

BUILDING A RESPECTFUL COMMUNITY

STRATEGY 2022-2026



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

ACKNOWLEDGEMENTS

The *Building a Respectful Community Strategy 2022-2026* was co-created by the Building a Respectful Community Partnership and written by Women's Health In the North on behalf of the Partnership. It has been a collective effort that draws on contributions from organisations across the Partnership.

Thank you to all members of the Building a Respectful Community Committee for your incisive and knowledgeable contributions (see list of partners on page 14). Thank you also to other organisations that provided detailed feedback and advice.

We thank the Building a Respectful Partnership Steering Group for their strategic guidance.

This resource also draws upon the evidence created by the preventing violence against women sector in particular Our Watch, Australia's National Research Organisation for Women's Safety (ANROWS) and other women's health services.



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



Women's Health In the North acknowledges Victorian Aboriginal people as the Traditional Owners of the land on which we provide our services – the Wurundjeri people of the Kulin nation – and pay our respects to their Elders past and present and emerging. We acknowledge the ongoing leadership role of the Aboriginal community on gender equality. As First Peoples, Aboriginal Victorians are best placed to determine a culturally appropriate path to gender equality in their communities. WHIN acknowledges that Aboriginal sovereignty was never ceded and expresses hope for justice and reconciliation.

A NOTE ON LANGUAGE USED IN THIS GUIDE

Binary language is sometimes used in this strategy, however Women's Health In the North (WHIN) would like to acknowledge that gender and gender identity are not binary and when we refer to 'women' throughout this document, we include all women, not just cis-gender women.

As a women's health service, WHIN focuses on addressing the disproportionate levels of violence perpetrated by men against women. WHIN acknowledges that trans and gender diverse communities experience similar rates of violence, perpetuated by overlapping drivers of gender-based violence, as well as prejudice-motivated discrimination and violence. Challenging gender inequality, gender binaries, and rigid gender norms and stereotypes in all communities is key to preventing all forms of gender-based violence.

The document should be read along with the:

- Building a Respectful Community Strategy 2021 Background Paper
- Building a Respectful Community Action Plans





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EXECUTIVE SUMMARY

Violence against women is a prevalent and serious human rights abuse that causes significant harm to individuals, families, communities and society. In Australia, on average one woman is killed by her partner or ex-partner every week (Cussen & Bryant 2015). Three in ten women have experienced physical violence and one in five have experienced sexual violence since the age of 15 (Australian Bureau of Statistics, 2016). Hundreds of thousands of 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 (Janah, S. 2018).

“

Violence against women is both a cause and consequence of gender inequality

(Janah, S. 2018)



The Building a Respectful Community Strategy 2022-2026 aims to contribute to the prevention of all forms of gender-based violence over the long term. The partnership and strategy recognise the importance of taking an intersectional approach to this work, committing to ending gender-based violence against all women.

The work of the Building a Respectful Community Partnership to achieve gender equality and prevent gender-based violence is inclusive of women, girls, gender diverse people and cisgender and transgender women. To create lasting change and be gender transformative, the actions taken by the Building a Respectful Community Partnership will challenge rigid gender norms, including cishnormativity and heteronormativity and acknowledge every person's gender experience.

The Building a Respectful Community Strategy 2022-2026 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. The Wurundjeri people of the Kulin Nation are the Traditional Owners of the lands that make up the northern metropolitan region of Melbourne. Women's Health In the North (WHIN) coordinates, supports and evaluates the partnership and strategy.



The Building a Respectful Community Partnership has grown over the last 11 years since its creation and the new, third strategy represents a significant strengthening of the commitment by partner organisations to shared goals, objectives, actions and outcomes. The partnership continues to gain momentum and provide leadership for the prevention of gender-based violence work across the region. *The Building a Respectful Community Strategy 2022-2026* implements an evidence-based, primary prevention approach tailored to local context. In addition to drawing from international, national and state evidence bases, this strategy has been developed using recommendations from the [Building a Respectful Community Strategy 2017-2021 Mid-Strategy Evaluation](#) and the [Evaluation of the Building a Respectful Community Strategy and Partnership 2017-2021](#). These evaluation reports can be found on the WHIN website.

OUR VISION, MISSION AND PRINCIPLES

All sectors of our community have a role in preventing gender-based violence. The Building a Respectful Community Partnership (the Partnership) aims to create lasting change that will end gender-based violence and create an equal and respectful community. To achieve this the Partnership has developed this, its third strategy – the *Building a Respectful Community Strategy 2022-2026* (the Strategy).

