

Building a Respectful Community

STRATEGY
2017–2021



**WOMEN'S HEALTH
IN THE NORTH**
voice • choice • power

ACKNOWLEDGEMENTS

Building a Respectful Community Strategy 2017–2021 was developed by Women's Health In the North in collaboration with the Northern Metropolitan Region Preventing Violence against Women Committee. Thank you to all members of the Committee for your incisive and knowledgeable contributions (see list of partners on page 6). Thank you also to other organisations that provided detailed feedback and advice, including the Multicultural Centre for Women's Health, Women with Disabilities Victoria, Gay and Lesbian Health Victoria, Women's Health Victoria and Women's Health West. This document was written by Monique Bouma with extensive input from Annie Douglass and Sandra Morris.



Women's Health In the North acknowledges the support of the Victorian Government.



Women's Health In the North and the Building a Respectful Community Partnership acknowledges Victorian Aboriginal people as the Traditional Owners of the land on which we provide our services. We pay our respects to their Elders past and present and recognise the ongoing living culture of all Aboriginal people. We express commitment to Aboriginal self-determination and our hope for reconciliation and justice.

ACRONYMS

NMR PVAW Committee: Northern Metropolitan Region Preventing Violence against Women Committee

WHIN: Women's Health In the North

NIFVS: Northern Integrated Family Violence Services

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For more information:

Women's Health In the North
680 High Street, Thornbury VIC 3071
(03) 9484 1666 info@whin.org.au www.whin.org.au



The photos throughout this document were taken at WHIN's 2016 Victoria Against Violence event, part of the One Million Stars to End Violence Project. Photographer: Tajette O'Halloran

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“**Prevention programs** are most effective when they form part of a coordinated approach.”

(Royal Commission into Family Violence, Summary, 2016 p. 39)

A STRATEGY FOR PREVENTING VIOLENCE AGAINST WOMEN IN THE NORTHERN METROPOLITAN REGION OF MELBOURNE



Violence against women is a prevalent and serious human rights abuse that causes significant harm to individuals, families, communities and society. In Australia, one woman is killed by her partner or ex-partner every week on average. Many women live in fear, with violence and abuse part of their daily existence. Violence against women is both a cause and consequence of gender inequality. International and national research concludes that to prevent violence against women before it occurs we must take action to increase gender equality.

Building a Respectful Community Strategy 2017–2021 is the regional strategy for preventing violence against women across the northern metropolitan region of Melbourne, which includes the municipalities of Banyule, Darebin, Hume, Moreland, Nillumbik, Whittlesea and Yarra.

This is the second iteration of the regional strategy. The first strategy, *Building a Respectful Community – Preventing Violence against Women – A Strategy for the Northern Metropolitan Region of Melbourne 2011–2016*, was developed by Women’s Health In the North (WHIN) in 2011, with 50 partner organisations endorsing the vision and aims in 2013. *Building a Respectful Community Strategy 2017–2021* represents a significant strengthening of the commitment by partner organisations, with shared goals, objectives, strategies and outcomes.

This work draws strongly on the evidence presented in *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). It also aligns with the Victorian Government’s *Safe and Strong*:

A Victorian gender equality strategy, the Victorian Public Health and Wellbeing Plan 2015–2019 and Free from Violence: Victoria’s strategy to prevent family violence and all forms of violence against women.

The *Building a Respectful Community Strategy 2017–2021* applies a regional approach to preventing violence against women, with WHIN as the backbone organisation and partner organisations leading a range of interventions. This approach aims to create shared understandings and mutually-reinforcing strategies across settings and sectors. Action plans and an evaluation framework will be developed collaboratively with partners to guide the implementation of the Strategy.

The evidence-based objectives and strategies identified here recognise that gender-based violence can happen to all women, and that some women are at higher risk due to other types of discrimination, such as racism, ageism, ableism and homophobia. The *Building a Respectful Community Strategy 2017–2021* is committed to addressing violence against all women in the northern metropolitan region by designing partnerships and activities that are inclusive and tailored.

All sectors of our community have a role in preventing violence against women. *Building a Respectful Community Strategy 2017–2021* aims to create lasting change that will end violence against women and create an equal and respectful community.

“All sectors of our community have a role in **preventing** violence against women.”

VISION

A gender equitable, safe and respectful community.

MISSION

To work together across the northern metropolitan region of Melbourne to prevent violence against women.

GOALS

GOAL 1:

Our **workplaces** are gender equitable, safe and inclusive.

GOAL 2:

Our **services and facilities** are gender equitable, safe and inclusive.

GOAL 3:

Our **communities and neighbourhoods** are gender equitable, safe and inclusive.

GOAL 4:

Our **communications** are gender equitable and inclusive.

GOAL 5:

A **wide range of sectors** and organisations take responsibility for preventing violence against women.

PRINCIPLES

Our work is...

Human rights-based: We recognise violence against women as a human rights abuse and we apply an approach that places women's human rights, including their rights to physical integrity, agency and autonomy, at the centre of prevention efforts.

Feminist: We use a women-centred and women-led approach to advocacy and action, underpinned by a feminist understanding which identifies violence against women as a gendered issue grounded in structural gender inequality.

Gender transformative: Our work examines, challenges and ultimately transforms structures, norms and practices that reinforce gender inequality, and strengthens those that support gender equality.

Intersectional: We recognise that intersecting forms of discrimination can increase the prevalence and/or severity of violence. We use an inclusive lens that complements population-wide approaches with tailored and targeted strategies.

Accountable: We are accountable to, and informed by, women's experiences. We take a 'do no harm' approach which prioritises the safety of participants in any work we do.

Informed by local context: Our strategies are informed by, and tailored to, the community, group or population involved. We are informed by the response sector and their understanding of women's experiences.

Engaging of men: Our work recognises that preventing violence against women is everyone's responsibility and engages men and boys as allies in addressing the gendered drivers of violence against women.

Evidence-based: Our strategies and actions are based on current evidence, research and consultation, and focus on long term change. Evaluation is built in from the start, applied for continuous improvement, and builds the evidence base.

STRATEGIC APPROACH

The *Building a Respectful Community Strategy 2017–2021* implements an evidence-based, primary prevention approach to violence against women. This is applied at a regional level, with partners implementing mutually-reinforcing strategies in various settings.

Additionally, it aims to apply an intersectional lens in the development and implementation of strategies and actions. These approaches are described further in the later sections on pages 12-17.





THE BUILDING A RESPECTFUL COMMUNITY PARTNERSHIP

The Building a Respectful Community Partnership is committed to the vision, mission, principles and shared objectives of this strategy. At June 2017, the members of this partnership are:

-
- > Women's Health In the North (lead)
 - > Banyule City Council
 - > Darebin City Council
 - > Hume City Council
 - > Moreland City Council
 - > Nillumbik Shire Council
 - > City of Whittlesea
 - > Yarra City Council
 - > Banyule Community Health
 - > cohealth
 - > Your Community Health
 - > healthAbility
 - > Merri Health
 - > North Richmond Community Health
 - > Plenty Valley Community Health
 - > Sunbury Community Health
 - > Whittlesea Community Connections
 - > Banksia Gardens Community Services
 - > Good Samaritan Inn
 - > Austin Health (Northern Centre Against Sexual Assault)
 - > Hume Whittlesea Primary Care Partnership
 - > Inner North West Primary Care Partnership
 - > North East Primary Care Partnership
 - > Eastern Melbourne PHN
 - > La Trobe University

The *Building a Respectful Community Strategy 2017–2021* has also been endorsed by the Northern Integrated Family Violence Services (NIFVS) Regional Integration Committee.

“Our strategies are informed by, and tailored to, the **community, group or population** involved.”

Roles and Responsibilities of the Building a Respectful Community Partnership

WHIN is the regional women's health service for the northern metropolitan region of Melbourne. Funded by the Victorian Government, WHIN leads the implementation and evaluation of *Building a Respectful Community Strategy 2017–2021*. Over the life of the strategy we expect to see an expansion in the variety of sectors and settings involved in the partnership (see Goal 5).

The primary structure supporting the implementation of *Building a Respectful Community Strategy 2017–2021* is the Northern Metropolitan Region Preventing Violence against Women Committee (the NMR PVAW Committee), convened by WHIN. Representatives of all partner organisations attend and contribute via the Committee, which meets quarterly. The Committee also includes representation from the NIFVS Regional Integration Coordinator, who facilitates linkages with the response sector.

