



**Violence is preventable**  
UNDP, UNFPA, UN Women & UNV  
Asia-Pacific regional joint programme  
for gender-based violence prevention

# Preventing violence against women and girls

*From community activism to government policy*

***Working Paper***

Partners for Prevention is a UNDP, UNFPA, UN Women and UNV Asia-Pacific regional joint programme for gender-based violence prevention.

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## Foreword

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Asia and the Pacific have some of the highest reported levels of gender-based violence in the world. Between one and two thirds of women aged 15 to 49 in Bangladesh, Thailand, Samoa and Viet Nam have faced some form of violence in their lives (WHO, 2005 & 2011). In addition to physical and psychological abuse, women and girls – as well as some boys and men – across the region suffer such violence as sexual violence, acid attacks, gang rape, kidnapping, forced child marriage, dowry-related crimes, ‘honour’ killing and infanticide, among others. Underlying these diverse experiences of violence are pervasive gender inequalities and power imbalances that create the environment in which gender-based violence is widely accepted and practised.

Decades of work has led to some significant advances in awareness, laws and policies on gender-based violence across the region. Policy-makers increasingly recognise the toll of gender-based violence on social and economic development. The majority of countries now hold specific laws that recognise domestic violence as a human rights violation and criminal act. However, despite this level of policy engagement – and the rallying effort of those who work on the ground to respond to gender-based violence – there has been little-to-no measured decrease in violence in the region.

Service provision to the individuals who experience violence, and the passage of laws to codify and protect their rights, are fundamental steps towards a comprehensive response to gender-based violence. But they are not enough to end gender-based violence. We must target the root causes of violence to stop it before it begins. With this priority in mind, Partners for Prevention (P4P): a UNDP, UNFPA, UN Women and UNV regional joint programme for Asia and the Pacific launched a multi-country study - The Change Project - to promote a deeper understanding of the root causes of gender-based violence, to inform evidence-based prevention.

This report is part of P4P’s multi-country study. In order to work effectively to prevent gender-based violence, it is essential to understand the ways in which the gendered violence is reproduced by the policies and cultures of political, economic and social institutions. However, it is conversely imperative to understand the ways in which political systems work to ameliorate gender inequalities through socially progressive policies and laws, and how these policies foster broader dialogue on violence prevention. Yet, many policy-makers across the region do not understand what violence prevention looks like in practice, nor how to plan, develop and implement effective legal frameworks and public policies on primary prevention.

The following report tells the fascinating story of how A Right to Respect – Victoria’s plan to prevent violence against women (2010 – 2020) – came into existence as one of the region’s only public policies dedicated exclusively towards the prevention of gender-based violence. The Right to Respect policy was the first ever example of a whole-of-government policy on gender-based violence focusing on stopping violence before it starts, and P4P commissioned this study as we felt it had many lessons to offer.

The report outlines what factors were necessary during the early stages of the policy process, what strategies drove prevention policy forward, and what challenges remain to implement an effective and sustainable prevention policy. The report aims to be a catalyst for greater awareness and interest in prevention policy across the region. Even though Australia is a high-income country it faced many challenges that countries in the Asia-Pacific region face now – that violence against women was seen as a family issue, that women were blamed for men’s violence and that little was known about prevention or why it was important. This case study offers valuable lessons on how to put violence prevention into policy language and action, and makes suggestions on how to adapt the process for policy-makers and government bodies across the region.

We truly hope that this case study and model will help make prevention more understandable and ‘actionable’ for policy makers, activists and practitioners and contribute to putting prevention on the policy agenda in the Asia-Pacific region.

Partners for Prevention, Bangkok

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For more about Partners for Prevention, visit: [www.partners4prevention.org](http://www.partners4prevention.org).

## Glossary of terms

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**Violence against women and girls<sup>1</sup>** takes many forms, including physical, sexual or psychological harm (including intimidation, suffering, coercion and/or deprivation of liberty within the family or within the general community). In addition to physical violence by intimate partners, known assailants or strangers, the widely accepted definition of gender-based violence by the United Nations Population Fund (2009) is now often expanded to include violence that results from unequal power relations based on gender differences (for example, homophobic violence). Violence against women is a term that encompasses all forms of gender-based violence. In this report, the terms “gender-based violence” and “violence against women” are used interchangeably.

**Domestic violence** may be physical and involve actual physical harm, threatened harm against a person or someone or something they care about, for example, pets or loved possessions. Domestic, family or intimate partner violence refers to violence that occurs between people in relationships. It can affect people of any age and from any background, race, religion or culture. It does not have to occur in the home to be classified as domestic violence and can take a number of forms. It may be emotional and may involve belittling, name calling and intimidation. It may also take the form of limiting a woman’s freedom. For example financially, by keeping a woman financially dependent on a partner to the extent that it is necessary to ask for money and justify all expenditure, or socially, such as being insulted or bullied in front of others, being isolated from friends or family or controlling where she can go or who she can see.

**Sexual violence** can occur between intimate partners, acquaintances or between strangers. It takes many forms, including sexual harassment, verbal abuse, leering, threats, exposure, unwanted touching, incest and rape.

**Whole-of-government approach** is a relatively new way of organizing government in Australia to address the imbalance created by a perceived lack of integration between service providers and government departments. The approach is based on a “joined-up” approach to government developed in the United Kingdom (Van Gramberg et al., 2005). However, because Australia is a federation of states, different levels of government are constitutionally responsible for important public services, which means that the United Kingdom approach requires modification for use in this context. The approach aims to address the phenomenon of departments working in isolation from each other by creating horizontal links across departments and coordination to produce integrated service delivery and deal with “wicked social problems” across jurisdictions and portfolios. (A “wicked problem” is one for which each attempt to create a solution changes the understanding of the problem.<sup>2</sup>)

**Risk factors:** For many years, women’s right to live free from violence and discrimination has been enshrined in international treaties by the United Nations. In recent years, the focus of research has centred on understanding why violence against women occurs in the first instance. Common approaches to the causes of violence against women attribute individual psychological factors or socioeconomic conditions, such as unemployment. Yet, the explanations for violence that focus primarily on individual behaviour and personal histories, such as alcohol abuse or previous exposure to violence, overlook the broader impact of systemic gender inequality and women’s subordination (Fergus, 2012). No single cause, however, adequately accounts

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<sup>1</sup> In this report, “violence against women” is used to refer to both women and girls.