VISION

A gender equitable, safe and respectful community.

MISSION

To work together across the northern metropolitan region of Melbourne to prevent gender-based violence.

PRINCIPLES

Our work is...

Human rights-based: We recognise violence against women and gender diverse people as a human rights abuse and we apply an approach that places human rights, including 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 gender-based violence as an issue grounded in structural gender inequity.

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 and inequality 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 and gender diverse people'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 and gender diverse people'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 gender-based violence.

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.

SHARED GOALS, OBJECTIVES AND STRATEGIES

All partners will contribute to the achievement of the following goals and objectives. Over four years, each partner will undertake one or more actions for each goal tailored to their capacity, direction and stage of prevention work. The Strategy objectives and actions will be reviewed during the life of the Strategy and adjusted to align with new evidence and regional need if deemed appropriate by the Partnership.

The Strategy's goals and objectives have been developed through a collaborative process with the Committee and build on the work and evidence-based produced by previous BRC strategies. They reflect the current work occurring in the region, the evidence base and the strategic direction of the Strategy. The Partnership aims to expand prevention activities across multiple settings and systems across the northern metropolitan region of Melbourne.

This Strategy will further strengthen the Partnership and its work – both as a collective and as individual organisations. The organisations in the Partnership meet these core commitments and ensure that they are regularly reviewed:

- Gender Equity Strategy and Action Plan (Goal 1)
- Staff training and workforce capacity building (Goal 1)
- Social marketing campaigns (Goal 1)
- Building a Respectful Community advocacy key messages (Goals 1 and 2)

For current BRC partners these core commitments are already embedded, and for new partners work on these commences in their first year of joining the Partnership. Some of the core commitments may not be applicable to all partners due to size and structure of the organisation, and alternative options are agreed upon with WHIN.





Our workplaces are gender equitable, safe and inclusive.

Objectives:

- 1.1 Increased number of partner organisations with documented commitment to gender equity including an action plan that is regularly reviewed.
- 1.2 Staff from partner organisations demonstrate positive attitudes to gender equality and support meaningful action aligned with challenging the gendered drivers of violence.
- 1.3 Increased proportion of women and gender diverse people in leadership positions in partner organisations.
- 1.4 Increased number of partner organisations that challenge the gendered drivers of violence and promote prevention of gender-based violence messages in their communications.



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

OBJECTIVES:

- 2.1 Increased number of services, programs and facilities that apply an intersectional gender analysis (for example, health care, aged care, early years, disability care, sport and recreation, urban planning).
- 2.2 Increased use of gender equitable design concepts for public spaces and community facilities.
- 2.3 Increased representation of women and gender diverse people in communications and publications of partner organisations.



Our communities are gender equitable, safe and inclusive.

OBJECTIVES:

- 3.1 Increased number of community-based groups that are leading their own work to advance gender equity, prevent gender-based violence and/or promote respectful relationships.
- 3.2 Strengthened collaborations and shared projects with organisations that work with population groups who experience multiple forms of discrimination.
- 3.3 Increased number of women and gender diverse people in community leadership positions.



The Partnership works collaboratively across a range of settings in the NMR of Melbourne to design, implement, monitor and evaluate primary prevention of gender-based violence.

OBJECTIVES:

- 4.1 Increased number of sectors and settings that BRC partners work with to prevent gender-based violence.
- 4.2 Strengthened collective advocacy of the BRC Partnership.
- 4.3 Add to the Victorian evidence base of effective primary prevention approaches to prevent gender-based violence.

IMPLEMENTATION AND EVALUATION

ANNUAL ACTION PLANS

Annual action plans will be created to guide implementation of the Strategy. The action plans will identify the actions each partner organisation has chosen to focus on for that period. The action plans will also outline the actions that WHIN will implement to support partners in their chosen activities. At the end of each year partners will report on their progress in an achievements report. WHIN will prepare the achievements report with input and sign-off from all partners. This process will include reflection on the actions under each goal and they will be refined for the follow year if needed.

EVALUATION FRAMEWORK

An evaluation framework for the Strategy and action plans will be developed collaboratively with partner organisations. This will identify 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 gender-based violence at a regional level.



