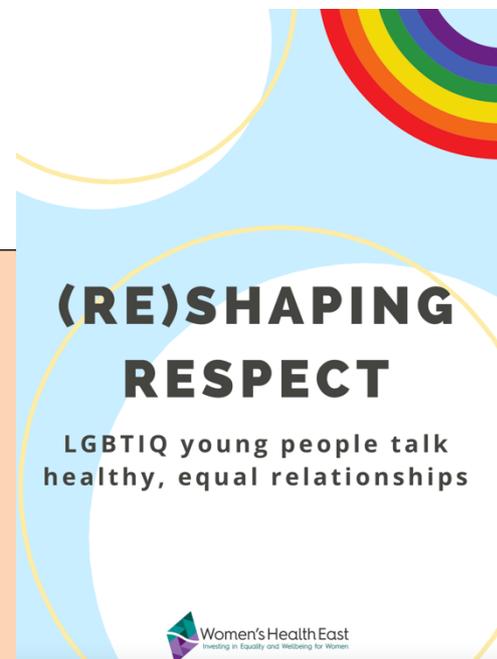
Case Study – Preventing LGBTIQ family violence

There is limited research on, and knowledge about, violence perpetrated against LGBTIQ people in an intimate partner relationship context. There is even less about violence perpetrated by family members, including parents and siblings. Despite significant gaps in research and the invisibility of LGBTIQ relationships in policy and practice, both national and international evidence suggests LGBTIQ people experience intimate partner violence at a similar, if not higher rate than heterosexual, cisgender women.

Funded by the Victorian Government, the Voices for Equality and Respect project was undertaken by Women’s Health East to better understand the dynamics of LGBTIQ young people’s relationships with intimate partners and family members, and the broader societal factors that influence these relationships.

The *(Re)shaping Respect: LGBTIQ young people talk healthy, equal relationships*¹ research report was published in 2019 to add to the evidence base about LGBTIQ family violence to promote and guide intersectional practice. Rainbow Health’s conceptual model for the drivers of family violence experienced by LGBTIQ communities, recently introduced in their *Pride in Prevention Evidence Guide*,² reinforces the findings of Women’s Health East’s research project that highlight the overlap between the drivers of violence against women and the drivers of violence against LGBTIQ people.

Gender inequality is the driver of violence across all women in our society, including LGBTIQ women, and prevention of violence against women partnerships, led by Women’s Health Services across Victoria, play an important role in strengthening the focus on LGBTIQ women in regional action plans. Women’s Health East also recommends sustained funding of LGBTIQ family violence prevention initiatives that include robust evaluation frameworks to contribute to this burgeoning area of knowledge and practice.



Recommendations

31. Roll out the Victorian Regional PVAW Partnerships across Australia
32. Support Victoria’s pilot project on Gender Inequality in Advertising
33. Create a National Gender & Disaster Workforce to address the higher risk of gendered violence during natural disaster, pandemic, war and terrorism and climate change.
34. Support scale up of LGBTIQ violence prevention research and initiatives

Current challenges in primary prevention

The Victorian Government has maintained a strong focus on the implementation of the RCFV recommendations and delivering on its family violence reforms. This is changing the lives of men, women and children across the State. However, not all of the levers for change exist at a state level.

The Federal Government is also responsible for the prevention of gendered violence, with the capacity to increase funding to critical services, shape Family Law in the best interests of victim-survivors and drive a national prevention agenda. From time to time the full implementation of Victoria’s family violence reform is frustrated by Federalism. There is a need for the Federal Government to also learn from the RCFV findings and to lift the total investment in gendered violence prevention. We are hopeful that as the National Plan comes to an end that this is an opportunity to set a new bold agenda for gendered violence prevention.

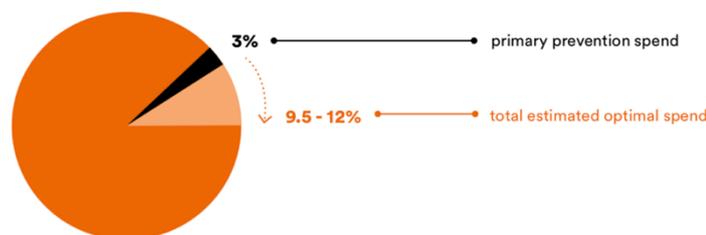
The most critical aspect of gendered violence prevention is investment. Without sustained and certain investment, the experts in this work cannot thrive, proven strategies cannot be scaled up and incidents of violence cannot be avoided.