<sup>2</sup> Coined by Rittel and Webber, “wicked problems” cannot be solved in a traditional linear fashion because the problem definition evolves as new possible solutions are considered and/or implemented. In addition, the challenge of solving wicked problems is exacerbated by social complexity – that is, the number and diversity of stakeholders who are part of the problem-solving process (Walker, 2008).

for violence against women; it arises from the convergence of specific factors within the broad context of power inequalities at the individual, group, national and global levels (United Nations General Assembly, 2006). In the United States, two primary risk factors for men's perpetration of violence against women are sexist peer norms and cultures. Research indicates an association between an environment in which "group disrespect" is found (the presence of rude and aggressive behaviour, pornography consumption, sexualized discussions and encouragement of group drinking) at both individual and group levels and a culture that supports violence against women (Rosen et al., 2003).

In Australia, a public health model has been adopted as a framework for prevention, through which risk (and protective) factors were singled out; these factors occur across individual, community and social levels. The framework is discussed in more detail later in the report.

**Public health** has been described as "an organized response to the protection and promotion of human health, which encompasses a concern with the environment, disease control, the provision of health care, health education and health promotion" (Peersman, 2001, p. xvii ). Health promotion is one aspect of the broader discipline of public health that emerged as a practice in the United States in the mid-1970s and a little later in Europe to replace health education as a stand-alone practice (Peersman, 2001). This shift centred on health as "a complete state of physical, mental and social well-being and not merely the absence of disease" (WHO, 1986) and encompassed the social, political and economic determinants of health that were not immediately amenable to improvement through traditional medical services. Health promotion thus provides an alternative to a medical notion of health (Peersman, 2001). In 1986, the Ottawa Charter for Health Promotion acknowledged that the basic prerequisites for improvement in health are peace, shelter, education, food, income, a stable ecosystem, sustainable resources, social justice and equity (WHO, 1986). In Victoria, the social determinants of health and the Ottawa Charter have underpinned health planning and services and influenced public health and health promotion discourses, which in turn have influenced both women's activism and the prevention and response to violence against women.

**Social marketing** is a strategy that is often deployed in health promotion. It relies on the same techniques as those used to sell products in the market place but with the goal of influencing social attitudes and health-seeking behaviours. Health promotion campaigns turn to social marketing to promote such practices as safe sex and condom use, breastfeeding and no smoking. In Australia in recent years, national social marketing campaigns have aimed to change attitudes and behaviours related to violence against women. The major difference between social marketing to stop such habits as tobacco and alcohol consumption and violence against women is that the former are social practices that have harmful effects on health, whereas the latter involves criminal acts and, in many cases, breaches of human rights. This essential difference is not always taken into account in the use and planning of social marketing programmes.

**Prevention** targets the avoidance of problems and harmful impacts. The most common approach in the prevention of disease and, more recently, such wicked social problems as violence against women is the public health model of tertiary and secondary interventions after violence has occurred and primary prevention to stop violence from occurring in the first place. Although this model is most commonly applied to the prevention of disease, it is the model that is used in violence prevention in Australia with success. In the public health model, the different levels of prevention are defined as follows:

**Primary prevention strategies** seek to prevent violence from occurring in the first place. The structural, cultural and societal contexts in which violence occurs are important targets for primary prevention. Strategies that do not have a particular focus on violence against women but address its underlying causes (such as gender inequality and poverty) are also included. Primary prevention strategies are growing in use, and with more evaluations of them, the knowledge on how primary prevention works in social settings is expanding. This is a relatively new field of work, however, and it requires close monitoring to ensure it is achieving the goals of cultural change by addressing the root causes of violence against women in society. The goal of



primary prevention is to change community norms and make violence against women unacceptable under any circumstances.

**Secondary intervention strategies** involve taking action at the early signs of violence and are targeted at individuals and groups who exhibit signs of perpetrating violent behaviour or of being subjected to violence. Strategies can be aimed at men's behaviour change or skills development for both individuals and groups. At the individual level, this can seek to address controlling or other abusive behaviour before it becomes an established pattern or to provide education or counselling when there are signs that violence may occur.

**Tertiary intervention strategies** intervene after violence has occurred and involve responding to the needs of people who have experienced the effects of violence. Tertiary interventions provide safety and support for women and children who are the victims of violence. Responses include crisis accommodation and social support for victims and criminal justice interventions to protect women and deter perpetrators (VicHealth, 2007).

## Executive summary

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This report describes the processes that led to the development of a ten-year government plan to prevent violence against women and girls in Victoria, Australia. Between 2002 and 2008, the work of the Victorian government focused on coordinating state and NGO responses to violence.<sup>3</sup> At the same time, a statutory health promotion foundation called VicHealth developed a sound evidence base and funded small community prevention programmes to build on the data. These parallel paths prepared the way in 2009 for the prevention plan, called *A Right to Respect: Victoria's Plan to Prevent Violence Against Women*.<sup>4</sup> The plan came about after almost a decade of work involving legislative and policing changes and whole-of-government coordination.

Lack of community understanding about violence against women and party politics are problematic when approaching an ambitious project like prevention. Attitudes and values are shaped by culture, experience, education and by discourses that are accepted as “truths” and become community norms. An abiding and powerful discourse about violence against women blames women for men’s violence. This permeates all spheres of the social structure.

To prepare for a prevention policy, the discourses about violence against women had to shift away from it as a private matter to a view that it is an unacceptable social problem. This involved changing community norms and attitudes and building the competency of agencies, institutions and individuals to understand the root causes of violence against women, their role in sustaining it and their contribution to its elimination. What was done is discussed in this report.

A number of instrumental insights from that experience can assist others interested in embarking on a similar path. Although the development of *A Right to Respect* was, by all accounts, a process, we have tried to distil the insights into a practical framework to make prevention policies actionable. These insights may also provide some ideas for non-government organizations or individuals interested in initiating similar projects.