KEY ACHIEVEMENTS OF THE BRC STRATEGY 2017-2021

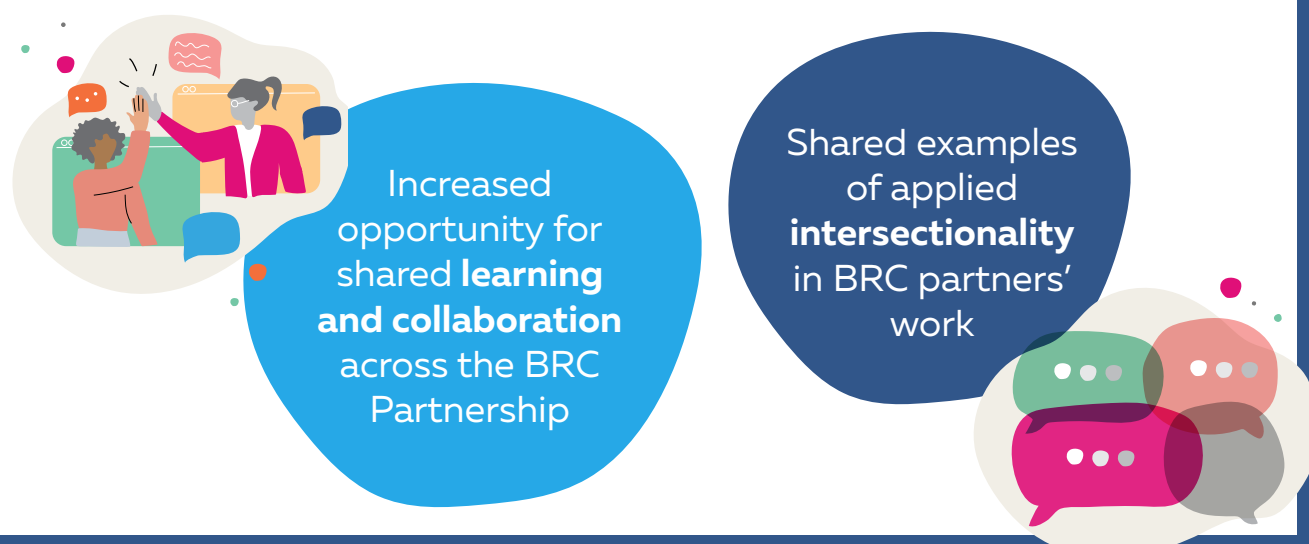
Improved workplace systems and structures in partner organisations

- **23 partners** completed a gender equity strategy or action plan
- **15 partner organisations** reviewed their organisational policies using a gendered lens or have developed new policies related to gender equity
- **Strong Partnership agreement** that the regional approach is adding value, enhancing commitment, and improving the quality of organisations work in the prevention of violence against women and gender equity

24
organisations
committed to
gender equality and
preventing violence
against women

Increased number of community-based gender equity and prevention of violence against women projects

**41 Community
Initiatives**
completed by WHIN and the
Partnership in the prevention
of violence against women
and gender equity including
community mobilisation
programs, promoting gender
equity, respectful relationships
education, healthy masculinities
and women's leadership
opportunities



WHAT'S NEW ABOUT THIS STRATEGY?

The *Building a Respectful Community Strategy 2022-2026* builds on the achievements and learnings of the previous BRC strategies. The core vision, mission and principles of the Strategy will remain the same. Through the adoption of this new strategy Partnership organisations will continue to drive change across communities and workplaces of the northern metropolitan region of Melbourne focusing on the following:

CORE REQUIREMENTS FOR THE BRC PARTNERSHIP

This strategy will see a further strengthening of the BRC Partnership and its influence. To achieve this the Partnership organisations will be required to meet core commitments such as staff training and workforce capacity building and ensure that core requirements are regularly reviewed. WHIN will support members to meet these requirements.

NEW AND EMERGING ISSUES FOR BRC PARTNERS

This new strategy aims to expand partnership prevention activities across more settings and sectors. Emerging priorities will be incorporated and responded to as needed including the ongoing gendered impacts of COVID-19

THE CONTINUING IMPACT OF THE COVID-19 PANDEMIC

The impact of the COVID-19 pandemic on violence against women and gender inequality is both a critical risk and opportunity that will be addressed by the Partnership. The Partnership will monitor public policy, workplace changes and community attitudes and behaviours and respond to the needs of all women.

SECTOR DEVELOPMENT

Over the duration of this strategy the prevention of violence against women sector will continue to develop and respond to new evidence on gender equality and the prevention of gender-based violence. Evaluation of the implementation of the *Victorian Gender Equality Act 2020* across public entities may also influence this work in Victoria and the way that prevention work is funded by the State Government. The *National Plan to Reduce Violence against Women and their Children 2010-2022* will continue inform the work of the sector and this Partnership. The Partnership will be responsive to changes and adapt work accordingly.