WHIN commits to providing a backbone support role through:

- Coordinating action towards common goals and outcomes
- Convening and resourcing the NMR PVAW Committee
- Providing leadership and expertise at all levels
- Building and strengthening partnerships
- Providing knowledge translation and developing resources
- Coordinating evaluation and building the evidence base
- Maintaining links with the response sector.

Partner organisations commit to:

- Providing representation at the NMR PVAW Committee
- Contributing to achievement of the objectives of *Building a Respectful Community Strategy 2017-2021* by including one or more strategies from each goal area in their own organisational and/or health plans, to be implemented as part of their organisation's core work

- Engaging with shared advocacy, submissions or grant proposals, as they arise
- Providing data to inform the action plans, achievements reports and evaluation that support this Strategy.

This is a voluntary partnership and partner organisations contribute to the collective impact through projects and actions that are funded through their own programs of work. WHIN provides the backbone support through its integrated health promotion-funded role. Further detail of partner organisations' actions, and the specific actions that WHIN will undertake to support these, will be outlined the action plans (see page 22).

Governance Mechanisms

The governance mechanisms for *Building a Respectful Community Strategy 2017–2021* are:

- Building a Respectful Community Steering Group (three partner representatives plus WHIN)
- NMR PVAW Committee (and working groups, as required)
- WHIN CEO liaison with senior management of partner organisations.

Response Sector Links

The Royal Commission into Family Violence noted that the prevention workforce must have the capacity to respond to disclosures and be effectively linked to violence against women response services (State of Victoria, 2016a, pp. 51, Vol VI). Additionally, hearing from response services helps prevention workers to keep sight of women's lived experiences of violence as the reason for prevention work. It is also important that partner organisations maintain an understanding of their local violence against women response service system and referral pathways. WHIN will facilitate links between the prevention and response sectors at a regional level through NIFVS.

PREVALENCE AND SEVERITY OF VIOLENCE AGAINST WOMEN

Violence against women is defined as ‘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’

(Council of Australian Governments, 2011; United Nations General Assembly, 1993).

This definition encompasses all forms of violence that women experience, including physical, sexual, emotional, cultural/spiritual and financial, that are gender based (Our Watch, ANROWS, & VicHealth, 2015). It includes violence in public or private spaces, including institutional settings, such as care facilities and prisons, and violence and harassment online. *Building a Respectful Community Strategy 2017–2021* aims, over the long term, to contribute to the prevention of all forms of violence against all women. This includes, but is broader than, family violence and intimate partner violence.

In Australia, one in three women have experienced physical violence and one in five have experienced sexual violence since the age of 15 (ABS, 2013). On average one woman a week is killed by a partner or former partner (Cussen & Bryant, 2015). Violence against women and their children costs Australia \$21.7 billion each year (PwC, 2015).

Other forms of social and structural discrimination – including colonisation, racism, ableism, ageism, homophobia, transphobia and classism – intersect with gender inequality to increase the prevalence and severity of violence (Department of Premier and Cabinet, 2016; Our Watch et al., 2015). Violence can intensify during different life circumstances, including youth, pregnancy or when women attempt to leave violent relationships (VicHealth, 2017).

Violence against women has serious and long-lasting consequences for women’s health, in particular their sexual and reproductive health and mental health (Australian Women’s Health Network, 2014; UN Women, 2015). It also has significant social and economic consequences, negatively affecting academic performance, employment and participation in public life (UN Women, 2015). Additionally, exposure to violence against a mother or caregiver can cause profound and long term harm to children (Our Watch et al., 2015). Experiences of violence are gendered, with women and men experiencing different types of violence in different contexts (Our Watch et al., 2015). The majority (95%) of all victims of violence, both women and men, experience violence from a male perpetrator (ABS, 2013). The two most common forms of violence against women in Australia are intimate partner violence and non-partner sexual assault (Cox, 2015).

For current national statistics, refer to <https://www.ourwatch.org.au/Understanding-Violence/Facts-and-figures>. For current rates of family violence and sexual assault in the northern metropolitan region of Melbourne, refer to the *Violence against Women Fact Sheets* at <http://www.whin.org.au/resources/preventing-violence-against-women.html>

VIOLENCE AGAINST WOMEN
 costs Australia

\$21.7 billion
 each year



In Australia, **ONE IN THREE WOMEN** have experienced physical violence



and **ONE IN FIVE** have experienced sexual violence since the age of 15.

10 FAMILY VIOLENCE HOMICIDES

1,545 SEXUAL OFFENCES

recorded in the NMR in **2015-16**

2 most common

forms of violence against women in Australia are intimate partner violence and non-partner sexual assault

95%

of all victims of violence, experience violence from a **male perpetrator**

“Other forms of social and structural discrimination—including colonisation, racism, ableism, ageism, homophobia, transphobia and classism—intersect with **gender inequality** to increase the prevalence and severity of violence.”

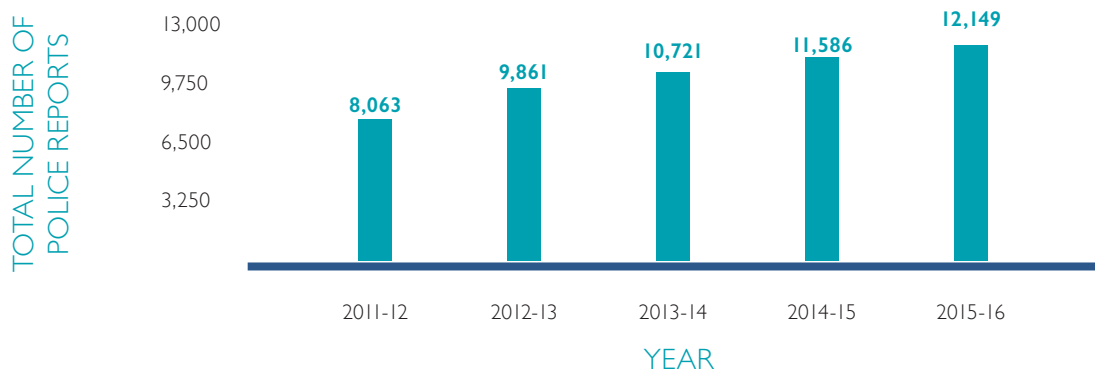


Figure 1: Family violence incidents in the northern metropolitan region of Melbourne, 2011–2016, based on Victoria Police statistics. Note that the rate per 100,000 population also increased every year. Females were the majority of victims (75%).

POLICY CONTEXT

In the past few years, substantial advances have been made in policy and planning for preventing violence against women across the international, national and state levels. The Victorian Government has made notable investments, with the Royal Commission into Family Violence in 2015, followed by *Ending Family Violence*:

Victoria's plan for change (2016), which commits to implementing all 227 recommendations from the Royal Commission.

The laws, policies and strategies in the diagram below provide the context for work in the northern metropolitan region of Melbourne.