The State has primary responsibility for preventing violence against women and establishing the enabling environment for key partners to carry out their respective roles. This principle was established under international law (the Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW) and the Beijing Platform for Action, among others). This is likely to be most effective in a civil society partnership with the NGO sector, such as the one built into a whole-of-government approach. Experience has shown that to maximize effectiveness prevention work must materialize across a range of settings – schools, sporting arenas, workplaces and other institutions, the health and social welfare sectors, local communities and in the media – in a coordinated and strategic way. Such work needs to target whole communities and broad social norms as well as individuals. Only governments have the authority to develop, coordinate and monitor such complex initiatives.

### **Use an evidence-building approach**

Prevention strategies must be both evidence-based and evidence-building. Research and evidence (including learning from practice) should inform the development and implementing of programmes, strategies and policies. This includes drawing from the evidence to identify and address the underlying causes of violence

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<sup>3</sup> The plan was never implemented because of a change of government shortly after the plan was announced, as explained in the report.

<sup>4</sup> Although the title refers only to women, the policy applies to both women and girls.

against women and girls, assessing the particular context in which prevention policy and programming occurs and including in situ monitoring and evaluation throughout.

### **Identify and address underlying causes**

No single cause adequately accounts for violence against women. It arises from the convergence of specific factors within the broad context of power inequalities at the individual, group, national and global levels (United Nations General Assembly, 2006). The UN Secretary-General's *In-Depth Study on All Forms of Violence Against Women* report (2006) emphasized that "acts of violence against women cannot be attributed solely to individual psychological factors or socioeconomic conditions such as unemployment". Explanations for violence that focus primarily on individual behaviours and personal histories, such as alcohol abuse or previous exposure to violence, overlook the broader impact of systemic gender inequality and women's subordination. Efforts to uncover the factors that are associated with violence against women should thus be situated within this larger social context of power relations.

Public health approaches that build on a human rights-based analysis have relied on an "ecological model" for understanding the complex and intersecting factors contributing to violence against women and girls. This approach is rooted in the social practices and cultural values of a broader society. The model cites contributing, or risk, factors that help enable the perpetration of violence at various levels; it also describes the interrelationship between the risk factors.

### **Key insights**

Even though the Victoria policy has yet to be fully carried out, the experiences, as reflected in the following insights, in producing the ground-breaking Right to Respect can help guide other governments in creating a similar and needed policy.

***Ensure that the response system is effective:*** Prevention can only occur if the system that responds to victims of violence is operating effectively to ensure their safety. In a low-income context, this will likely require building both prevention and response systems.

***Leadership:*** Although many people were involved in achieving the changes that led to A Right to Respect, a small group of people with stable leadership and a deep understanding of the issues, the context and the field shepherded the development and passage of policy. This included leadership driving the widespread understanding that prevention and response interventions must be conducted together, in a holistic manner.

***Establish an authorizing environment:*** Any organization or government wanting to embark on prevention must have the backing of an agency and leaders who are committed to the vision of ending violence against women. Whether it be a government or NGO agency, leadership from an organization with the credibility and resources to commission local research to demonstrate the scope and impact of the problem is essential.

***Engage and educate:*** Information sharing, formal presentations, briefings and "teachable moments" were used when the opportunity arose to ensure that all parties, from government ministers to community workers, were well informed. As time went by, an increasing number of people became supporters.

***Never miss an opportunity:*** Incidents of violence against women that gain public attention through media reports can be used as opportunities to promote messages about prevention and as "teachable moments" to change community norms and attitudes.

***Evidence-based practice:*** The development of a comprehensive, long-term policy that has wide support and commitment from all stakeholders must be based on sound and irrefutable evidence.

***Policy development:*** The experiences described in this report suggest that a prevention policy is unlikely to gain traction unless the evidence is in place, work is underway to change community attitudes and norms

about violence against women and influential stakeholders in the government understand and support the project.

***Plan for sustainability:*** Restructuring and associated staff turnover in government departments mean that corporate memory concerning violence response and prevention can be lost. To be effective, sustainability plans must be built into prevention planning and policy development. Important stakeholders, such as opposition politicians, public service leaders and community agencies, should share a public commitment to the elimination of violence against women. The NGO sector can ensure that prevention plans survive successive administrations.

***Real change takes time:*** The leaders of the change process in Victoria were located together in a small government unit. They supported each other, engaged the whole range of stakeholders and educated them to embark on a decade-long journey together. Although the Right to Respect ten-year plan was not implemented, the project led by that small government unit stands as a model and offers lessons for others interested in undertaking a similar venture.

## 1. From community activism to government policy

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### 1.1 Background

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Australia is a relatively young Western democracy, with a long history of women's rights enshrined in law; but these rights have not always led to gender equality. This is reflected in, among many other things, a continuing struggle for equal pay for work of equal value and an unacceptable level of gender-based violence in both public and intimate spheres of life. The role of women in lobbying for and shaping gender-sensitive policies in Australia has a fairly recent history, and often these policies are hard won (for example, women's right to vote in 1901, the Sex Discrimination Act in 1975 and ratification of CEDAW in 1983). In the 1970s and 1980s, demands from Australian women for equality were to some degree supported by the socially liberal governments of the time (Sawer, 1996), making government policy important in the safety and inclusion of women in all spheres of civic life. This relationship between women and the State in Australia not only resulted in changing the status of women but also in some women finding employment in key positions in government departments and an increased recognition of "women's issues" across government (Sawer, 1996). Sawer and others describe these women as "femocrats" and note their success in working from within government to keep women's issues on the agenda and resourced.

There has long been recognition of the impact of gender-based violence, but until the middle of the twentieth century there was little concerted action to ensure women's safety. In the early days of what became known as the women's refuge movement in Australia, individual women worked together to offer other women escape from intolerable violence in personal relationships. It was not until the women's health movement gained traction in the mid-1980s that state governments started to fund crisis services, shelters and counselling for women escaping violence. Since the 1980s, an increasing number of women in Australia have become more strategic and politically aware, entering politics and rising to senior bureaucrat and government minister positions. The increased involvement of women in Australian politics and government has had an impact on national social policy and international commitments to women's rights, and thus on the intimate lives of the populace and the status of women in general.