ADVOCACY

The BRC Steering Group will craft key advocacy priorities based on evidence and best practice, which the Partnership can align their own advocacy activities.

THE BRC PARTNERSHIP

The Building a Respectful Community Partnership is committed to the vision, mission, principles and shared objectives of this strategy. As of December 2021, the members of this partnership were:

- | | |
|--|---|
| <ul style="list-style-type: none"> • 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 • City of Yarra • Banksia Gardens Community Services • Banyule Community Health • cohealth • DPV Health • healthAbility • La Trobe University • Merri Health | <ul style="list-style-type: none"> • Neighbourhood Justice Centre • North Richmond Community Health • Northern Centre Against Sexual Assault • Sunbury and Cobaw Community Health • Whittlesea Community Connections • Your Community Health • Hume Whittlesea Primary Care Partnership • Inner North West Primary Care Partnership • North East Healthy Communities <p>As of October 2021, the Associate Members of this partnership were:</p> <ul style="list-style-type: none"> • Brotherhood of St Laurence • Melbourne Polytechnic |
|--|---|

The *Building a Respectful Community Strategy 2022-2026* has been endorsed by the Northern Integrated Family Violence Services (NIFVS) Regional Integration Committee.

GOVERNANCE MECHANISMS

The governance mechanisms for *Building a Respectful Community Strategy 2022-2026* are:

- Building a Respectful Community Committee
- Building a Respectful Community Steering Group
- Issues-based working groups, as identified by the Committee
- WHIN CEO liaison with senior management of partner organisations.

ROLES AND RESPONSIBILITIES

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 2022-2026*.

The primary structure supporting the implementation of *Building a Respectful Community Strategy 2022-2026* is the Building a Respectful Community Committee (the 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 Principal Strategic Advisor, who ensures linkages with the response sector.

The Committee is supported by the Building a Respectful Community Steering Group. The Steering Group includes representatives from three partner organisations and WHIN (convenor).

The Partnership is voluntary 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 funding.





CONTEXT & EVIDENCE BASE

Gender-based violence is a significant concern across the population

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, Australia’s National Research Organisation for Women’s Safety [ANROWS] and VicHealth, 2015). It covers, but is broader than, family violence and intimate partner violence. Gender-based violence includes violence in public or private spaces, including institutional settings, such as care facilities and prisons, the workplace and harassment online.

Experiences of violence are gendered, with women and men experiencing different types of violence in different contexts (Our Watch, 2021a). The majority (95%) of all victims of violence, both women and men, experience violence from a male perpetrator (Australian Bureau of Statistics, 2016). The two most common forms of violence against women in Australia are intimate partner violence and non-partner sexual assault (Cox, 2015).

In Australia three in ten women have experienced physical violence and one in five have experienced sexual violence since the age of 15 (Australian Bureau of Statistics, 2016). On average one woman a week is killed by a partner or former partner (Cussen and Bryant, 2015). Violence against women and their children costs Australia \$21.7 billion each year (PwC, 2015).

95%

The majority (95%) of all victims of violence, both women and men, experience violence from a male perpetrator

(Australian Bureau of Statistics, 2016)



Eighty-five per cent of Australian women over the age of 15 have been sexually harassed at some point in their lives (Australian Human Rights Commission, 2018). Sexual harassment frequently occurs within the workplace. The majority of workplace sexual harassment is perpetrated by men, often a co-worker employed at the same or similar level as the victim (Australian Human Rights Commission, 2018).

Other forms of discrimination – including racism, ableism, ageism, homophobia, transphobia and classism – intersect with sexism and misogyny 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).

Some women face additional risk of violence and barriers to accessing services:

- Violence against Aboriginal and Torres Islander women is 3.1 times the rate of non-Indigenous women. Aboriginal and Torres Islander women are 11 times more likely to die due to assault than non-Indigenous women (Our Watch, 2018a). Violence against Aboriginal and not due to inherent violence in the community, rather compounding experiences of systemic marginalisation. Torres Strait



In Australia **three in ten women** have experienced physical violence and **one in five** have experienced sexual violence since the age of 15

(Australian Bureau of Statistics, 2016)

Islander women is perpetrated by men from all cultural backgrounds and Anecdotal and practice evidence from the Aboriginal family violence sector suggests that non-Indigenous men make up a significant proportion of perpetrators of violence against Aboriginal and Torres Islander women (Our Watch, 2018b).