Until primary prevention spending reaches the optimal spending levels, real change in gendered violence will be elusive.

prove



Family Violence Budget 2017-18



Source: Investing in primary prevention of family violence: Discussion paper (PricewaterhouseCoopers for the Victorian Department of Premier and Cabinet 2016)

Respect Victoria Strategic Plan 2019-2022

Recommendations

35. Lift primary prevention family violence investment to optimal spend of 9-12% of total national response expenditure.

Addressing the gaps in gendered violence

The current *National Plan to Reduce Violence Against Women and their Children* focuses on domestic and family violence and sexual assault; and in practice investment at the state level has also largely focused on family and domestic violence. However, violence against women encompasses other forms of gendered violence, including sexual harassment and online abuse. The development of the next iteration of the *National Plan to Reduce Violence Against Women and their Children* presents an opportunity to ensure all forms of violence against women, which share the same gendered drivers as outlined in *Change the Story*, are included.

This submission identified found areas that require more specific focus in a new National Plan.

Prevent and respond to sexual harassment in and outside of the workplace

Sexual harassment is a form of gendered violence, which is predominantly perpetrated by men against women and can have serious impacts on women's mental and physical health, as well as social, financial and emotional impacts. Sexual harassment is a common experience for many women outside of the home. A national survey conducted through the Australian Human Rights Commission (2018) found that 33% of those who had been in the workforce within the last five years had experienced sexual harassment.

Recent efforts to prevent and respond to violence against women at both state and federal levels have largely focused on family and domestic violence. Women's experience of sexual harassment outside the home is often ignored or dismissed as trivial. Prior to the recent release of the *Fourth Action Plan*, sexual harassment was not explicitly identified as an area for action under the national plan.

Sexual harassment shares the same gendered drivers as other forms of violence against women, and should be integrated into existing efforts to prevent violence against women across multiple settings, in line with the national primary prevention framework, *Change the Story*. In developing a second *National Plan to Reduce Violence against Women and their Children*, the Australian Government should continue to prioritise preventing and addressing sexual harassment both within and outside of the workplace.

There may be benefits to delivering specific initiatives focused on the prevention of sexual harassment in workplaces, to capitalise on employer motivation and support implementation of any enforceable positive duty to prevent sexual harassment imposed on employers. However, any specific initiatives should contextualise sexual harassment by emphasising the links with other forms of violence against women and the shared gendered drivers. Further research is needed to explore what, if any, adjustments are needed to ensure existing primary prevention programs, including training, deal effectively with sexual harassment.

Interventions for preventing and responding to sexual harassment should be guided by an intersectional gender equity approach. This includes developing targeted and tailored strategies for workforces where the risk of sexual harassment is likely to be high because of the nature of the industry, conditions of work, or because employees experience job insecurity, discrimination or exclusion from the mainstream workforce.

Consistent with the February 2020 [statement](#) issued by the Power To Prevent coalition, we call on State, Territory and Federal Governments to take urgent and coordinated action to prevent and respond to sexual harassment in Australian workplaces in line with the recommendations outlined in the report of the Australian Human Rights Commission's (AHRC) *National Inquiry into Sexual Harassment in Australian*

Workplaces. In addition, as outlined in Women’s Health Victoria’s [submission](#) to the AHRC inquiry, sexual harassment is not confined to the workplace and requires a whole-of-community approach to promoting gender equity and respect for women.