The women's health movement in Australia consists of ordinary women who have mobilized in numbers to work for better health services and social change (Gray Jamieson, 2012). From its earliest days, the women's health and refuge movements broadly defined violence against women to include physical abuse and aggression, rape and sexual coercion, harassment, intimidation, belittling and other forms of psychological abuse, such as controlling behaviours as isolating women from family and friends and monitoring their movements or restricting access to finances, information or other resources. The definition acknowledged that violence occurred in intimate relationships, dating relationships and at the hands of strangers. In Victoria, the movement became institutionalized to some extent with the funding of services responding to women's health needs, domestic violence and sexual assault from around the mid-1980s. By the early 2000s, the sectors that responded to the needs of victims of gender-based violence were overwhelmed with the needs of their constituents and the struggle to get adequate funding. Consequently, violence against women has been constructed as a health issue with far-reaching and costly ramifications, both in human and economic terms. Even though work to respond to violence after it has occurred has been ongoing for many decades, understanding prevention and how it works is relatively new.

When reading this report, it is important to keep in mind the relatively short time between the nascent days of voluntary women's action just described and the more sophisticated response and policy environment

described herein. It is against this background that this report explains the development of the ten-year policy plan to prevent violence against women.

## 1.2 Introduction

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In 2009, the state government of Victoria introduced a whole-of-government approach to prevent violence against women – A Right to Respect: Victoria’s Plan to Prevent Violence Against Women 2010–2020. What might have seemed to signal a new direction was actually the culmination of the work of many people for more than a decade. The actors who contributed to this process included (among others) community activists, health professionals, academics, practitioners, government bureaucrats and politicians.

This report follows the processes that led to the development of the ten-year plan to prevent violence against women that was written into government policy in the state of Victoria and launched in 2009. It starts with a description of the context concerning women’s activism against gender-based violence and defines some of the terms and concepts used in the report. It goes on to describe the pathway that was used to shift the perception of the issue from a private social problem to a serious and costly health concern. It then goes on to discuss the ways in which different sectors came together to share responsibility for repairing the response system and preparing the way for the development of a policy of prevention. Finally, the report describes the government policy development process and discusses the insights and implications, potential pitfalls and strategies for success of the work for other countries and governments that plan to embark on similar projects.

Part of the story covered in this report is about women and men who worked for change within government; but as previously explained, there is a history of strong community advocacy and activism that has influenced successive Australian governments to act on matters considered specific to women.

Another part of the story behind the moving of gender-based violence onto the government agenda in Victoria are the ways in which women and men in government, public service and the community sector came together and put aside their differences. They collaborated to bring about changes in the system that responds to violence against women, work towards a whole-of-government approach to response and ultimately towards the framing of policy in the form of the ten-year A Right to Respect plan (2010–2020) to eliminate gender-based violence. Agencies and organizations contributed to this work; among them were local women’s health services, women’s refuge and family violence services, sexual assault services and three statewide women’s health advocacy agencies, one of which was the Women’s Health Victoria (WHV). Also included were the Victorian Health Promotion Foundation (VicHealth), Victoria Police and various government ministers and public servants from a range of relevant departments. Some of these organizations will reappear in different parts of the report; for example, VicHealth is a statutory authority that was established by the Victorian Parliament as part of the Tobacco Act 1987. Funded by taxes on tobacco, VicHealth works in partnership with organizations, communities and individuals to promote good health and prevent ill health. VicHealth is one of a small number of foundations established internationally, and the only one in Australia, with the explicit purpose of promoting health and well-being. VicHealth provides evidence and theory upon which both community organizations and government work to implement prevention strategies and will be discussed in different sections, depending on its importance to the context.

Interviews were conducted with 12 key informants who were involved in a variety of ways in the work that contributed to the development of the policy in 2009, and information was gathered to describe from different perspectives the processes and events that led to the launch of the (but not fully implemented) ten-year plan called A Right to Respect.

The objectives for this report were to:

- Better understand the processes, developments and discourses that contributed to the recognition of violence prevention as a government responsibility.
- Investigate the factors that led to the development of the state plan to prevent violence against women, including research, advocacy and the political environment.
- Explore how the experiences of this first-ever whole-of-government prevention policy could be applied in other contexts.

## 2. The relationship between gender and violence

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According to Connell (2012), gender is best regarded as an embodied social structure. However, it is more often characterized as represented by two fixed, opposing and unproblematic categories. Connell (1998) uses the term “gender order” to refer to the hierarchy that assumes it natural that men dominate women. Programmes that advocate for changes to the gender order call for an appreciation of gender and power beyond the essentialist defining of masculinity and femininity as natural opposites based on male and female bodies. Understandings of gender differ across cultures and over time. It is not the intention of this report to expound on issues of gender in any detail, although there is a brief discussion on gender, power and gender relations to contextualize ideas presented further on.

### 2.1 Gender relations

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In the final third of the twentieth century, the issue of gender inequalities became fixed on local, national and global agendas. In addition to being a serious health problem, violence against women is increasingly viewed as a human rights violation. Equality between women and men is recognized as a principle in international law, articulated in many United Nations documents, from the 1948 Universal Declaration of Human Rights onwards. Gender equality often is constructed as a women’s issue, yet men and boys are unavoidably involved in gender issues (Connell, 2003). The existing pattern of gender inequality – men’s predominant control of economic assets, political power, cultural authority and armed forces – means that men (and often specific groups of men) control most of the resources required to implement women’s expectation of justice. Gender inequalities are embedded in a complex system of relationships that can be detected at every level of human experience – from individual emotion and interpersonal relationships to economic organization, culture and the State. According to Connell (2003), there are several implicit realities in gender systems:

- Gender relations represent an interactive system of connections and distinctions among people (and groups of people): What happens to one group in this system affects the others and is affected by them.
- Gender relations are not superficial but are deeply embedded in organizational routines, in religious and legal concepts and in the taken-for-granted arrangements of people’s lives (such as the distinction between “home” and “work”).
- Gender relations are multidimensional, interweaving relationships of power, economic arrangements, emotional relationships, systems of communication and meaning.
- Gender systems are diverse and changing: They arise from different cultural histories in different parts of the world, have changed in the past and are undergoing change now.

