



Key messages to the
**Royal Commission into
Family Violence (Victoria)**

Developed by

Women's Health Association of Victoria

The Peak Body for Victorian Women's Health Services

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Summary of recommendations

Recommendation 1. As an immediate priority, there must be stand-alone, long-term and evidence-informed policy to guide Victorian primary prevention programming, partnerships and the development of its workforce. The policy could comprise an overarching strategic framework with accompanying action plans. The policy must be for at least 20 years, with five-yearly reviews. It must be whole-of-government and whole-of-community; and it must be developed with bi-partisan support so it can withstand successive governments.

Recommendation 2. As an immediate priority, there must be adequate long-term funding for the implementation of evidence-based primary prevention initiatives under the new policy. These resourcing commitments must be separate to, and over and above, that for Victoria's family violence response system, and must be assured for the lifetime of the policy.

Recommendation 3. Appropriate governance arrangements must be immediately formed to oversee Victorian primary prevention efforts under the new policy and ensure that it maintains its primary prevention focus. All structures formed must involve high-level representation from across government departments and the community. As leaders in prevention, women's health services must have a clear role in this governance structure.

Recommendation 4. It is critical that momentum for primary prevention in Victoria is not lost while the Royal Commission into Family Violence completes its inquiry. There must be continued funding of primary prevention initiatives in the interim.

Recommendation 5. Victoria's women's health services must have ongoing funding for at least 2 EFT per organisation, to lead and coordinate primary prevention action in every region across the state, to ensure an intersectional approach to that work and to conduct and/or support best-practice evaluations that can determine the value of grassroots efforts and which can be pooled to arrive at an overall picture of Victorian achievements in women's health services-led initiatives.

Recommendation 6. Preventing violence against women must be mandated as a stand-alone priority for all funded agencies of Victoria's integrated health promotion system (women's health services, community health services, primary care partnerships) to facilitate and give imprimatur to the prioritisation of the prevention of violence against women by organisations receiving funding through this system.

Preventing family violence

1. Family violence is preventable

Family violence is pervasive and serious, but it is preventable.

2. Gender equity is at the core of primary prevention

Violence against women is driven by gender inequality. Primary prevention aims to disrupt the structural drivers of violence against women by implementing actions across the entire social ecology (society, communities, organisations and individuals) to *improve gender equity* and *realise gender equality* as the basis of a violence-free world for women.

Gender equity is at the core of primary prevention, must be informed by *gender transformative practice*.

3. Primary prevention is a distinct form of intervention

Primary prevention is aimed at whole populations, communities, organisations and sets its sights on preventing violence before it occurs.

Primary prevention is *everyone's* business and requires cross-government, multi-sector, whole-of-community and business partnerships.

The primary prevention and response systems are not on the same continuum when it comes to dealing with family violence, but neither are they in competition with one another: they both need to work in tandem. Primary prevention needs its own workforce and practitioner skills set. And it must be funded and resourced *separately*, and in addition to, to the integrated family violence system.

4. Universality means inclusivity

Factors such as race, ethnicity, disability and rurality make a big difference to women's lived experiences of gendered violence. The drivers of violence against women are mediated differently across different cultural communities, including mainstream culture. The drivers of violence also intersect with other forms of structural discrimination, such as systemic racism or institutionalised discrimination based on disability or chronic illness. The more structurally disadvantaged women are, the less power and resources they have, and the more at risk they are of violence.

True universality means *inclusivity*: it means *everyone* must be reached by our actions on the root causes of violence against women. Primary prevention must therefore work from sound intersectional understandings of society and strong community development and cultural competency principles.

5. Long-term work demands long-term commitment

Given the long-term nature of primary prevention, we believe that what could have the biggest positive impact on such work going forward is *assured government commitment for the long haul*.

What WHAV wants for the future is stand-alone, long-term and evidence-informed policy to guide Victorian primary prevention programming and partnerships, with bi-partisan commitment so it can withstand successive governments, and with adequate long-term funding commensurate to the scale and scope of its implementation as a universal endeavour.

6. Primary prevention needs leadership and coordination

Primary prevention can't be done in isolation. It requires cross-government, multi-sector, whole-of-community and business partnerships. Leadership and coordination are therefore essential elements of an effective primary prevention system, to support innovation, collaboration, evidence informed practice, knowledge exchange and avoid duplication of effort – and to provide an authorising environment for the work.

WHAHV wishes to see appropriate governance arrangements immediately established to oversee Victorian primary prevention efforts and provide vision, focus and direction. Such governance arrangements must reflect the fact that the primary prevention system is interlinked with the response system, and different from it too (see diagram below).