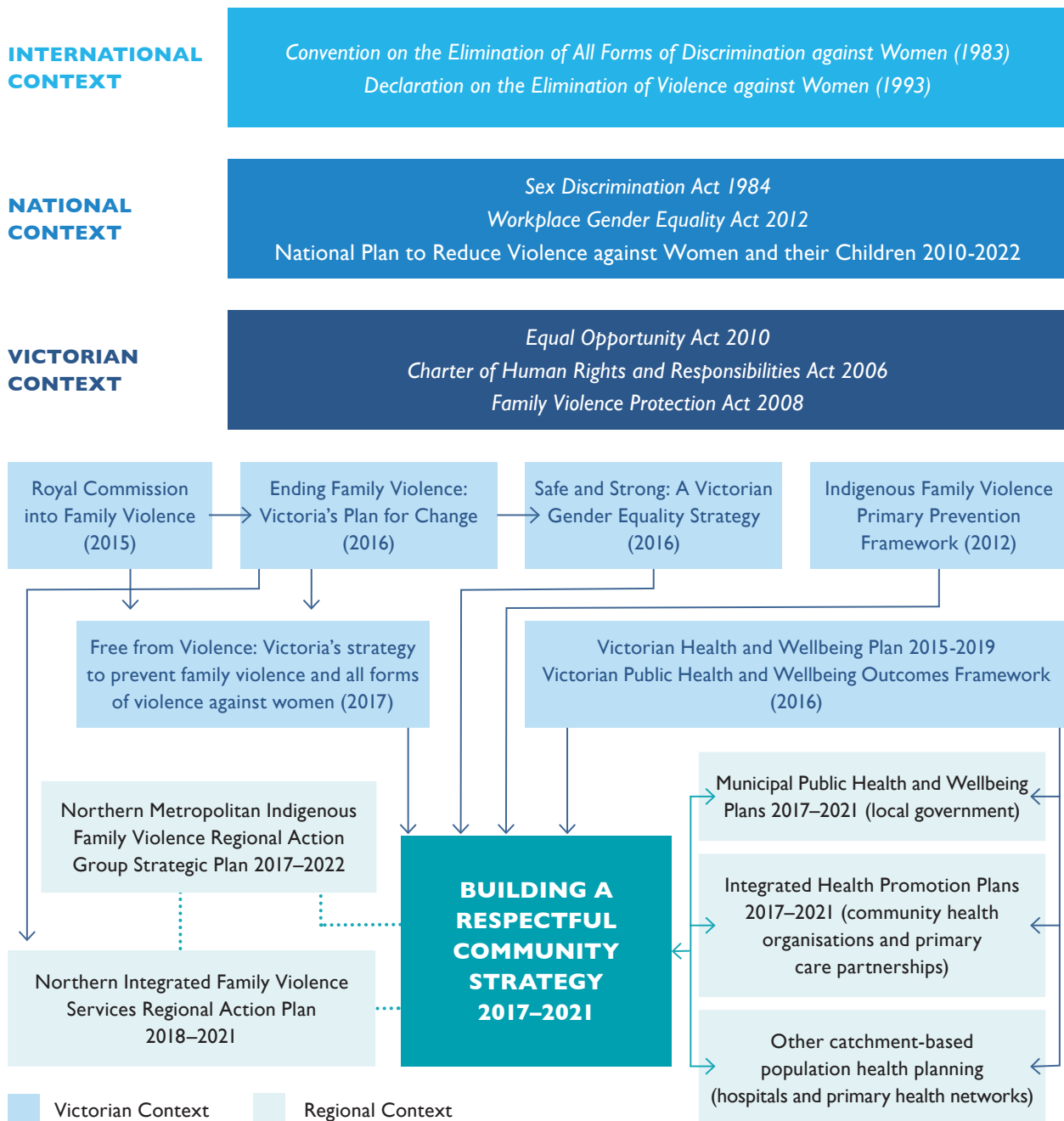


Figure 2: Policy and legislative context for Building a Respectful Community Strategy 2017-2021

EVIDENCE BASE AND GUIDING FRAMEWORKS

In addition to the laws, policies and strategies listed on the previous page, there are a number of significant frameworks and reports that guide our work. Historically, violence against women was understood through a crime prevention lens with a focus on reactive responses and individual factors. In 2002, the World Health Organisation re-framed violence against women as a public health issue and

used a public health lens to analyse the effects and causes. In 2007, VicHealth published an internationally-recognised framework for the primary prevention of violence against women that has been widely used in Victoria.

Building on these seminal reports, the current guiding frameworks and evidence base for *Building a Respectful Community Strategy 2017–2021* include:

- ***Change the Story: A shared framework for the primary prevention of violence against women and their children in Australia*** (Our Watch et al., 2015)
- ***A Framework to Underpin Action to Prevent Violence against Women*** (UN Women, 2015)
- ***Violence against Women in Australia: An overview of research and approaches to primary prevention*** (VicHealth, 2017)
- ***Australian's Attitudes to Violence against Women: Findings from the 2013 National Community Attitudes towards Violence Against Women Survey*** (VicHealth, 2014)
- ***Personal Safety Survey, Australia*** (ABS, 2013)
- ***Evaluation of the Northern Region Prevention of Violence against Women Strategy: Final report*** (Western, 2017).

There are also currently two national government-funded agencies that support preventing violence against women work: Our Watch, a foundation to provide leadership on preventing violence against women; and ANROWS, Australia's National Research Organisation for Women's Safety.

Monash University. The evaluation provides an evidence base and guide for action, and includes a list of 25 recommendations which have been used to inform this strategy.

The full report can be found at www.whin.org.au/resources/preventing-violence-against-women.html

Evaluation of the Northern Region Prevention of Violence against Women Strategy 2011-2016

An evaluation of the regional approach and the previous regional strategy, *Building a Respectful Community – Preventing Violence against Women – A Strategy for the Northern Metropolitan Region of Melbourne 2011–2016*, was conducted in 2016 by Dr Deborah Western from

In addition to the frameworks and reports listed here, the two most significant Victorian Government documents informing our work are *Free from Violence: Victoria's strategy to prevent family violence and all forms of violence against women*, and *Safe and Strong: A Victorian gender equality strategy* (noted on previous page). Used in combination, these two state-wide strategies address all five 'Essential Actions' from *Change the Story* (see page 13).

A PRIMARY PREVENTION APPROACH

“**Violence against women and their children** is not an inevitable or intractable social problem. Rather, it is the product of complex yet modifiable social and environmental factors.” (Our Watch et al., 2015, p4)

This Strategy follows a population health primary prevention approach to violence against women. This means that we aim to prevent violence against women from occurring in the first place by creating an equal and respectful community. A primary prevention approach addresses the underlying causes—the ‘gendered drivers’— of violence against women (see next page).

This work is distinct from, but connected to, early intervention and response work to support women’s and children’s safety.