Because of the complexity of gender relations and systems, change is a complicated and challenging project. Yet changes have been underway for decades in ways that are relatively unnoticed. This involves changes in institutions and in the small details of everyday life, which can raise issues that are not always obvious and may cause friction; for example, the ways that public policies (such as industrial regulations or police

practices) impact specifically on men without actually naming men or acknowledging the gendered character of the impact. According to Connell (2003), it is not possible to move gender systems towards equality without broad social consensus in favour of gender equality – and that consensus must include men and boys. For activists who work in crisis services with the women who are victims and who are confronted daily by the effects of male violence, accepting this can be challenging. Part of the story reflected in this report is about how activists came to work with men in settings that were unfamiliar, such as the police, politicians and chief executives.]<sup>5</sup>

### 3. The pathway to policy development: understanding the context

In addition to the role of women in political and advocacy spheres in Australia as previously described, the work undertaken in Victoria cannot be separated from work that has been going on nationally for years to address the issue of violence against women.

#### **The National Plan to Reduce Violence Against Women**

The National Plan to Reduce Violence Against Women and Their Children 2010–2022 (the National Plan) aims to coordinate action across jurisdictions. The National Plan sets out a 12-year framework for action and is based on upholding the human rights of Australian women through the Convention on the Elimination of All Forms of Discrimination Against Women, the Declaration on the Elimination of Violence Against Women and the Beijing Declaration and Platform for Action. The plan was laid out by the National Council to Reduce Violence Against Women and Their Children in a 2008 report entitled, *Time for Action*. In the research for this report on the Victoria experience, one informant dissected the importance of this national work to the development of prevention policy in Victoria:

*“The report of the National Council with the conceptualization of the prevention to response-end strategies was useful in demonstrating Victoria’s leadership in some areas and also for supporting the argument for a dedicated plan for primary prevention. The detailed strategies and strong focus on primary prevention and the push for governments to start work in this area as a priority was extremely helpful, [as was] emphasis on the need for sustained effort at all levels [local state and national].”*

Important national work was carried out by the Social Justice and Social Change Research Centre at the University of Western Sydney to articulate practice standards for the prevention of sexual assault. In a report titled *Framing Best Practice: National Standards for the Primary Prevention of Sexual Assault through Education*, Carmody and Evans (2009) specify six standards:

- Use of coherent conceptual approaches to programme design.
- Demonstration of the use of a theory of change.
- Undertaking inclusive, relevant and culturally sensitive practices.
- Comprehensive programme development and design.
- Effective evaluation strategies.
- Support of educators through training and professional development.

The Commonwealth Government has continued to fund a number of prevention projects around Australia, but to date there has been no concerted programme, either nationally or in other states, comparable to the one in



Victoria. Informants interviewed for this report, however, emphasized that the other activities provided an important background for the Right to Respect development process in Victoria.

During the period between 1995 and 2009, concerted efforts addressed community attitudes about violence against women. For example, the Commonwealth Government social marketing campaign “Violence Against Women, Australia Says No” was launched in 2002, with television advertisements, posters and flyers in a range of community languages. The White Ribbon Foundation was established in Australia in 2003 by the United Nations Development Fund for Women (now UN Women), with some government funding, and continues a programme that engages men as partners in preventing violence against women. [White Ribbon](#) has many high-profile male ambassadors locally and nationally and runs a campaign that urges men to take an oath to never be violent against women. These large-scale concerted campaigns, combined with the more intense (and ongoing) local work supported and resourced by [VicHealth](#) in Victoria, appear to have been successful in shifting long-held community attitudes about violence against women (see Appendix II for links to reports that provide details of VicHealth community-based prevention programmes in sport, faith-based settings, education, health, local government and the arts).

#### 4. Violence against women: a social problem or a serious health issue?

For many years, domestic (or family) violence was regarded as a private matter between a man and a woman. Women were blamed for driving their husbands to violence in the home; women who were victims of rape or sexual assault were blamed for dressing inappropriately, being in the wrong place at the wrong time or in other ways inciting a man to (uncontrollable) lust through their behaviour or appearance. It was not until the 1980s that rape in marriage became illegal in the state of Victoria. Even though these attitudes are diminishing, they still can be found across Australia. One of the inspired projects that underpinned the work leading to the ten-year Right to Respect plan was the shifting of the approach to violence against women from treatment as a private but unfortunate social problem to demonstrating that it is a serious and costly health issue affecting whole communities.

In 1996, the population-based, epidemiological WHO Global Burden of Disease project was carried out internationally<sup>6</sup>. The study investigated the impact of health problems in more than 20 countries, taking into account illness, disability and premature death, and had four objectives:

- Develop internally consistent estimates of mortality from 107 major causes of death, disaggregated by age and sex.
- Develop internally consistent estimates of the incidence, prevalence, duration and case-fatality of various conditions.
- Estimate the fraction of mortality and disability attributable to ten major risk factors.
- Develop projection scenarios of mortality and disability.

According to informants who worked in government, that global burden of disease report was well received by the Department of Health in Victoria; a local version was developed using the same methodology for government catchment areas. At around the same time, the Department of Health was changing the way in which health services were delivered locally. To prepare the health workforce for the changes, local consultations and trainings for health workers, including women’s health workers, were rolled out around the state. Large-scale epidemiological studies were put into context for local workers, in many cases for the first

<sup>6</sup> WHO. About the Global Burden of Disease (GBD) Project. [online] Available at: [http://www.who.int/healthinfo/global\\_burden\\_disease/about/en/index.html](http://www.who.int/healthinfo/global_burden_disease/about/en/index.html).

time. For women's health services, which were engaged not only in delivering health promotion activities but also in political advocacy for women's health, the changes in the system meant that it was important to learn how the implications of this new approach affected their activism and how it might impact on women, particularly those who were disadvantaged or marginalized.