7. Harness the expertise and leadership of Women's Health Services

Victoria's women's health services are ideal sites for coordinating state-wide and regional primary prevention. The prevention of violence against women is the core business of WHS, and much of the work that they have been able to support and deliver has been enabled through short term funds. The sector requires an investment of secure funds to continue to provide this important leadership role.

Women's health services are the ideal 'back-bone' organisations for collective impact regionally and across the state in the prevention of family violence. Having a strong feminist agency experienced in primary prevention leading state-wide and regional work is a critical factor for success in preventing violence against women, since it ensures the integrity of primary prevention is not watered down by competing priorities of mainstream organisational partners.

As feminist organisations, with significant experience, skills and knowledge in the prevention of violence against women, all Victoria's women's health services have the required competencies to lead effective primary prevention. And with their state-wide reach, regional focus and specialist expertise, primary prevention will not drop off their radar either; indeed, it will continue to be a key priority issue for WHS for as long as it takes to see a violence-free world for Victorian women.

Supporting material about women's health services

A. About WHAV: state-wide reach, regional focus and specialist expertise

The Women's Health Association of Victoria (WHAV) is the peak body for women's health, safety and wellbeing across Victoria. WHAV represents the nine regional and two state-wide women's health organisations funded by the Victorian Department of Health and Human Services. WHAV associate membership also includes specialist women's organisations.

The work of WHAV is underpinned by a feminist approach and the social model of health. Through health promotion, strategic advocacy and collaboration, WHAV works toward gender equity across key settings and sites that impact on women's health, safety and wellbeing. WHAV influences organisations, policy and legislation that affects the health status of all Victorian women.

WHAV pays specific and particular attention to the most disadvantaged groups of women, with state-wide member services providing specialist expertise in research, advocacy, resource development and distribution, as well as the health and wellbeing of women from immigrant and refugee communities, women with disabilities, and women living with HIV.

WHAV has state-wide reach in health promotion and prevention across Victoria, with an impact on over 2 million women across the state, through a local focus on the health, safety and wellbeing of women within each region.

WHAV has strong links with regional, state-wide and national stakeholders in women's wellbeing, working with government, community health, primary care partnerships, integrated family violence partnerships, peak bodies, and women across the state to advance the wellbeing of Victorian women.

WHAV Membership

Regional women's health services are located in every state government region of Victoria: together they have coverage of the entire State. They work closely with their local governments, community health services, primary care partnerships, and a broad array of other agencies to implement health promotion priorities. They are:

- Women's Health In the North
- Women's Health in the South East
- Women's Health East
- Women's Health West
- Women's Health and Wellbeing Barwon South West
- Women's Health Grampians
- Women's Health Loddon Mallee
- Women's Health Goulburn North East
- Gippsland Women's Health

State-wide services provide specialist expertise and advice to key stakeholders, on national and state-wide levels, on women's health and wellbeing research, advocacy, resource development and distribution. The organisations are:

- Women's Health Victoria
- Multicultural Centre for Women's Health
- Women with Disabilities Victoria
- Positive Women Victoria

Partners and stakeholders for women's health services and WHAV include individual women and children in the community as well as organisations, agencies and peak bodies including family planning services, hospitals, Medicare locals, general practitioners, community health services, local governments, state government departments, magistrate and family courts, libraries and information services, police and legal services, pharmacies, women's networks across the state, neighbourhood houses and other family and children's services.

B. Women's Health Services' achievements to date

Women's health services have many violence prevention achievements to date

Equality and Safety for Women. Regional women's health services lead primary prevention of violence against women actions through coordinated and collaborative regional strategies that engage many and diverse partners in their regions. Women's Health Victoria plays a state-wide coordinating role for this regional planning work and the Multicultural Centre for Women's Health and Women with Disabilities Victoria provide ongoing specialist input and expertise. An ongoing community or practice ensures practice sharing and knowledge transfer.

The [Equality and Safety for Women](#) website brings together women's health services expertise on regional planning to prevent violence against women.

Gender equality and primary prevention strategies. All women's health services undertake a range of primary prevention or gender equity work across the state and in their regions. These include:

- partnerships development and maintenance;
- gender equity training and workforce capacity building;
- support for organisational change in relation to gender equity;
- workplace and community-based programs (e.g. bystander, financial literacy, multilingual health promotion);
- gendered health promotion planning;
- best-practice respectful relationships in schools;
- innovative women's leadership programs;
- media advocacy programs for the prevention of family violence
- forums and conferences;
- evaluation and research; and
- development and dissemination of the evidence base.

Case study 1. Gender Equity Quality Standards

The Gender Equity Quality Standards. A Resource for Organisations was developed by Women's Health Loddon Mallee following a pilot project with a local welfare organisation. This resource assists workplaces to focus on gender equity using domains that are familiar within CQI frameworks. Copies have been distributed to organisations across Australia.