- Women with disability are twice as likely as women without disability to experience violence in their lifetime (Department of Health and Human Services, 2016) with over one third of women with disability experiencing intimate partner violence compared to one in five women without disability (Centre of Research Excellence in Disability and Health, 2021). Social isolation, exclusion and disability-based discrimination increase risk, and women with disabilities further experience barriers to accessing support services and judicial recourse (Disabled People’s Organisations Australia, 2019).
- Women from immigrant and refugee communities experience violence in the same ways as other women. However, they also may experience violence in the form of forced marriage, abuse related to dowry or intimidation centred on Visa status (Family Safety Victoria, 2018).
- Rates of intimate partner violence have been found to be similar for lesbian, gay and queer relationships to heterosexual relationships, while rates of intimate partner violence may be higher for bisexual, trans and gender diverse people (Our Watch, 2017). The experience of violence for LGBTIQ+ people includes high levels of verbal and physical abuse, harassment and sexual assault in public and within their homes. This violence is perpetrated both within the LGBTIQ+ community and against the LGBTIQ+ community (Carman et al., 2020).
- The contribution of racism, ableism and homophobia are covered in more depth in Strategies for Applying an Intersectional Approach (pg 23).

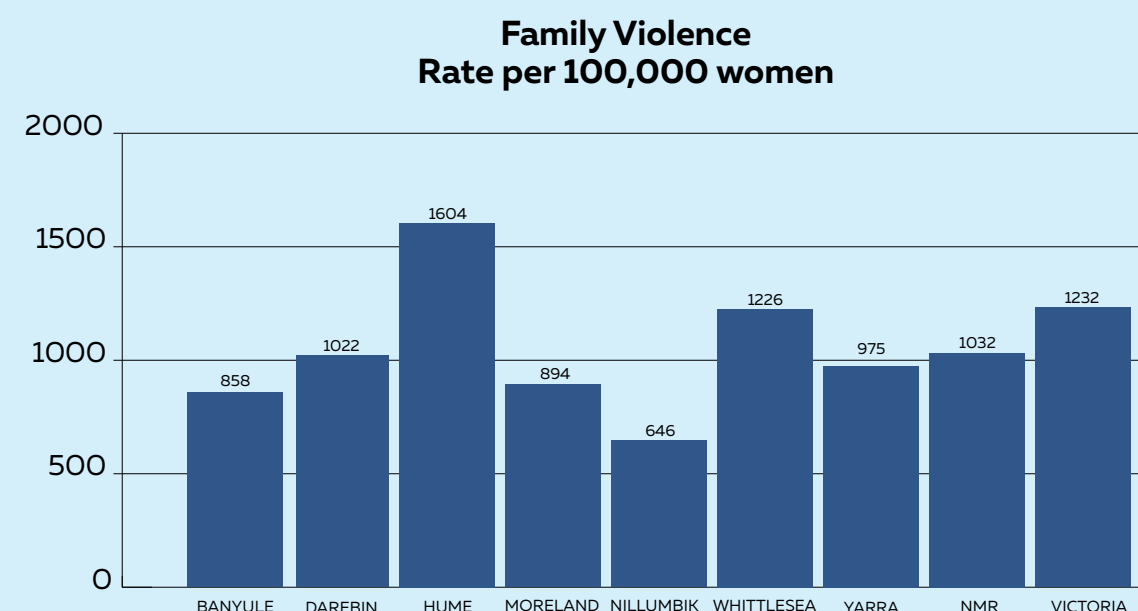
Gender-based violence in the northern metropolitan region of Melbourne

Gender-based violence has serious and long-lasting impacts on women's health, including death, injury, suicide and self-harm, anxiety and depressive disorders, and sexual and reproductive health issues. It has significant economic and social consequences, including homelessness and restricted access to employment.

Barriers to people reporting gender-based violence include community attitudes, fear of more abuse, social isolation, victim-blaming, sexism and justifications for violence. All people have the right to live in a safe, equitable and respectful environment that is free

from violence. In two municipalities in the northern metropolitan region of Melbourne, family violence rates are higher than the state average. Figure 1 displays the rates of family violence per 100,000 women where Victoria Police attend and completed a Risk Assessment and Risk Management Report in 2020. Over this reporting period the northern metropolitan region of Melbourne recorded 14,385 reported family incidents (Crime Statistics Agency, 2021). This equates to 1270 reports per 100,000 people. It is important to note that many women experiencing family violence do not report to the police, therefore these numbers are likely to underestimate the extent of the problem in the northern metropolitan region of Melbourne and across the state (Crime Statistics Agency, 2021).