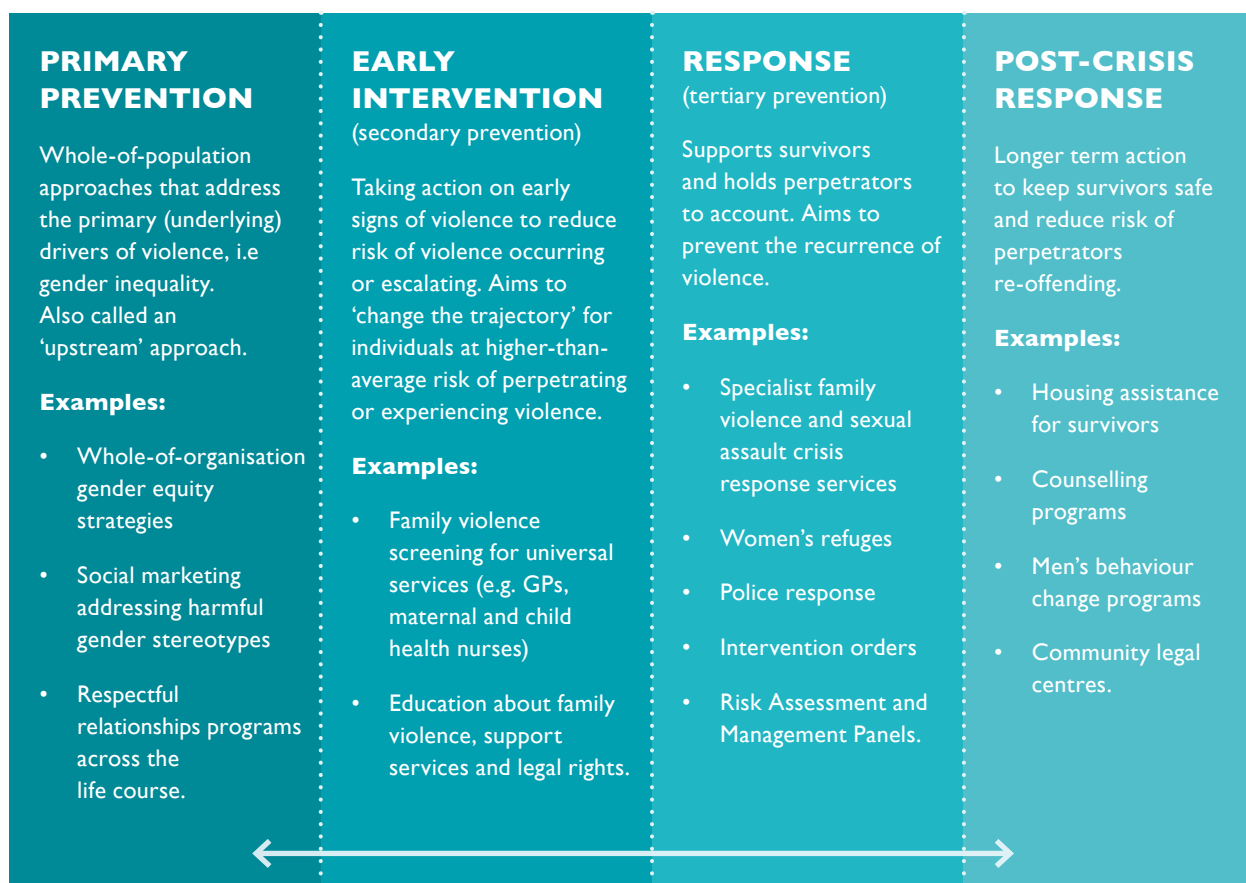


Figure 3: The prevention spectrum

To see a real and lasting reduction in violence against women, it is essential that we have comprehensive, evidence-based work occurring across the prevention spectrum to increase women and children’s safety, reduce repeat violence and minimise long-term harm. It is important to have a separate strategy for prevention because prevention work applies a different approach and skillset. A separate strategy also ensures that the long-term work of prevention is not subsumed by the urgency of response work. In practice, it can sometimes be necessary to integrate primary prevention work with early intervention and response, to ensure safety of participants, especially in community-based work.

Change the Story: The Gendered Drivers and Essential Actions

International and national research concludes that to prevent violence against women before it occurs we must take action to address gender inequality (Our Watch et al., 2015; UN Women, 2015). *Change the Story* defines gender inequality as 'a social condition characterised by unequal value afforded to men and women and an unequal distribution of power, resources and opportunity between them' (Our Watch et al., 2015, p. 12). It identifies four particular expressions of gender inequality that cause violence against women, known as the 'gendered drivers'.



Figure 4: The gendered drivers of violence against women (Our Watch et al., 2015)

Change the Story also identifies the key actions we must undertake to prevent violence against women. These are referred to as the 'essential actions'. All objectives and strategies in the *Building a Respectful Community Strategy 2017–2021* seek to address these essential actions across different settings and populations.



Figure 5: The essential actions to prevent violence against women (Our Watch et al., 2015)

The Socio-Ecological Model

The frameworks used in *Change the Story* and UN Women's *A Framework to Underpin Action to Prevent Violence against Women* are both based on a socio-ecological approach. This population health model is used to understand and address health issues across different levels of society, spanning the individual, interpersonal (relationship), organisational, community and societal levels. When we seek to prevent violence against women we must implement strategies at all levels. Additionally, actions need to address change in norms, practices and structures across all levels.

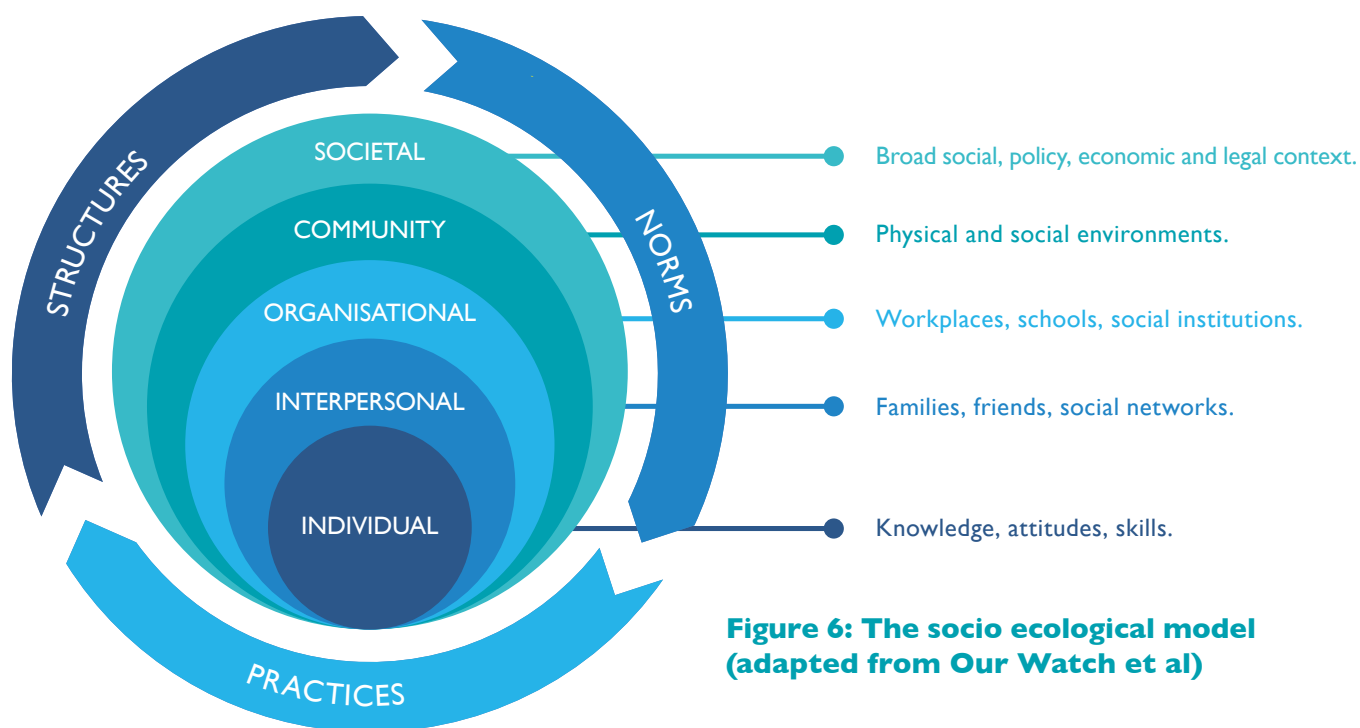
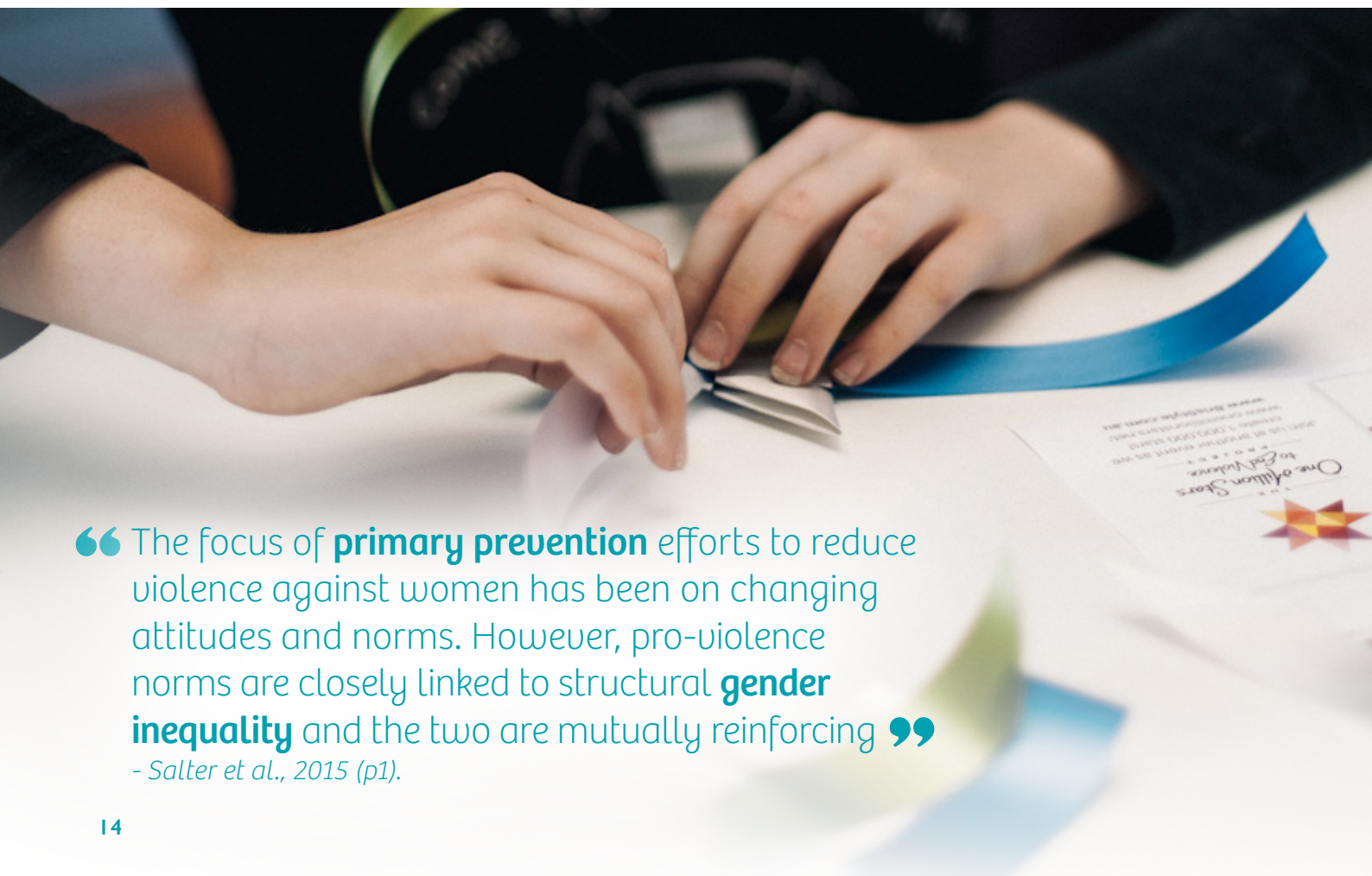