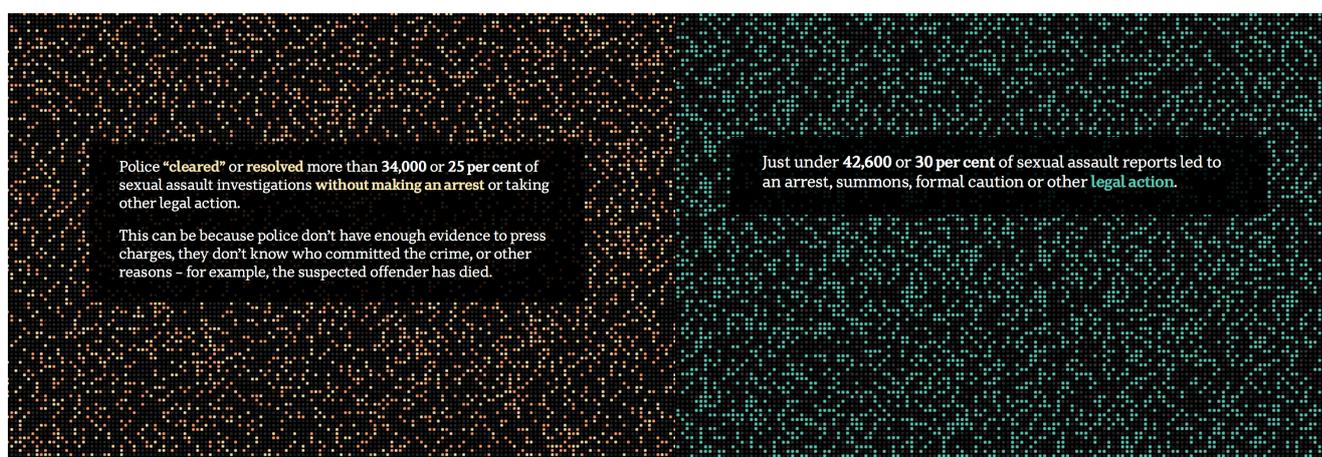
During COVID-19, the concept of the workplace is changing with more people working from home. This may result in an increase in different forms of sexual harassment such as online sexual harassment, while increased financial pressures may increase victims’/witnesses’ reluctance to speak out against sexual harassment due to fear of losing their job. COVID-19 has also exacerbated pressure on marginalised groups of female employees, particularly migrant and refugee workers, increasing the risk of work-related violence.

Sexual harassment laws will need to accommodate scenarios where an employee working from home is harassed by a colleague online or outside working hours, or experiences family violence while working from home. For the purposes of triggering employer obligations and victims’ access to legal remedies and supports, we support a definition of ‘workplace sexual harassment’ that includes any harassment that occurs ‘in the world of work’, that is, where the people involved have come into contact with each other as a result of their employment. At the same time, the ambiguity of contemporary understandings of ‘work’ and ‘workplaces’ underlines the importance of taking a whole-of-community approach to prevention – which will reach all community members, regardless of their employment status – rather than focusing solely on the ‘workplace’.

In addition, we call on the Australian Government as a member state of the United Nations to ratify the International Labour Organization’s (ILO) [Convention 190](#) (2019), concerning the elimination of violence and harassment in the world of work, which provides an international framework to underpin the implementation of the AHRC’s recommendations.

Sexual violence/assault

Sexual violence is increasing in Australia. Since 2010, the number of sexual assaults has increased by 32%. While numbers are increasing, confidence in the processes and procedures to bring perpetrators to justice are diminishing. In the ABC’s investigative report of January 2020,ⁱ into sexual assault complaints between 2010-2017, a staggering 25% of all complaints were “cleared or resolved” and only 30% of cases resulted in a charge or conviction.



It is therefore important that the National Plan integrate strategies to address sexual violence, drawing on findings and recommendations from the Australian Centre for the Study of Sexual Assault, National Sexual Harassment Royal Commission into Institutional Responses to Child Sexual Abuse and research into sexual assault on university campuses.

The National Plan should include dedicated resources aimed at reducing sexual violence, while also investigating and addressing complaint making systems that routinely fail women and children who make complaints.

Reproductive coercion

Reproductive coercion is a term used to describe a range of pregnancy-controlling behaviours including interference or sabotage of birth control (where condoms or contraceptive medications are deliberately tampered with or thrown away), threats and use of physical violence if a woman insists on condoms or other forms of contraception, emotional blackmail coercing a woman to have sex or to fall pregnant, or to have an abortion, as well as forced sex and rape.

Pregnancy in these circumstances, is no longer a free choice of women, but a way in which perpetrators maintain control over their partners body.

Hannah Clarke, who was killed by her ex-husband along with her three children in January 2020, experienced reproductive coercion in her relationship, with her family providing distressing accounts of the pressure placed on her to have sex – even when unwanted – in her marriage.

Australia lacks research into the extent of reproductive coercion and its connection to other forms of family violence.

Reproductive coercion needs to be part of family violence, medical and maternal and child health screening. Further sexual and reproductive health services need to be invested in to ensure women have a full range of options available to them should they decide disclose incidents of reproductive coercion in relationships. Access to contraception that is less able to be tampered with should also be a priority of the Pharmaceutical Benefits Scheme.