A set of cards was produced, in partnership with St Luke's Innovative Resources, to resource workers and community members to raise and discuss gender equity. *The Gender Fairness. Conversations about Equity* cards provide users with tools for fostering discussion and exploring the concepts of gender fairness/gender equity. The project shifts cultures of gender unfairness by clearly naming and respectfully challenging issues of gender inequity and by developing an inspiring vision for gender equity that benefits everyone.

The card sets are used across the Loddon Mallee region in meetings, planning sessions, groups, organisations, businesses, professional development, training and education, community events, counselling, mentoring, supervision, and within families. We have used the cards in CFA Gender Equity training sessions, with local governments and with staff. Feedback includes:

- Humour is a great way to tackle potentially flammable discussion
- A good starting point for thinking about gender inequity in everyday life
- That's exactly what happens! It's so good to name it.

Case study 2. Gender Equity and Analysis Training

Gender Equity and Analysis Training is an essential component of the work Women's Health In the North (WHIN) undertakes with partner organisations in the Northern Metropolitan Region. This is a key activity identified in the regional strategy, *Building a Respectful Community: Preventing Violence against Women- A strategy for the Northern Metropolitan Region 2011-2016*.

WHIN has delivered gender equity professional development to five local government partners supporting their commitment to address gender equity as a driver of violence against women. Sessions have been delivered to a range of different local government departments, including those with a focus on early childhood, leisure and youth, as well as specific groups within the organisation including senior managers, councillors and White Ribbon working groups.

As the leading violence prevention agency in the Northern Region, WHIN ensures that key messages and information delivered are consistent for all partner organisations in the region undertaking prevention of violence against women activities.

WHIN's approach to developing and delivering gender equity professional development demonstrates why women's health services are the best placed to conduct this work. The position as a regional organisation, the connection to a wide network of organisations, expertise in health promotion and primary prevention and the feminist perspective applied to the issue of violence against women can only be found within a women's health service.

WHAV initiatives. All women's health services collaborate through WHAV on gender equity and primary prevention initiatives. Women's Health Services develop, distribute and deliver gender equity resources and training to regional and state-wide partners and stakeholders.

Case study 3. Gender Equity Resources and Training.

The WHAV *Gender Equity Resources and Training* project brings together expertise from women's health services to share resources for tailored gender equity training and capacity building across the regions and state-wide. A community of practice group supports women's health services in their provision of Gender Equity Training.

Specialist expertise. Women's Health Services provide specialist expertise to regional and state-wide partners to build their capacity for inclusivity and tailored prevention activity and planning. Specialist expertise is provided on violence against women with disabilities, women living with HIV and women from immigrant and refugee communities.

Case study 4. Specialist Expertise

Women with Disabilities Victoria (WDV) provides research and expert advice to key stakeholders in the area of the gender equity and the prevention of violence against women with disabilities. WDV works with the disability sector to provide advice about how to apply a gendered lens to disability policy and programs, including to NDIS services. In addition, WDV provides expert specialist advice about intersectionality and the prevention of violence against women with disability to government, health promotion organisations and workplaces.

WDV's *Gender and Disability Workforce Development Program* is designed to change culture across whole organisations, working with clients, staff, managers and executives to increase awareness of how to deliver gender equitable and sensitive services to improve women's well-being and status and reduce gender based violence.

The Multicultural Centre for Women's Health provides research and expert advice to key stakeholders in gender equity and the prevention of violence against immigrant and refugee women. It does this through research and publication, capacity building, participation in advisory groups, written submissions and presentations. MCWH's *ASPIRE Project* documents immigrant and refugee women's experiences of violence, following a participatory and community-led methodology, and utilising bilingual interviewers.

MCWH shares expertise on:

- Best practice approaches to the prevention of violence against immigrant and refugee women;
- Working with immigrant and refugee men to prevent violence against women;
- Practical application of Intersectional approaches to violence prevention;
- Participatory, community-led approaches to research with immigrant and refugee women.

MCWH also works directly with women, providing leadership programs and multilingual education, through the use of accredited bilingual health educators.