Figure 1 – **Rates of Family Violence per 100,000 women in 2020**
(Crime Statistics Agency, 2021)



The rate equals the number of victim reports in 2020, where incidents were attended by Victoria Police and a Victoria Police Risk Assessment and Risk Management Report was completed, per region, per 100,000 total woman in the corresponding region.

How does the BRC Partnership work to prevent gender-based violence?

The BRC Partnership works via a range of mutually reinforcing activities to challenge and change the norms, structures and practices that contribute to gender-based violence in our region, both in our communities and in our organisations. The BRC Partners engage in a collective regional approach to preventing gender-based violence and violence against women utilising a range of evidence, policy and legislative levers. The partnership also engages in collective advocacy to amplify the need to continue to prioritise gender equality and preventing gender-based violence in the north and align their efforts to The Strategy.

The Strategy takes a population health primary prevention approach to gender-based violence. This means that the aim is to prevent gender-based violence before it begins by creating an equal and

respectful community. This approach addresses the underlying causes—the 'gendered drivers'—of violence against women as set out by *Change the Story: A Shared Framework for the Primary Prevention of Violence against Women and their Children in Australia* (Our Watch, 2021a). This work is distinct from, but connected to, the early intervention and response work undertaken by the family violence and sexual assault service sector.

International and national research tells us that to prevent violence against women before it occurs we must take action to address gender inequality (Our Watch, 2021a).

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, 2021, p. 28). It identifies four particular expressions of gender inequality that cause violence against women, known as the 'gendered drivers'.

Driver 1	Driver 2	Driver 3	Driver 4
Condoning of violence against women.	Men's control of decision making and limits to women's independence in public and private life.	Rigid gender stereotyping and dominant forms of masculinity.	Male peer relations and cultures of masculinity that emphasise aggression, dominance and control.

Change the Story also identifies four factors that reinforce violence against women. These factors can intersect with the gendered drivers influencing the frequency and severity of violence. It is important to note that the gender drivers and reinforcing factors occur at every level of society.

Reinforcing Factor 1	Reinforcing Factor 3
Condoning of violence in general	Factors that weaken prosocial behaviour
Reinforcing Factor 2	Reinforcing Factor 4
Experience of, and exposure to, violence	Resistance and backlash to prevention and gender equality efforts

All objectives and actions in the Strategy seek to address the eight essential actions and the four supporting actions identified in *Change the Story*. The Strategy applies a regional, collective impact informed approach to preventing gender-based violence with mutually reinforcing strategies across settings and sectors. Action plans and an evaluation framework developed collaboratively with partners guide and monitor the implementation of the Strategy.

As the intersectional practice of the Partnership has developed and continues to improve, the Strategy has integrated actions from new research and frameworks to our local context including:

- the *Changing the Picture* framework designed by Our Watch to improve Australia's approach to the prevention of violence against Aboriginal and Torres Strait Islander women and their children, which identifies the ongoing impacts of colonisation for Aboriginal and Torres Strait Islander people, families and communities, and the ongoing impacts of colonisation for non-Indigenous people and society; and
- *Pride in Prevention*, produced by Rainbow Health Victoria which summarises the current available evidence on the drivers of family violence experienced by LGBTIQ communities and provides recommendations for priority interventions to address it.

COVID-19 AND WOMEN

The COVID-19 global health pandemic has increased women's risk of experiencing family violence, particularly in Victoria where there were multiple, long lockdowns which included stay-at-home orders, loss of formal and informal childcare, additional parental support for remote learning, travel restrictions and isolating people to their homes. Pfitzner et al. (2020) found that there was an increase in the frequency and severity of violence against women, and an increase in first time family violence reporting by women.

Inequalities were exacerbated by a reinforcement of gendered power dynamics perpetuated by social roles and gender stereotypes. Women have been more likely to reduce their hours or experience unemployment, be remunerated less, draw down on their superannuation and complete more unpaid domestic labour (Wood et al. 2021). These combined factors have resulted in a deepening of the economic disparity between men and women

in both the short and the long term. Australia has fallen backwards in their ranking according to the World Economic Forum in terms of gender equality, falling from ranking 15th in 2006 to 50th in 2021 (World Economic Forum, 2021).

Addressing gender inequality needs to be at the forefront of COVID-19 response and recovery. The United Nations outlines three priorities which focus on woman's equal representation in COVID-19 response and decision making; driving transformative change by addressing underpaid caregiving workforces and unpaid domestic work and providing targeted education and employment opportunities to women and girls in efforts to address the disproportionate socio-economic impact of COVID-19 (United Nations, 2020).



POLICY CONTEXT

Over recent years, advances have been made in policy and planning for preventing gender-based violence across 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.