Recommendations

36. Integrate sexual harassment into existing efforts to prevent violence against women across multiple settings, in line with the national primary prevention framework, Change the Story, and guided by an intersectional gender equity approach
37. Explicitly include preventing and responding to sexual harassment as a priority area in the next National Plan to Reduce Violence Against Women and their Children.
38. Explore what, if any, adjustments are needed to ensure existing primary prevention programs, including training, deal effectively with sexual harassment
- 39.** Implement all the recommendations outlined in the Australian Human Rights Commission's National Inquiry into Sexual Harassment in Australian Workplaces Report.
40. Invest in research to understand the impacts of the COVID-19 response on sexual harassment and ensure approaches to preventing and responding to sexual harassment accommodate changes to work practice arising (or accelerating) due to COVID-19
41. Resource specialise women's organisations to prevent and respond to sexual harassment
42. Ratify ILO Convention 190, concerning the elimination of violence and harassment at work.
43. Increase support of specialist gendered violence services and Centers Against Sexual Assault to meet rising incident and reporting rates.

44. Report annually via a National Gender Equality Report on the numbers of sexual violence incidents, including data on the numbers of complaints proceeded with and discontinued.
45. Dedicate resources aimed at reducing sexual violence, while also investigating and addressing complaint making systems that routinely fail women and children who make complaints.
46. Strengthen family violence and sexual assault definitions to ensure reproductive coercion is included in the list of unlawful behaviour covered by existing laws
47. Ensure access to reproductive health services including contraception and abortion, in light of likely increase in unplanned pregnancies and increased sexual violence.

The impacts of COVID19 – Gender, Disaster & Resilience

Any form of disaster – whether it is a natural disaster, like bushfire or flood, a health emergency like the COVID19 pandemic or a war or terrorist incident – results in a high risk of gendered violence.

Gender Equity Victoria’s membership has internationally and nationally award winning expertise in Gender & Disaster, built largely from experiences of the Black Saturday Bushfires. We know that during disasters, men and women often retreat to gendered stereotypes of behaviour and are under increased pressure to meet unrealistic gendered expectations of heroic saviour (men) and carer/supporter (women). These rigid gender roles contribute to tensions within families and communities at a time of heightened stress, risk of injury and financial loss, which together accumulate into a high risk environment for gendered violence.

During the COVID19 pandemic we have seen an increase in violence statistics across the State of Victoria.



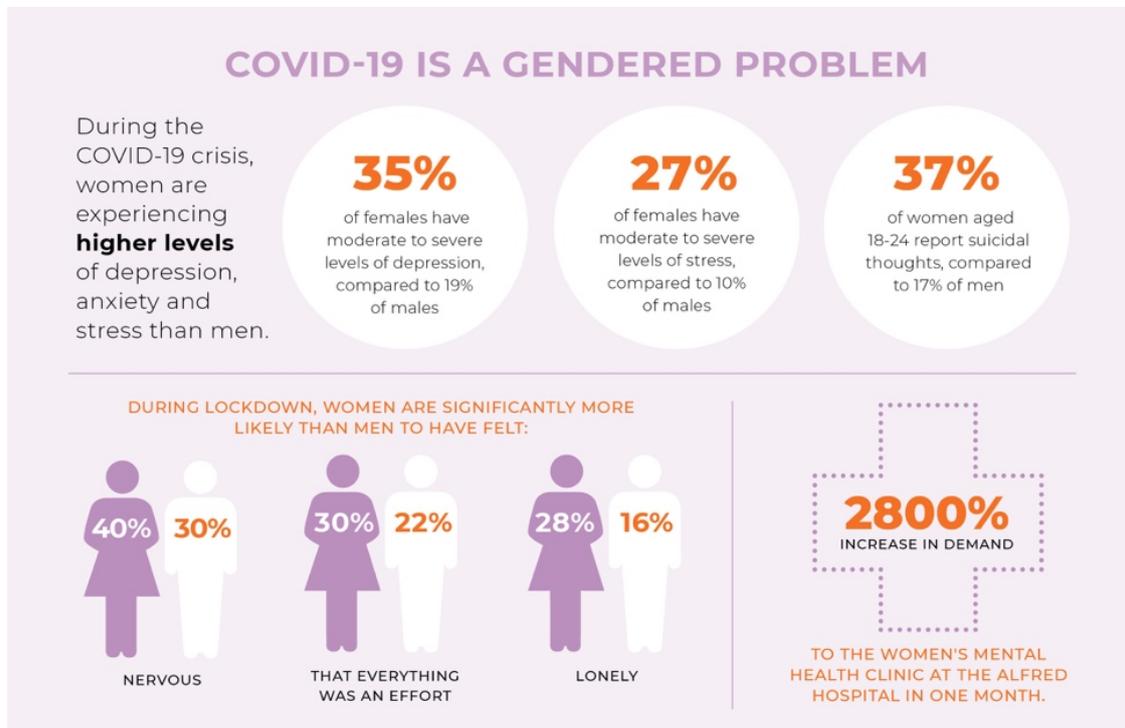
Disasters, including COVID19, are a gendered problem