Figure 6: The socio ecological model (adapted from Our Watch et al)



“ The focus of **primary prevention** efforts to reduce violence against women has been on changing attitudes and norms. However, pro-violence norms are closely linked to structural **gender inequality** and the two are mutually reinforcing ”

- Salter et al., 2015 (p1).

Norms, Practices and Structures

The evidence emphasises that action must address the patriarchal **social norms, practices** and **structures** that create the context that allows violence against women to occur.

'These include, for example, social norms such as the belief that women are best suited to care for children, practices such as differences in childrearing practices for boys and girls, and structures such as pay difference between men and women.' (Our Watch et al., 2015, p. 24).

These norms, practices and structures encourage men and women to adopt stereotyped gender roles, positions men as superior to women, and values masculine roles and identities as superior to feminine roles and identities.

Research has identified a need for a dual focus on addressing gender norms and structural gender inequality, noting that addressing one without the other can be ineffective or even harmful (Salter, Carmody, & Presterudstuen, 2015). Specifically, a focus on changing social norms without tackling structural gender inequality will be ineffective. However, a focus on addressing structural gender inequality without simultaneously shifting gender norms can lead to backlash and even an increase in violence.

'The focus of primary prevention efforts to reduce violence against women has been on changing attitudes and norms. However, pro-violence norms are closely linked to structural gender inequality and the two are mutually reinforcing.' (Salter et al., 2015, p. 1).

The diagram below illustrates gender norms and structural gender inequalities that contribute to violence against women. The Multicultural Centre for Women's Health in Victoria drew on this concept to demonstrate an intersectional approach. Adding to gender norms, they identified harmful 'cultural assumptions' that contribute to violence against women from immigrant and refugee backgrounds, such as assumptions that 'traditional' cultures oppress women more than 'modern' cultures, and assumptions that men are more violent in some cultures and women are more submissive. Contributing structural inequalities were identified as visa and immigration status, lack of political representation and access to information (Multicultural Centre for Women's Health, 2015).

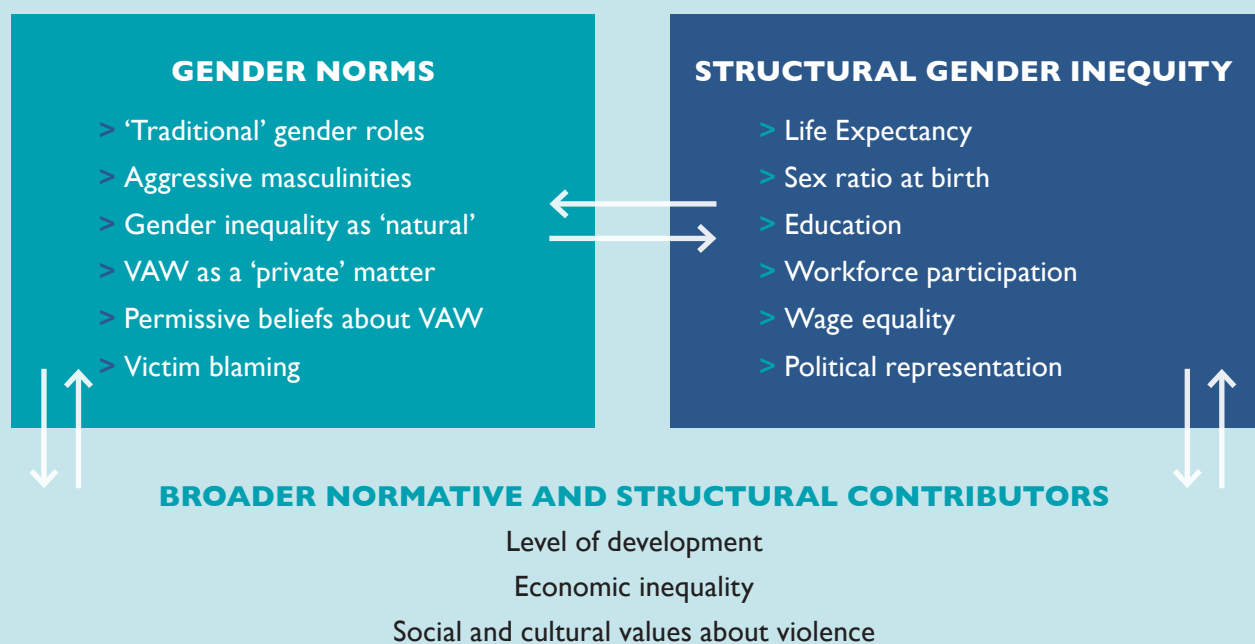


Figure 7: Macro-level risk factors for violence against women (Salter et al., 2015)

AN INTERSECTIONAL APPROACH

The 2016 evaluation of the previous iteration of *Building a Respectful Community* highlighted the need for a greater emphasis on what is often referred to as an 'intersectional' approach, or one that is more inclusive of women who experience greater discrimination or oppression (Western, 2017).

Intersectionality is an approach that considers intersecting and overlapping aspects of a person's identity, such as ethnicity, sexual orientation, disability or age. In particular, it applies a power analysis to recognise overlapping forms of discrimination or oppression. In relation to violence against women, an intersectional approach highlights that structural and social discrimination such as racism, colonisation, class oppression, homophobia, transphobia, ageism or ableism can intersect with gender inequality to increase the prevalence and/or severity of violence, and increase barriers to accessing help. This includes structural factors (such as discriminatory laws or policies) as well as social norms and attitudes.

For some women, the other forms of discrimination they face are bigger issues for them than gender inequality; however, it is the combination of these oppressions that cause the greatest harm. For example, for Aboriginal women, the ongoing discrimination and harm caused by colonisation may have a more significant impact on the violence they experience than sexism and gender inequality.

An intersectional approach suggests that work to prevent violence against women cannot be done in isolation from work to address racism and other forms of discrimination. Australia has a history of state-sanctioned violence against specific groups, for example, the forcible removal of Aboriginal children, or laws prohibiting homosexuality. In some cases, this violence continues, such as the violence experienced by asylum seekers in immigration detention centres.

The increasing focus on understanding violence against women through an intersectional lens signifies an international shift in approach, from the previous focus on at-risk population groups to a more integrated understanding of the factors that can increase the incidence and severity of violence. Additionally, an intersectional lens does not only apply to women, it can also be used to understand male perpetrators and the influence of varying constructions of masculinity.

Strategies for Applying an Intersectional Approach

It is important to note that applying an intersectional lens to a *primary prevention* approach is a developing area of work and the understanding of what this means in practice is still evolving. Nonetheless, some initial ideas have been identified in *Building a Respectful Community Strategy 2017–2021*'s principles, goals, objectives and strategies. These include:

- Undertake work to connect preventing violence against women work with other work in our organisations that address discrimination and inequality.
- Build relationships with specialist services that represent women who face additional discrimination or barriers, to support and inform this work.
- Apply a human rights framework that places the emphasis on equity, safety and inclusion.
- Complement population-wide approaches with tailored work with specific communities experiencing multiple forms of discrimination.
- Seek opportunities for professional development for the prevention workforce on topics related to intersectionality and identify new resources or tools.