NATIONAL CONTEXT

- [The National Plan to Reduce Violence against Women and their Children 2010-2022](#)
- [National Women's Health Strategy 2020-2030](#)

VICTORIAN CONTEXT

- Royal Commission into Family Violence (2015)
- Ending Family Violence: Victoria's plan for change (2016),
- Free from Violence: Victoria's strategy to prevent all forms of violence against women (2017).
- Safe and Strong: A Victorian gender equality strategy (2016).
- The Victorian Gender Equality Act 2020
- [Building from Strength: 10-Year Industry Plan for Family Violence Prevention and Response \(2019\)](#)
- [Preventing Family Violence and Violence Against Women Capability Framework \(2017\)](#)

- [Dhelk Dja – Safe Our Way – Strong Culture, Strong Peoples, Strong Families Agreement \(2018\)](#)
- The Victorian Public Health and Wellbeing Plan 2019-2023

REGIONAL CONTEXT

- Municipal Health and Wellbeing Plans
- Integrated Health Promotion Plans
- Other catchment-based population health planning (hospitals and health networks)
- Northern Integrated Family Violence Services Regional Action Plan 2019-2023

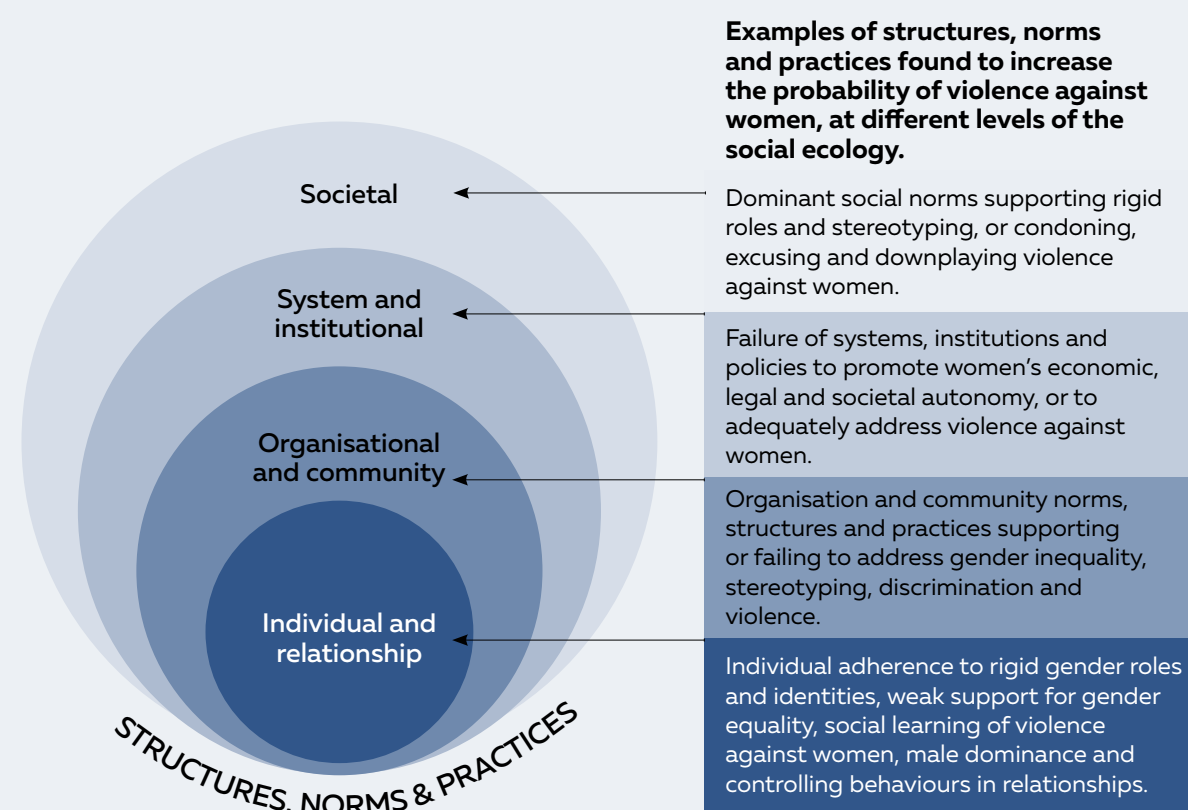
WHY DO WE NEED A REGIONAL STRATEGY FOR PREVENTING GENDER-BASED VIOLENCE?