GENVIC members have taken a leading role in drawing attention to the gendered nature of the COVID19 pandemic in Victoria. Building on expertise in Gender & Disaster, our members have highlighted how disasters elevate the risk of violence in the home and community.

But gendered violence is not the only consequence of COVID19. There are other physical and mental health implications for women, as well as economic impacts more detrimental to women than men.

GENVIC has been exploring the implications of these challenges for women’s health and wellbeing through a regular Gender, Disaster and Resilience e-bulletin.

In March, GENVIC developed a [Gender Equity & COVID19 Joint Statement](#) to focus attention on the gendered nature of the pandemic, suggesting 10 Things Government Could Do Now to limit its impact on women. The Statement has now been endorsed by 105 organisations across the State.



55% of job losses due to COVID-19 are women.



The following observations are made with reference to our members advocacy on gender and primary prevention of violence during the pandemic.

Redeployment of prevention resources to response

The impact of COVID19 on the delivery of primary prevention in Victoria has been significant.

Primary prevention staff within Government – both centrally and regionally – have been redeployed during the pandemic to undertake response work.

Women’s Health in the South East undertook a stocktake of the impact of COVID19 on their partners locally, which can access here: https://whise.org.au/assets/docs/covid-19_an_assessment_of_partners_need_1.pdf

Connection between Gender & Disaster – lack of planning and investment

Prior to the official calling of a pandemic in Victoria, Gender Equity Victoria officially wrote to Government calling for immediate gender lens over pandemic. In particular, attention was drawn to the internationally and nationally award-winning research and prevention activities of the Gender & Disaster Pod, managed by Women’s Health in the North and Women’s Health Goulburn North East as examples of a scale-able gendered violence prevention initiative that would assist both the impact of the Summer Bushfires and COVID19.

Gender Equity Victoria has attempted to socialise the Gender and Disaster workforce funding across government without success, to limit the gendered impacts of disaster within socially isolated homes across Victoria. The program has been costed at \$6 Million to date and would enable the placement of Gender & Disaster workers focussed on violence prevention within 9 regional communities, as well as specialist focus migrant and refugee communities.

Poor primary prevention focus on migrant and refugee communities.

Gender Equity Victoria and its member the Multicultural Centre for Women’s Health, also wrote to government prior to pandemic drawing attention to the high risk migrant and refugee women faced from the pandemic – from disease and violence at home during restrictive lockdowns.

Government’s responses have been slow to move to respond to the intersectional health needs of migrant and refugee women during the pandemic. Though some funding was provided to translate health data into multiple languages and distribute across digital and radio media, it is only since the Second Wave breakout in Public Housing that GENVIC members have been engaged in discussion about outreach with migrant and refugee women and their families.

MCWH is currently providing direct telephone engagement with migrant and refugee women in public housing hostpots, using its multilingual educators and resources. In addition to COVID19 health information, family violence support is also offered in the contact.

Women’s Health West have also provided support to migrant and refugee women in public housing towers, providing translated family violence resources during Stage 4 lockdown of the 9 Towers. They want to highlight the importance of centring the skills and knowledge of communities affected as local voices and community-led approaches are vital.

These approaches are focussed only in the Melbourne CBD. There is a need for a statewide primary prevention COVID19 outreach – based on existing regional infrastructure. GENVIC has also costed this work and provided advice to government that the project could be delivered for \$700,000. This proposal

for a COVID19 multilingual primary prevention workforce would serve the dual purpose of providing primary health care and preventative violence education, while also creating 40 much needed jobs for migrant and refugee women, as multilingual educators and coordinators.