One of the early observations from women's health activists was that the new system, while quantifying the origins and sequelae<sup>7</sup> of many health issues, did not adequately address those related to being a victim of violence. Local governments have responsibility for the development of municipal health plans and the delivery of local health and welfare services in communities in Victoria. The municipal health plans demonstrate areas of need and allocate resources accordingly. In the case of women who were victims of violence, only the outcomes of the violence (such as injury, mental illness, homelessness or drug addiction) were factored into the local plans, and no connection was made with the root causes. With other health concerns, however, associations often are made between injuries and the cause with relative ease (for example, in events such as motor vehicle accidents), but because of the silence and secrecy surrounding gender-based violence, no such links could be made if a woman presented to a doctor or hospital with a physical injury. When interviewed for this report, an informant from Women's Health Victoria explained:

*“We realized that while epidemiology quantifies data, based on presenting conditions and hospital admissions, it didn't actually measure the extent or impact of violence against women because what was being counted were presenting conditions like bruises or broken bones that were sustained as a result of violence. We knew anecdotally and from the VicHealth mental health study that violence was a factor in mental health as well, so we thought it was important to connect the health issues arising from the experience of violence with the experience of violence. We set out to understand the burden of disease and how violence could be included.”*

The efforts of Women's Health Victoria to become acquainted with the burden of disease were duplicated by others in communities and the state government. Some women's health advocates were employed in government positions and were lobbying for recognition of violence against women; others were working at VicHealth and exploring similar issues. Importantly at that time and after decades of work to ensure the safety of women who were victims of violence, a core group of women (and a few men) had taken up positions in settings in which they could influence moves towards bringing the scope of the problem to public attention and influencing the allocation of resources. Thus, through women's leadership and the ways in which they were able to influence government and non-government agencies alike, action concerning violence against women was occurring across a range of settings, and productive coalitions were being formed.

At around the same time as the global burden of disease study was released, VicHealth had carried out research and established a framework for promoting mental health and well-being. Central to this framework was a focus on three determinants of good mental health: social inclusion, freedom from discrimination and violence, and economic participation. In a scoping report for VicHealth, McCarthy (2003) argued that the evidence supporting a mental health promotion approach towards the elimination of violence against women made it clear that this was an area for future work. This was supported by the Victorian government's Women's Safety Strategy, which endorsed a whole-of-government approach. Because of the weight of the evidence concerning the impact of violence on women's mental health, VicHealth decided to make the health inequalities resulting from it one of their strategic priorities. This opened up a new drive to build the body of evidence of the health impacts and to fund community prevention programmes to inform practice.

Armed with evidence of the mental health impact of violence against women, VicHealth convened a think tank to explore the issues in coalition with government health epidemiologists, economists and women's

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<sup>7</sup> The medical dictionary defines “sequelae” as a morbid condition following or occurring as a consequence of another condition or event. In the case of violence against women, illnesses and injuries resulting from living with or experiencing violence are often not connected to the event or events that caused them.

health advocates. Following this, VicHealth commissioned a study to understand the prevalence of intimate partner violence, its associated health problems and the resulting contribution to the total disease burden for women in Victoria. The report of that study, *The Health Costs of Violence: Measuring the Burden of Disease Caused by Intimate Partner Violence*, was released in 2004 and clearly demonstrated that intimate partner violence was prevalent, serious and preventable in Victoria. Among the poor health outcomes cited as associated with intimate partner violence were premature death and injury, poor mental health, reproductive health problems and such negative health behaviours as smoking and the use of alcohol, non-prescription drugs, tranquilizers, sleeping pills and antidepressants (Victorian Health Promotion Foundation, 2004). Another important result of the Health Costs of Violence study was that the evidence enabled the financial cost of violence against women to the community to be calculated. Access Economics (2004) put this figure at A\$8.1 billion for the year 2002/2003.

### **Demonstrating the scope of the problem**

According to a VicHealth informant, having gathered the information, the next task was to “see what people think”. A community attitudes survey about violence against women had been conducted in 1995 by the Commonwealth Office for the Status of Women, which provided some baseline data on which to build the next survey. In 2006, VicHealth conducted a survey that was repeated in 2009, with another one being planned currently. This means that changes in community attitudes can be monitored over time. Because prevention requires change in community norms about violence and the status of women on a grand scale, inclusion of questions about the role of women in later surveys has enabled targeted prevention to take place in a range of settings.

The 2009 survey revealed that some harmful attitudes still exist in the community. For example, there continues to be a strongly held belief that women exaggerate claims of rape and domestic violence. Such beliefs are at odds with the evidence, including from a range of police studies, that confirms that rates of false allegations remain extremely low (Heenan and Murray, 2006). However, the community attitudes survey also measured several positive changes when compared with the earlier surveys. For example, VicHealth (2002) reported that:

- Most people considered violence against women to be a serious issue.
- A greater proportion of people believed domestic violence is a crime than in the 1995 survey results.
- Most people understood that violence against women is inflicted mainly by men in relationships or family settings.
- The vast majority of respondents did not believe that physical force against a woman (current or former wife, partner or girlfriend) could be justified under any circumstances.
- The majority of people believed that domestic violence is a matter of public concern and disagreed that it should be dealt with privately.
- Most people agreed that they would intervene in a domestic violence situation in some way, usually by offering support and advice or reporting the situation to police.

## **5. Repairing the response system: a shared responsibility**

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With the evidence about the scope and impact of violence against women in Victoria in place, the next order of business was to address the response system to ensure women and children's safety. Even though the reforms that led to coordinated government and community responses to family violence and sexual assault later contributed to the development of the Right to Respect plan, it was important, ground-breaking work in

its own right. Informants for this report were adamant that in the early days of working to reform the response system, the government had no plans to introduce a prevention strategy. Indeed, based on the findings from both the available documents and the informant interviews, it is apparent that a comprehensive government policy to prevent violence against women could not be developed until the system could ensure an effective, coordinated crisis response to victims of violence. This involved changes both within and between government departments and collaboration between government and community sector representatives. The strength of women's advocacy, supported by the VicHealth evidence concerning community attitudes and the calculation of the cost of violence against women to the community in both human and economic terms, provided unassailable evidence to which the government clearly had to respond.

As the office accountable for coordinating issues concerning women across government departments, the Office of Women's Policy (OWP) was responsible for initiating and managing the government response. It is perhaps not surprising that the office was staffed by women who had experience working in the community sector and who were well acquainted with issues concerning violence against women. These women were consummate public servants who well understood the complexities of a whole-of-government response to an issue as potentially controversial and as complex as violence against women. This section thus first explores the processes within government and then the collaboration between government and the community sector to ensure the response system was working well.

## 5.1 Government

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Although the journey to achieve the policy framed in *A Right to Respect* took almost a decade, it is important to acknowledge that the work to develop the plan did not start until 2008. The service coordination and capacity-building work that occurred before then prepared the way for the plan's development. And yet, prevention policy was not the intent of the government in the early days of developing the coordinated approach, even though the elimination of violence against women had been a long-term vision for feminists all over the world.