“Equality and safety for all women and their children can only be achieved with specific and intensive effort for those currently experiencing the greatest inequalities and violence.” (Our Watch et al., 2015, p. 38)

A REGIONAL APPROACH

The northern metropolitan region's health, government and community service organisations have a long history of working together to address violence against women. A regional approach to primary prevention was formalised in the first iteration of the regional strategy to prevent violence against women in 2011, and this partnership has grown stronger over the last six years.

The importance of developing a shared approach across different settings and sectors has been emphasised in the Victorian Royal Commission into Family Violence, *Ending Family Violence Victoria's Plan for Change* and *Change the Story*.

Change the Story outlines the need for 'coordinated interventions across settings and levels of the social ecology' and states that the infrastructure for this must include:

- Mechanisms for coordination and quality assurance to promote consistency
- Mutually-reinforcing programs across settings and levels
- An expert workforce

- Civil society advocacy
- Shared reporting and evaluation (p. 50).

An evaluation conducted in 2016 found that 'the provision of a regional approach had consistently influenced preventing violence against women work in the region' (Western, 2016, p. 6). Key elements to this were the written strategy, networking between prevention workers, the NMR PVAW Committee and WHIN's role.

'There was strong acknowledgement from all participants that [preventing violence against women] work would be most successful in achieving its goals by working from a regional approach. This acknowledgement reflects the collective impact characteristics of mutually reinforcing activities developed from a common agenda and shared vision for change.' (Western, 2017, p. 17)

In applying a regional approach, *Building a Respectful Community Strategy 2017–2021* draws on systems thinking and collective impact theory, as explained on the next page.

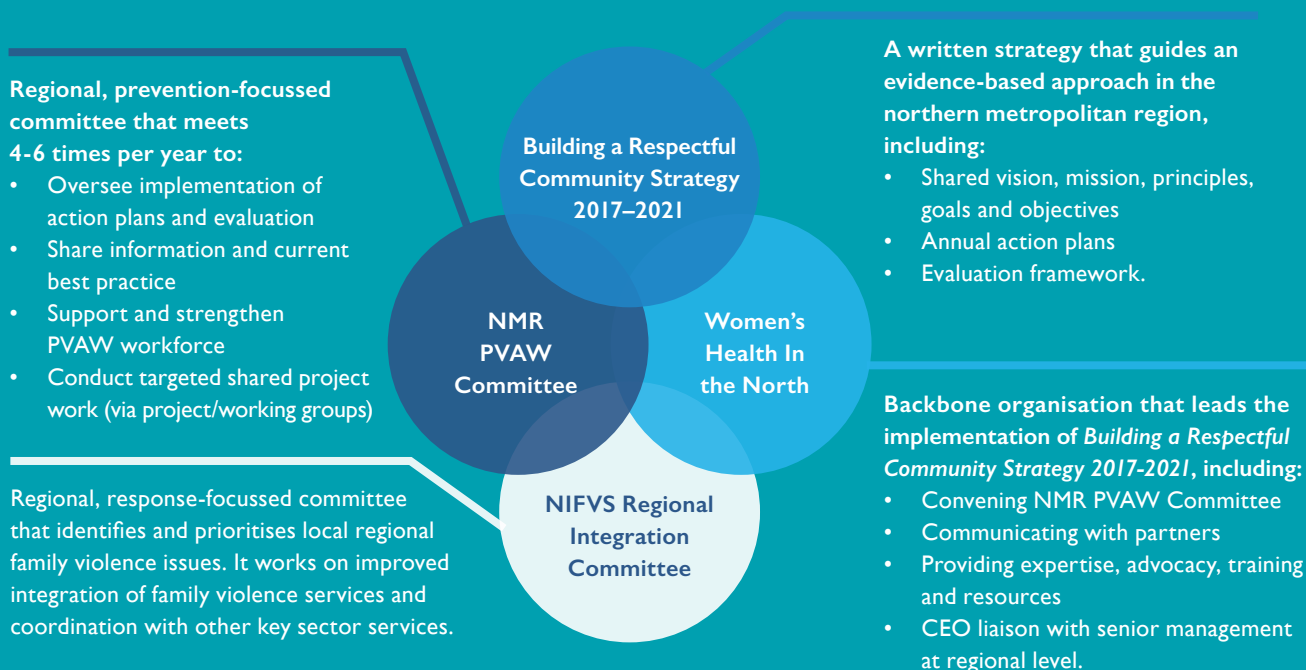


Figure 8: The Building a Respectful Community Regional Approach

Applying Systems Thinking

The Victorian Government is encouraging the use of a systems approach to prevention which focusses on 'building blocks' derived from the World Health Organisation's 'building blocks for health systems strengthening'. These include collaboration, information, leadership, workforce and resources. A useful summary of these building blocks is outlined in *For Discussion: Delivering place-based prevention in Victorian communities* (Department of Health and Human Services, 2016). While this applies to health promotion more generally, not specifically preventing violence against women, the approach aligns very closely—and informs—the approach in *Building a Respectful Community Strategy 2017–2021*.

Collective Impact

Collective impact approaches have been gaining traction in Victoria as a useful way to conceptualise locally-based or regionally-based prevention of violence against women efforts. *Building a Respectful Community Strategy 2017–2021* draws on collective impact in designing its regional approach and in its evaluation framework. Below is a summary of the 'five conditions of collective success' identified by Kania and Kramer (2011) and their application in the *Building a Respectful Community Strategy 2017–2021*.

COLLECTIVE IMPACT: CONDITIONS OF SUCCESS	EXPLANATION	APPLICATION IN BUILDING A RESPECTFUL COMMUNITY REGIONAL APPROACH
A common agenda	All participants have a shared vision of change, common understanding of the problem and joint approach through agreed actions.	Vision, mission, principles and goals developed collaboratively and documented in <i>Building a Respectful Community Strategy 2017–2021</i> .
Shared measurement systems	Agreement on ways success will be measured: data collection across all participating organisations on a number of shared indicators.	A shared evaluation framework will be developed collaboratively with partners, led by a working group.
Mutually reinforcing activities	Each participating organisation undertakes the activities at which it excels in a way that supports and is coordinated with others.	Each partner will choose the strategies that best suit its strengths and opportunities. These will be coordinated through the action plans and the NMR PVAW Committee.
Continuous communication	Participants need several years of regular meetings. Developing a common vocabulary is essential.	Committee has met 4-6 times a year since 2012. WHIN provides email updates, shared resources and professional development opportunities.
Backbone support organisations	Requires staff with a specific set of skills that can support and coordinate efforts, including: facilitation, technology and communications support, data collection and reporting, and administration.	WHIN provides this backbone support and will continue to extend this as funding allows.

SHARED GOALS, OBJECTIVES AND STRATEGIES

All partners will contribute to the achievement of the following goals and objectives over the long term. Over four years, from July 2017 to June 2021, each partner will undertake one or more strategies for each goal that suit their capacity, direction and stage of prevention work.

The objectives and strategies have been developed through a collaborative process with the NMR PVAW Committee. They reflect the current work occurring in the region, the evidence base and the strategic direction of *Building a Respectful Community Strategy 2017–2021*.

The strategies have been informed by the proven and promising techniques identified in *Change the Story*:

- Direct participation programs (for example, media literacy programs, bystander programs and parenting programs)
- Community mobilisation and strengthening (for example, projects that work with community members to address social norms)
- Organisational development (for example, organisational auditing processes and whole-of-school approaches)
- Communications and social marketing (using a range of media)

- Civil society advocacy (building collective momentum, for example, capacity building programs and leadership programs) (Our Watch et al., 2015).

Additionally, all strategies will address a combination of the Essential Actions:

- Challenge condoning violence against women.
- Promote women's independence and decision-making in public life and relationships.
- Foster positive personal identities and challenge gender stereotypes and roles.
- Strengthen positive, equal and respectful relations between and among women and men, girls and boys.
- Promote and normalise gender equality in public and private life (Our Watch et al., 2015).