Gender Equity & COVID19 – risking modest gains & derailing investment and reform

One of the greatest impacts that COVID has had is to put the spotlight on gender and the drivers of violence against women and family violence.

Gender Equity Victoria’s primary concern arising from the pandemic is the multitude of ways COVID19 is putting modest gains for women in jeopardy, as well as limiting opportunities presented by the Gender Equality Act to advance gender equity across the State.

Gender Equity Victoria has been keeping a very close watch on the impact of COVID19 on Victorian women. For many women COVID has increased their social isolation, access to finances and support and health services. And it is clear from all of our research and the emerging statistics that women are facing intensive negative impacts in a range of settings – at home, at work and in community.

At home, women are more likely to shoulder the burden of increased child care responsibilities and home schooling. Women’s capacity to work and care for themselves is severely limited causing women have higher levels of poor mental health than men.

At work, Victorian women have a higher full time unemployment rate than men – 7.3% compared to 5.8% for men. More women are losing their jobs and finding it difficult to find employment. The return to Stage 3 lockdown will multiply this effect.

Further, most of the essential service workforce, sent to the front line of pandemic often without sufficient Personal Protective Equipment was women. For women workers in education, early childhood education, cleaning and retail, the lack of access to PPE.

Links to the Factsheets are contained here:

[Gender Equity & COVID19](#)

[Preventing violence against women during COVID19](#)

[COVID19 and Economic Security for women](#)

[Sexual & Reproductive Health care during COVID19](#)

[Mental health the context of COVID19](#)

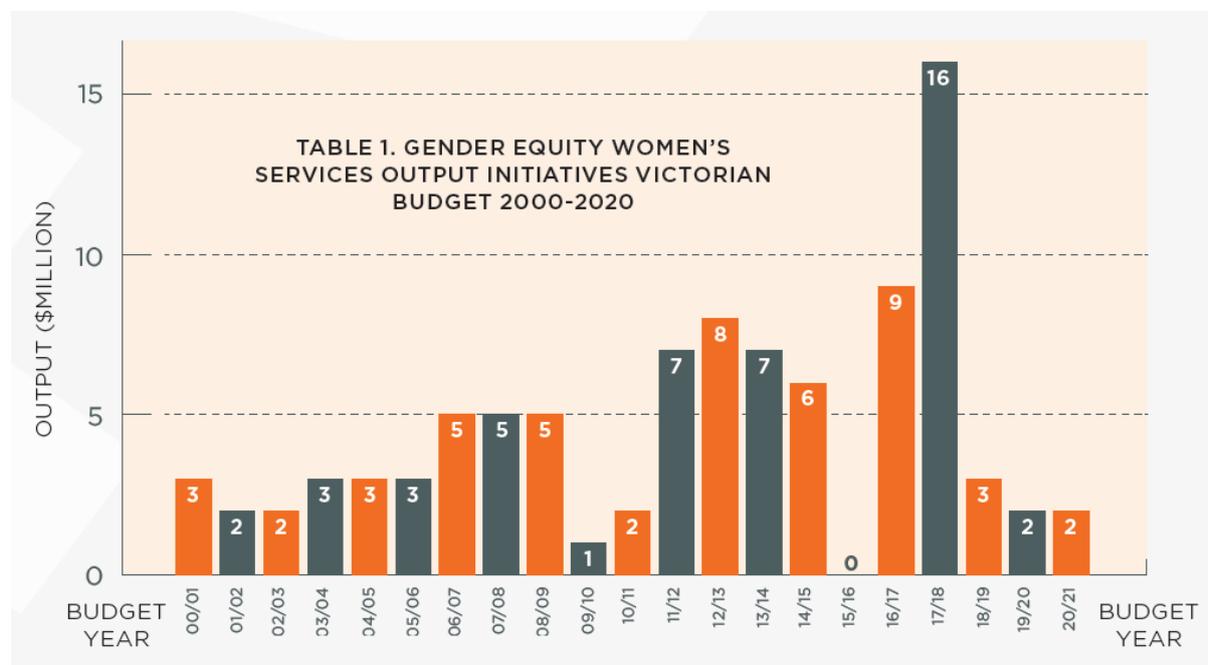
Getting gender equity investment back on track – a gender equal recovery from COVID19

COVID19 presents a unique opportunity for Victoria to snap forward into a more gender equal state through a gender equal recovery from pandemic.