To see a real and lasting reduction in gender-based violence, it is essential that we have comprehensive, evidence-based work occurring across the prevention spectrum to increase women, gender diverse people and children's safety, reduce repeat violence and minimise long-term harm. It is important to have a specific strategy for prevention because prevention work applies a different approach and skillset to that of response work.

A separate strategy is important to ensure 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.

The importance of developing a shared approach across different settings and sectors has been emphasised in *Ending Family Violence Victoria's Plan for Change* (2016) and *Change the Story* (2021). The national framework, *Change the Story* outlines the need for coordinated interventions across settings. Figure 3, is an Our Watch image which shows examples of structures, norms and practices which have been found to increase the probability of violence against women – the socio-ecological model of health.



Our Watch, Change the Story (2021)

RESPONSE SECTOR LINKS

The prevention workforce must have the capacity to respond to disclosures and be effectively linked to violence against women response services (State of Victoria, 2016, pp. 51, Vol VI). Additionally, hearing from response services helps prevention workers to keep sight of women and gender diverse people's lived

experiences of violence as the reason for prevention work. WHIN will facilitate links between the prevention and response sectors at a regional level. It is also important that partner organisations maintain an understanding of their local violence against women response service system and referral pathways.

STRATEGIES FOR APPLYING AN INTERSECTIONAL APPROACH

Intersectionality is an approach that considers how structures, power and representations create inequalities (Crenshaw, 1991). These inequalities differ based on the simultaneous experiences of a person's identity, such as ethnicity, Indigeneity, sexual orientation, socio economic status, religion, disability, migration status or age. Taking an intersectional approach means applying a power analysis to recognise overlapping forms of discrimination or oppression (Hill Collins, P. 2000). 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 (Chen, J. 2017). This includes structural factors (such as discriminatory laws or policies) as well as social norms and attitudes (Our Watch, 2018).

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 lead to increased risk for women. 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 masculinities.

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 the principles, goals, objectives and strategies. These include:

- Build and sustain connections between prevention work and other work in our organisations that addresses discrimination and inequality.
- Build relationships with specialist services that represent women who face additional discrimination or barriers, to support and inform prevention work.
- Apply a human rights framework that places the emphasis on equity, safety and inclusion and privileges the voices of groups traditionally marginalised.
- Complement population-wide approaches with tailored local work with specific communities experiencing multiple forms of discrimination.
- Seek opportunities for professional development for the prevention workforce on topics related to intersectionality and power and identify new resources or tools to adapt to local contexts.

GLOSSARY OF TERMS

The following is an explanation of the key terms used in this strategy. Most of these definitions have been sourced from *Change the Story* (Our Watch, et al., 2015).

Cisnormativity – Refers to a general perspective that sees cisgender experiences as the only, or central, view of the world. This includes the assumption that all people are one of two distinct and complementary genders (man and woman), and that this corresponds to their sex assigned at birth. This assumption is often called the ‘gender binary’.

Family violence – is a broader term than domestic violence, as it refers not only to violence between intimate partners but also to violence between family members (Morgan and Chadwick, 2009). This includes, for example, elder abuse and adolescent violence against parents. Family violence includes violent or threatening behaviour, or any other form of behaviour that coerces or controls a family member or causes that family member to be fearful (Australian Law Reform Commission and NSW Law Reform Commission, 2010). In Indigenous communities, family violence is often the preferred term as it encapsulates the broader issue of violence within extended families, kinship networks and community relationships, as well as intergenerational issues (Stanley, Tomison and Pocock, 2003).

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, 2016).

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 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 – 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).

Heteronormativity – Refers to a general perspective that sees heterosexual experiences as the only, or central, view of the world, and assumes a linear relationship between sex, gender and sexuality (for example, that all men are heterosexual and cisgendered). This includes the unquestioned assumption that all people fall into one of two distinct and complementary genders (man and woman), which corresponds to their sex assigned at birth. It also assumes that heterosexual is the only ‘normal’ sexual orientation, and that sexual and marital relations are only appropriate between a man and a woman.

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 and 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 and London School of Hygiene and Tropical Medicine, 2010).

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

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).

Trans and Gender-diverse – Refers to people whose gender does not align with the gender that was presumed and recorded for them at birth. In the same way that sexual orientation and gender expression are not binaries, gender identity is not a binary. It is important to challenge our thinking beyond the binary constructs of female and male. Within this grouping, people use a range of different terms such as trans woman, trans man, non-binary, genderqueer, agender, bi-gender Brotherboys, Sistergirls and third-gendered. Language in this space is dynamic and people may have self-defined terms for their gender identities (Fairchild et al., 2021; Visin, 2021).

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.



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