SHARED GOALS, OBJECTIVES AND STRATEGIES

GOAL 1: Our workplaces are gender equitable, safe and inclusive.

OBJECTIVES:

- To increase the number of partner organisations that have a documented commitment and action plan for advancing gender equity in their organisations
- To see a positive shift in attitudes that are supportive of gender equality among staff at partner organisations
- To increase the proportion of women in leadership positions at partner organisations

STRATEGIES*:

- Develop a gender equity strategy and action plan.
- Implement a staff survey regarding attitudes to gender equity, and experiences of safety, gender equity and inclusion.
- Undertake a gender equity and diversity audit of human resources policies and procedures (e.g. pay equity and leave policies).
- Investigate the application of targets or quotas for female representation within organisations.
- Implement workplace training such as bystander training and gender equity/analysis training.
- Implement internal communications strategies that begin conversations about everyday sexism and challenge gender stereotypes.
- Develop and implement a workplace family violence policy and procedures (safety measure for organisations starting prevention work).

GOAL 2: Our services and facilities are gender equitable, safe and inclusive.

OBJECTIVES:

- To increase the application of gender analysis to services provided by partner organisations (e.g. health care, aged care, early years, disability care, recreation services, urban planning)
- To increase the use of gender equitable design concepts for public spaces and facilities

STRATEGIES*:

- Undertake a project to review the appropriate collection and analysis of gendered data.
- Use a gender analysis tool to review a service area and develop an action plan for addressing identified issues. Progressively apply the gender analysis tool to more service areas.
- Review and strengthen the connection between preventing violence against women work and other organisational strategies or policies that address discrimination and inequality (e.g. anti-racism work, disability access and inclusion work).
- Use a gender equitable facility design tool to audit and improve public spaces and facilities.
- Develop procurement guidelines that require contractors to demonstrate a commitment to gender equity.
- Conduct a gender analysis of resource allocation, including spending on services and infrastructure.



GOAL 3: Our communities and neighbourhoods are gender equitable, safe and inclusive.

OBJECTIVES:

- To increase the number of community-based groups that are leading their own work to advance gender equity, prevent violence against women and/or promote respectful relationships
- To increase the number of women in community leadership positions

STRATEGIES*:

- Undertake a community mobilisation project to increase capacity to take action on gender equity, preventing violence against women and/or respectful relationships.
- Implement a direct participation program that aims to strengthen equal and respectful relationships between women and men or girls and boys.
- Provide women's leadership training, awards, or capacity building projects (with a priority focus on Aboriginal women, women with disabilities, women from migrant and refugee backgrounds or women of diverse gender and sexual identities).
- Provide funding (e.g. community grants) to women's groups for leadership and capacity building activities; and/or to other community groups for projects to prevent violence against women.
- Implement a project to increase women's participation in underrepresented areas (e.g. women's participation in sports, business or community leadership).
- Undertake a project to examine and address issues of gendered economic and/or employment inequalities.

GOAL 4: Our communications are gender equitable and inclusive.

OBJECTIVES:

- To embed the promotion of gender equitable and non-violent messages in partner organisations' communications and social marketing
- To improve the representation of diverse women in partner organisations' publications

STRATEGIES*:

- Develop communications guidelines that promote diverse gender roles, challenge gender stereotypes and condoning of violence against women, and increase representation of women from diverse backgrounds.
- Implement a communications and advocacy strategy that promotes diverse gender roles and challenges gender stereotypes and condoning of violence against women.
- Lead or participate in social marketing campaigns to prevent violence against women and/or promote gender equity (e.g. Week Without Violence and 16 Days of Activism against Gender-Based Violence).

GOAL 5: A wide range of sectors and organisations take responsibility for preventing violence against women.

OBJECTIVES:

- To increase the variety of sectors and settings that partner organisations work with to prevent violence against women
- To strengthen collaboration and shared projects with organisations that work with population groups that experience multiple forms of discrimination

STRATEGIES*:

- Support schools to apply a whole-of-school approach in developing and implementing respectful relationships programs and curriculum.
- Engage with sectors or organisations that have not previously undertaken work to prevent violence against women (e.g. business, media, sports, arts).
- Submit advocacy and funding submissions to state and federal government in support of preventing violence against women.
- Strengthen relationships with Aboriginal-led organisations to develop shared understandings of prevention and/or support preventing violence against women projects.
- Strengthen relationships with organisations that work with women with disabilities, older women, women from migrant and refugee backgrounds and/or women of diverse gender or sexual identities, to support preventing violence against women projects.

* Each partner organisation will undertake one or more strategy for each goal area, over 2017–2021.

IMPLEMENTATION AND EVALUATION

Annual Action Plans

Annual action plans will be created to guide implementation of the *Building a Respectful Community Strategy 2017–2021*. The actions plans will identify the strategies that each partner organisation has chosen to focus on for that financial year. The actions plans will also outline the actions that WHIN will implement to support partners in their chosen strategies. At the end of each period, partners will report on their progress. WHIN will prepare the reports with input and sign-off from all partners.

Evaluation Framework

An evaluation framework for the *Building a Respectful Community Strategy 2017–2021* action plans will be developed collaboratively with partner organisations. This will explore opportunities for shared measurement and monitoring systems and provide a line of sight to the Victorian Public Health and Wellbeing Outcomes Framework and the Victorian Family Violence Outcomes Framework. The evaluation will aim to build the evidence base for the prevention of violence against women on a regional level.



GLOSSARY OF TERMS

Below are some of the key terms used in this strategy. The majority of these definitions have been sourced from *Change the Story* (Our Watch et al., 2015).

Family violence – Under the Victorian *Family Violence Protection Act 2008*, family violence is defined as:

- (a) Behaviour by a person towards a family member of that person if that behaviour:
 - i. is physically or sexually abusive; or
 - ii. is emotionally or psychologically abusive; or
 - iii. is economically abusive; or
 - iv. is threatening; or
 - v. is coercive; or
 - vi. in any other way controls or dominates the family member and causes that family member to feel fear for the safety or wellbeing of that family member or another person; or

(b) Behaviour by a person that causes a child to hear or witness, or otherwise be exposed to the effects of, behaviour referred to in paragraph (a).

Gender – the socially learnt roles, behaviours, activities and attributes that any given society considers appropriate for men and women; gender defines masculinity and femininity (Australian Women's Health Network, 2014). Gender expectations vary between cultures and can change over time (World Health Organization, 2015).

Gender-based violence – an umbrella term for any harmful act that is perpetrated against a person's will and that is based on socially ascribed (i.e. gender) differences between men and women. It includes acts that inflict physical, sexual or mental harm or suffering, threats of such acts, coercion, and other deprivations of liberty (UN Inter-Agency Standing Committee, 2015).

Gender equity – the provision of fairness and justice in the distribution of benefits and responsibilities between women and men (United Nations Development Program, 2001). It is not about the equal delivery of services or distribution of resources; rather, equity recognises diversity and disadvantage and seeks to direct

resources and services towards those most in need to ensure equal outcomes for all (Australian Women's Health Network, 2014).

Gender equality – the equal rights, responsibilities and opportunities of women, men and trans and gender-diverse people. Equality does not mean that women, men and trans and gender diverse people will become the same but that their rights, responsibilities and opportunities will not depend on their gender (State of Victoria, 2016b).

Gender equitable – provides equal rights, responsibilities and opportunities for women and men through directing resources and services towards those most in need.

Gender identity – refers to a person's deeply felt sense of being a man or a woman, both, neither, or in between (GLHV@ARCSHS La Trobe University, 2016).

Gender inequality – the unequal distribution of power, resources, opportunity, and value afforded to men and women in a society due to prevailing gendered norms and structures (Our Watch et al., 2015).

Gender relations – refers to the economic, social and power relations between women and men, the differing expectations and values associated with being either gender, and the different outcomes that result. Three structures are central to gender relations: the division of labour; personal relationships; and citizenship (Women's Health Loddon Mallee, 2013).

Gender roles – the functions and responsibilities expected to be fulfilled by women and men, girls and boys in a given society (World Health Organization, 2015).

Gender transformative – policy and practice that examines, challenges and ultimately transforms structures, norms and behaviours that reinforce gender inequality and strengthens those that support gender equality (Women's Health Victoria, 2012).