The Government’s leadership in creating a *Gender Equality Act* in Victoria provides an opportunity to address gender equity in the public sector, setting the groundwork for longer term change.

Australia’s global gender gap has grown significantly over the past twenty years, with Australia subsequently moving from 15th to 44th on the World Economic Forum’s Global Gender Gap Index.

In Victoria we have tracked the Victorian government’s investment in gender equality across the past decade, and investment has suffered from the absence of focused analysis and advocacy. With the exception of recent investments in family violence prevention, programs and services that empower women, seek to address women’s economic insecurity, other forms of gendered violence and the unequal health consequences of inequality have been exceptionally modest (see below).



To correct historic underinvestment in gender equity, GENVIC calls on the Victorian government to increase its 20/21 Budget to \$21.6M to Strengthen Gender Equity in the Community and to Boost Women’s Health Services.

The following principles explain why it’s important to get gender equity investment Back on Track:

1. To deliver economic returns and other benefits to the Victorian State Budget
2. To increase Victoria’s gross domestic product
3. To meet international best practice in promoting gender equality and violence prevention
4. To invest in women across the life course approach and addressing intersectional inequity
5. To include both base operational and special projects funding for gender equity
6. To align to the Victorian Gender Equality Strategy
7. To promote transparency and accountability through gender responsive budgeting
8. To monitor investment annually against outcomes in an independent Victorian Gender Equity Report

Recommendations

48. Ensure that there is gender-based planning and inclusion of women in disaster prevention, response and recovery. This should include a plan to ensure a back-up workforce can sustain prevention activity during a major crisis.
49. Develop annual National Gender Equality Report, measuring performance on gender equity and the prevention of all forms of violence against women.
50. Implement the Gender Equity & Covid19 Joint Statement
51. Ensure a gender equal recovery from COVID19 in Victoria

References

Australian Bureau of Statistics (ABS) (2017). Personal Safety, Australia, 2016. Cat. No. 4906.0. Australian Bureau of Statistics: Canberra. Available at: <http://www.abs.gov.au/ausstats/abs@.nsf/mf/4906.0>

Australian Bureau of Statistics Report on Recorded Crime in Australia, 2017

Australian Human Rights Commission (2018) [Everyone's Business: Australia's fourth national survey on sexual harassment in Australian workplaces.](#)

Carmen M, Fairchild J, Parsons M, Farrugia C, Power J, Bourne A (2020) Pride in Prevention: A guide to primary prevention of family violence experienced by LGBTIQ communities. Rainbow Health Victoria. Melbourne.

Horsley P, Pierce A, Olaris K, Nix G, Taggart R (2019) (Re)shaping respect: LGBTIQ young people talk healthy, equal relationships. Women's Health East. Melbourne.

J. Chen (2017) Intersectionality Matters: A guide to engaging immigrant and refugee communities in Australia. Multicultural Centre for Women's Health. Melbourne.

McKenzie M, Bugden M, Webster A, Barr M (2018) Advertising (in)equality: the impacts of sexist advertising on women's health and wellbeing. Women's Health Victoria. Melbourne. (Women's Health Issues Paper; 14.)

National Gender & Emergency Management Guidelines.
(<https://knowledge.aidr.org.au/resources/national-gender-and-emergency-management-guidelines/>).

Our Watch (2018) Changing the picture: A national resource to support the prevention of violence against Aboriginal and Torres Strait Islander women and their children, Our Watch, Melbourne

Our Watch, Australia's National Research Organisation for Women's Safety (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, Australia.

Parkinson, D. Et al Victoria's Gender & Disaster Taskforce: a retrospective analysis, Australian Journal of Emergency Management, July 2018 <https://knowledge.aidr.org.au/resources/ajem-jul-2018-victoria-s-gender-and-disaster-taskforce-a-retrospective-analysis/>

Spencer, D. Et al Understanding the role gender plays in survivor responses to natural disaster: Evaluating the lessons in disaster program <https://knowledge.aidr.org.au/resources/ajem-apr-2018-understanding-the-role-gender-plays-in-survivor-responses-to-natural-disaster-evaluating-the-lessons-in-disaster-program/>

Ting I, Scott N, Palmer, A. Rough Justice: How Police are failing survivors of sexual assault <https://www.abc.net.au/news/2020-01-28/how-police-are-failing-survivors-of-sexual-assault/11871364?nw=0>

Victorian Crime Statistics Agency, Crime Statistics Report, 31 March 2020