In 2001, Australia's then Labor government published a report titled *Growing Victoria Together*, which heralded a commitment to safer streets, homes and workplaces for all Victorians. However, because *Growing Victoria Together* did not contain a gender analysis, the Women's Safety Strategy (2002) was published as a policy response to the clearly identified needs of women when it came to community and personal safety. When interviewed for this report, an informant from the state government asserted that it is important to remember that these two reports are interrelated. The Women's Safety Strategy noted that women's experience of violence is different to that of men, in that women are more likely to experience violence from a current or previous partner and that this violence often involves a repeated pattern of abuse. Further, the Women's Safety Strategy was based on an understanding that violence occurs in particular cultural and social contexts and there is no simple explanation for the phenomenon of violence against women. Thus, the Women's Safety Strategy applied a gendered analysis to violence in general and to violence against women in particular. It also advocated a cooperative approach within and between government and non-government sectors.

At the state level, the whole-of-government approach was advocated to provide an integrated family violence response. The Office of Women's Policy facilitated a close working relationship between representatives of the four main departments responsible for dealing with violence against women: the Department for Victorian Communities, the Department of Human Services (Housing, Community Building, Office for Children), the Department of Justice and the Victoria Police. The Office of Women's Policy also facilitated a working group of five government ministers to support the integrated approach to family violence. These were the Minister for Women's Affairs and Early Childhood Development (lead minister), the Attorney-General, the Minister

for Community Services, the Minister for Police and Emergency Services and the Minister for Aboriginal Affairs, Housing and Local Government.<sup>8</sup>

In 2006, the state government released its social policy action plan A Fairer Victoria: Creating Opportunity and Addressing Disadvantage. The plan was a broad-ranging, long-term strategy that fitted well with the work ongoing to introduce reforms in the response system to family violence; as part of the plan, A\$35 million was committed over four years to deliver the new approach to family violence in Victoria. As one informant explained:

## 5.2 Victoria Police

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In 2001, Victoria's new chief commissioner of police, Christine Nixon, announced her intention to address family violence and appointed an assistant commissioner to improve the police approach to incidents and interagency cooperation. In 2002, the Victoria Police released its own Violence Against Women Strategy and then, in 2004, a new code of practice for investigating incidents of family violence. The Attorney-General, Rob Hulls, instituted moves to have the Crimes (Family Violence) Act 1987 reviewed to ensure it dealt appropriately with family violence. Nixon and Hulls were credited by a number of the informants interviewed in this study as instrumental in the changes. For example, a community activist who later worked in the Office of Women's Policy said:

*“Christine Nixon was a game changer. As chief of police and as a woman leading a male workforce, she drove the reforms. The role of the Attorney-General was also vital. They energized each other, and for both of them to prioritize family violence was a positive for us. Hulls was the law reformer and Nixon the systems, cultural reformer. We experienced the benefits of two decent, capable leaders.”*

A case study by the Australia and New Zealand School of Government (2009) described the situation from the police point of view, when early in 2002, Leigh Gassner, who was assigned by commissioner Nixon to improve police responses to violence against women:

*“[He] found himself in an inner city women's family violence service getting a severe dressing down. The workers meeting with him were angry and frustrated at what they saw as lack of police action on family violence.”*

Nixon's leadership, combined with research and consultation, heralded a new relationship between the Victoria Police and the community sector. The Victoria Police was an early adopter of prevention, an informant pointed out:

*“In 2001 the Victoria Police priorities were theft, motor vehicle crime and violence against women. Christine Nixon recruited me to coordinate the police response (in addition to my normal duties). The first step was to examine the data and prepare a report on partner violence and sexual assault. We found that most sexual assaults were by known assailants. There was acknowledgement that the traditional police way of handling violence was not working. Around this time the OWP was finishing the Women's Safety Strategy.”*

The informant went on to explain that the next step after gathering the data was to “consult outwards” with both the NGO sector and with government:

*“In the NGO sector, there were two distinct but overlapping fields for responding to violence against women: domestic violence and sexual assault. In these sectors there were different levels of*

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<sup>8</sup> The Hon. Candy Broad, Mary Delahunty, Tim Holding, Sherryl Garbutt and Rob Hulls.

*knowledge and 'maturity' in terms of dealing with the police, [with] sexual assault having more experience with the legal system."*

For the Victoria Police internally, the process was a "journey" – a fundamental change in its management process, with clear priorities from management. A [Victoria Code of Practice for Police Response and Investigation of Family Violence](#) was developed to provide safety and supportive guidelines for victims as well as for early intervention, investigation and prosecution of criminal offences, which should lead to the minimizing of family violence in the community. It gave police greater flexibility to work in partnership with specialist service providers. The [Code of Practice](#) recognized that women and children are the most likely victims of family violence but also that it can occur in all communities and in any kind of relationship. It also consolidated legislation and existing police policy and procedures as well as introducing changes specifically designed to respond to the needs of victims of violence appropriately.

The Code of Practice became an accountability tool and training was conducted for all police force members. A Victoria Police informant explained that in the training links were made between where the vast majority of police work occurred ("drugs, mental health and homelessness") and "violence against women, the root cause of many of these conditions".

The expectations detailed in the Code of Practice were embedded in all police force members' performance reviews, and there was an expectation that in dealing with family violence and sexual assault issues that all officers would act respectfully when dealing with the public. As one informant explained:

*"Initially, there was little tolerance for the code, and it was not easily accepted; but the police were required to respond to all incidents of violence against women and were accountable as part of the Code of Practice."*

The informant went on to explain that members were told unequivocally, "You need to do this and are accountable for it." The internal logic of this approach worked to help spur acceptance of the new procedures, which suggested that adherence would minimize longer-term impacts. As a result of the change, reports of incidents involving violence against women increased from 12,000 before the Code of Practice to 25,000 a year after it was implemented.