Gendered drivers – the specific elements or expressions of gender inequality that are most strongly linked to violence against women. They relate to the particular structures, norms and practices arising from gender inequality in public and private life. The gendered drivers are the underlying causes required to create the necessary conditions in which violence against women occurs. They must always be considered in the context of other forms of social discrimination and disadvantage (Our Watch et al., 2015).

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

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

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

Intersectionality – is an approach that considers intersecting aspects of a person's social, biological or cultural identity, and how they are affected by systems of oppression and access to power and resources. Aspects of identity can include gender, ability, class, ethnicity, age and sexuality, among others. An intersectional approach is particularly concerned with how different forms of discrimination can overlap and intersect (Murdolo & Quiazon, 2015).

Intimate partner violence – any behaviour by a man or a woman within an intimate relationship (including current or past marriages, domestic partnerships, familial relations, or people who share accommodation) that causes physical, sexual or psychological harm to those in the relationship. This is the most common form of violence against women (World Health Organization & London School of Hygiene and Tropical Medicine, 2010).

LGBTIQ – refers to people who identify as lesbian, gay, bisexual, transgender, intersex or queer.

Primary prevention – action that seeks to prevent violence against women *before it occurs* by addressing its underlying causes (VicHealth, 2007). This means changing the social and structural conditions that enable violence against women to occur by addressing the 'gendered drivers', as identified in *Change the Story* (Our Watch et al., 2015).

Sexual violence – sexual activity that happens where consent is not obtained or freely given. It occurs any time a person is forced, coerced or manipulated into any unwanted sexual activity, such as touching, sexual harassment and intimidation, forced marriage, trafficking for the purpose of sexual exploitation, sexual abuse, sexual assault and rape (Our Watch et al., 2015).

Violence against women – any act of gender based violence that causes or could cause physical, sexual or psychological harm or suffering to women, including threats of harm or coercion, in public or in private life (Council of Australian Governments, 2011; United Nations General Assembly, 1993). This definition encompasses all forms of violence that women experience (including physical, sexual, emotional, cultural/spiritual, financial, and others) that are gender based (Our Watch et al., 2015). It also includes violence against women that occurs in institutional settings, such as care facilities and prisons.

Women of diverse gender and sexual identities – includes lesbian, bisexual, intersex, transgender, genderqueer and gender questioning women.

REFERENCES

- ABS. (2013). *Personal Safety, Australia 2012*. Canberra: Australian Bureau of Statistics.
- ALRC & NSWLRC. (2010). *Family Violence: A National Legal Response. Final Report*. Canberra: Australian Law Reform Commission & NSW Law Reform Commission.
- Australian Women's Health Network. (2014). *Health and the Primary Prevention of Violence against Women Position Paper*. Drysdale: Australian Women's Health Network.
- Council of Australian Governments. (2011). *National Plan to Reduce Violence against Women and their Children 2010–2022*. Canberra: Commonwealth of Australia.
- Cox, P. (2015). *Violence against women in Australia: Additional analysis of the Australian Bureau of Statistics' Personal Safety Survey 2012*. Alexandria: ANROWS.
- Cussen, T., & Bryant, W. (2015). Domestic/family homicide in Australia. *Research in practice, no. 38*.
- Department of Health and Human Services. (2016). *For Discussion: Delivering place-based primary prevention in Victorian communities*. Melbourne: Victorian Government.
- Department of Premier and Cabinet. (2016). *Ending Family Violence: Victoria's Plan for Change*. Melbourne: Victorian Government.
- GLHV@ARCSHS La Trobe University. (2016). *The Rainbow Tick Guide to LGBTI-inclusive Practice*. Bundoora: La Trobe University.
- Kania, J., & Kramer, M. (2011). Collective Impact. *Stanford Social Innovation Review, Winter 2011*.
- Morgan, A., & Chadwick, H. (2009). Key issues in domestic violence. *Research in practice, No. 07*.
- Multicultural Centre for Women's Health. (2015). *Intersectionality and primary prevention of violence against women*. Paper presented at the Workshop for the PVAW Community of Practice, June 2015.
- Murdolo, A., & Quiazon, R. (2015). Bringing the Margins to the Centre. In Our Watch, ANROWS, & VicHealth (Eds.), *Change the Story: A shared framework for the primary prevention of violence against women and their children in Australia (Appendix 3)*. Melbourne: Our Watch.
- Our Watch, ANROWS, & VicHealth. (2015). *Change the Story: A shared framework for the primary prevention of violence against women and their children in Australia*. Melbourne: Our Watch, Australia's National Research Organisation for Women's Safety, & VicHealth.
- PwC. (2015). *A High Price to Pay: the economic case for preventing violence against women*. Canberra: PricewaterhouseCoopers.
- Salter, M., Carmody, M., & Presterudstuen, G. (2015). *Resolving the prevention paradox: The role of communities and organisations in the primary prevention of violence against women*. Paper presented at the Inaugural Asia-Pacific Conference on Gendered Violence and Violations, February 2015, University of New South Wales.
- Stanley, J., Tomison, A. M., & Pocock, J. (2003). *Child abuse and neglect in Indigenous Australian communities*. Australian Institute of Family Studies.
- State of Victoria. (2016a). *Royal Commission into Family Violence: Report and recommendations, Parl Paper No 132 (2014-16)*. Melbourne: Victorian Government.
- State of Victoria. (2016b). *Safe and Strong: A Victorian Gender Equality Strategy*. Melbourne: Victorian Government.
- UN Inter-Agency Standing Committee. (2015). *Guidelines for Integrating Gender-Based Violence Interventions in Humanitarian Action: Reducing risk, promoting resilience and aiding recovery*. Geneva: UN Inter-Agency Standing Committee.
- UN Women. (2015). *A Framework to Underpin Action to Prevent Violence against Women*. UN Women.
- United Nations Development Program. (2001). *Introductory Gender Analysis & Gender Planning Training Module for UNDP Staff*. United Nations Development Program.
- United Nations General Assembly. (1993). *Declaration on the Elimination of Violence against Women*. United Nations General Assembly.
- VicHealth. (2007). *Preventing violence before it occurs: A framework and background paper to guide the primary prevention of violence against women in Victoria*. Melbourne: VicHealth.
- VicHealth. (2014). *Australians' attitudes to violence against women. Findings from the 2013 National Community Attitudes towards Violence Against Women Survey (NCAS)*. Melbourne: VicHealth.
- VicHealth. (2017). *Violence against women in Australia: An overview of research and approaches to primary prevention*. Melbourne: VicHealth.
- Western, D. (2017). *Evaluation of the Northern Region Prevention of Violence against Women Strategy: Final Report*. Thornbury: Women's Health In the North.
- Women's Health Loddon Mallee. (2013). *Gender Equity Quality Standards: A Resource for Organisations*. Bendigo: Women's Health Loddon Mallee.
- Women's Health Victoria. (2012). *Gender transformative policy and practice*. Melbourne: Women's Health Victoria.
- World Health Organization. (2002). *World Report on Violence and Health: Summary*. Geneva: World Health Organization.
- World Health Organization. (2015). *Gender, Factsheet No 403*. Geneva: World Health Organization.
- World Health Organization, & London School of Hygiene and Tropical Medicine. (2010). *Preventing intimate partner and sexual violence against women: taking action and generating evidence*. Geneva: World Health Organization.

Building a Respectful Community Partners

- > Women's Health In the North (lead)
- > Banyule City Council
- > Darebin City Council
- > Hume City Council
- > Moreland City Council
- > Nillumbik Shire Council
- > City of Whittlesea
- > Yarra City Council
- > Banyule Community Health
- > cohealth
- > Your Community Health
- > healthAbility
- > Merri Health
- > DPV Health
- > North Richmond Community Health
- > Sunbury Community Health
- > Whittlesea Community Connections
- > Banksia Gardens Community Services
- > Good Samaritan Inn
- > Austin Health (Northern Centre Against Sexual Assault)
- > Hume Whittlesea Primary Care Partnership
- > Inner North West Primary Care Partnership
- > North East Primary Care Partnership
- > Eastern Melbourne PHN
- > La Trobe University



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680 High Street, Thornbury VIC 3071 Australia

Phone 03 9484 1666 • **Fax** 03 9484 1844 • **Email** info@whin.org.au

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