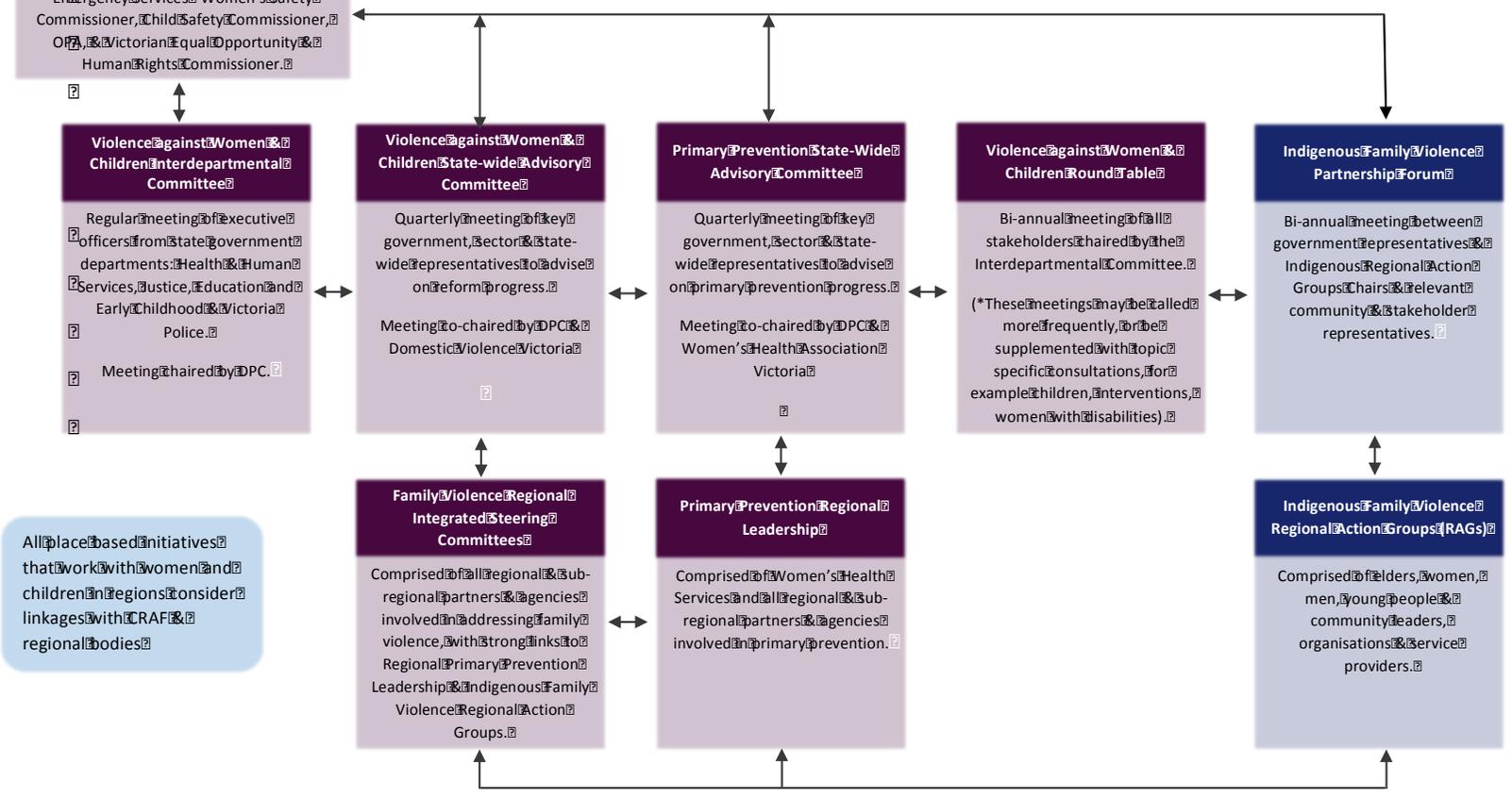
Instate Victorian Women's Safety Commissioner
 This position holds the right to review policy & budgets, including veto powers.

Violence Against Women & Children Ministers
 Mechanism for shared leadership, accountability & funding commitment for women's safety and men's accountability including the Premier, Minister for Family Violence Prevention, the Attorney-General, Ministers for Community Services, Housing, Aboriginal Affairs, Multicultural Affairs, Equality and Minister for Police & Emergency Services, Women's Safety Commissioner, Child Safety Commissioner, OPA, Victorian Equal Opportunity & Human Rights Commissioner.

We propose the reinvigoration of previous governance frameworks. Longitudinal change requires the enablers of consistent authorising environment, common framework and approach to these issues, and commitment to and investment in the drivers of integration. This structure provides a solid foundation from which to build upon. In recent years, direction and momentum have been lost, partly due to delays in establishing new governance processes and structures. We recommend utilising this previous foundation in order to re-establish vision, focus and direction.

Note: State-wide Advisory Committees should advise the Minister for Prevention of Family Violence and should invite membership from organisations representing women from diverse and particularly vulnerable population groups, and with specialist expertise in this area. Membership of the Primary Prevention State-wide committee will include state-wide women's health services, Women's Health Victoria, Multicultural Centre for Women's Health and Women with Disabilities Victoria.

Violence against Women & Children Governance & Advisory Structures



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These key messages have been adapted from the *Women's Health Association of Victoria* Submission to the Victorian Royal Commission into Family Violence, 29 May 2015. The full submission may be accessed on the [RCFV website](#).