An informant involved in the implementation of the Code of Practice remarked that the way he implemented the policy in police practice was through education. Responding to the resistance encountered, he would ask police officers to consider the social issues that demanded most of their time. He would then connect their responses of crimes associated with mental illness, drugs and homelessness to the likelihood of victimization by violence. The logic of the argument that early and effective intervention in family violence calls could reduce some of the other social problems that encumbered police time motivated the officers to conform to the requirements of the Code. This informant asserted that the enforcement of the Code and resulting changes in policing were very much based on process and collaboration with community partners and the Department of Justice:

*"We get asked [by other Australian police forces] to share documents about how we revised our Code of Practice, and we are happy to share them; but we also explain that the process was as important as the documents – they are only the end product."*

The results of the strategic emphasis on this area of police work by Victoria Police were reported on 9 September 2012 by the Melbourne newspaper, *The Sunday Age* (Bradley, 2012), based on newly released data:

*"Police dramatically upped the ante on family violence over the past year, charging record numbers of perpetrators with criminal offences. A Sunday Age analysis of crime statistics released last week by*

*Victoria Police reveals a shift in the force's response to domestic violence. While the trend for victims reporting to police has steadily increased for a decade, last financial year there was a big jump in the number of criminal charges. Across Victoria, there was a 23 per cent increase in reports to police of family violence-related crime and a 45 per cent increase in the number of charges issued in 2011–12, compared with the year before. The statistics show 50,382 reports of family violence to police resulted in 17,528 charges. Over the past five years, reports have increased by 59 per cent and charges by 125 per cent.”*

Another informant interviewed during the study for this report commented on the changing phenomenon:

*“We always expected there would be an increase as women gain confidence that they will be believed and treated respectfully by the police if they report violence, and of course this adds pressure on the system. Our real measure of success will be a levelling off and ultimately a drop in the number of cases being reported as prevention programmes reduce the incidence. That is our hope.”*

### 5.3 Government-community partnerships

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There is a long history in Australia (and elsewhere) of women working in the community to help other women escape violence and abuse, which is not the subject of this report but it does frame the background against which more formal services later came to be funded by the state and federal governments.

Backed by legislative and policy reform, women’s health and violence activists, the Victoria Police and the state government representatives started the lengthy and challenging task of repairing relations and coordinating services to better respond to the urgent situation. Three statewide steering committees were formed to embark on this task. Two of them, dealing with family violence and sexual assault, are discussed further on. The third committee was formed to examine prevention in the workplace, which was less public and not as long lived as the other two and thus is not included in this report’s discussion.

The sexual assault and family violence committees were co-convened by the Victoria Police and the state Office of Women’s Policy; membership included community and response sector representatives. While the statewide steering committees were chaired by two government entities (the Office of Women’s Policy and the Victoria Police) and reported to the state government, strong partnership with the community sector was a central operating tenet of each. For community representatives, participation in the committees built relationships, illuminated government processes and encouraged a more strategic approach in everyday practices.

### 5.4 Statewide Steering Committee to Reduce Family Violence

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The Victoria Statewide Steering Committee to Reduce Family Violence was established in 2002. It was a community–government partnership with the specific task of providing advice on the development of a multi-agency, integrated response to family violence. Because services to families affected by violence were delivered locally, efforts to reform and integrate the existing system focused on local-level coordination between services to ensure women’s safety and improved outcomes for victims. As one informant from the Victoria Police explained:

*“[As a result of our consultation with the community] VicPol was asked to lead two statewide steering committees at the request of the [domestic violence] sector on the basis that they were a 24-hour service with high levels of recognition and authority in the area. At this point, VicPol and OWP*

*joined forces and jointly chaired both committees. There was acknowledgement that the issues went beyond law enforcement. The Cabinet Social Policy committee endorsed the committees and structure.”*

One thing that was clear from the start was that some women’s experience of violence was compounded by other factors in their lives and, as a result, they had special needs that could not be addressed by a single approach. Women with disabilities, indigenous women, women from culturally and linguistically diverse backgrounds, homeless women, sex workers and lesbian, bisexual and transgender women were recognized as having particular needs. The Department of Human Services, as the agency responsible for housing and funding community services, acknowledged the needs of these groups and began to work at a regional level to ensure that an integrated response was operationalized not only at the central level of government but also in regional communities. In doing this, they formed regional and subregional integrated family violence committees and leadership. Among the specific priorities for those committees were access by indigenous Australians and diverse groups (such as culturally and linguistically diverse and lesbian groups, children and young people), developing critical links and workforce capacity building.

The work of the committees became illuminating for civil society groups, although it was not always easy. According to an informant from a family violence NGO:

*“There were people [from government departments] who were compelled to be at the statewide steering committee because of the whole-of-government approach. This provided opportunities to develop relationships and for us in the community sector to understand the workings of government. It also enabled contacts to be made to help us resolve difficulties. We realized that we had not had a good understanding about how government departments worked. In the past, we had often seen a decision we disagreed with as being personal, but as our understanding increased, we gained a better [awareness] and it helped us with our political advocacy.”*

Some parts of the community sector resisted the proposed changes, viewing government with suspicion; but this was a small minority who eventually acquiesced. Commenting on this, one informant from the community sector added that, from her perspective, some of the problem was within the government but that the process overcame these problems:

*“The whole process was about change management. Because of the whole-of-government approach, departments were expected to collaborate and cooperate. The ‘stuck’ parts of government had to move, but as they did, the work of the committee gathered a sense of hope, energy and innovation and got lots of support.”*

It is likely that there was resistance to change within the government and the community sectors; by 2005, however, the statewide steering committee released a report titled *Reforming the Family Violence System in Victoria*.

In the same year, the Department of Justice, under the leadership of Attorney-General Hulls, created a Division of the Magistrates' Court specifically to deal with matters pertaining to family violence. Two such courts were created, one in the metro area of Melbourne and the other in rural Victoria.

To demonstrate its commitment to reducing family violence, the state government committed A\$14.5 million in 2007 and then A\$24.7 million (over four years) in 2008 to continue the innovations already in place and start the work of developing a prevention policy.



### Shifting the language towards prevention

Informants interviewed during this study noted a shift in language between 2002, when “reducing” family violence was the aim of the family violence committee, and 2009, when “prevention” had replaced the term as the dominant discourse. For example, an informant from the family violence sector explained that before being involved in the statewide steering committee, many workers in family violence services thought that they were the only ones who understood the issues well enough to work on prevention but that by 2009 this had shifted to a greater acceptance. Explained the informant:

*“The work of prevention is very different to crisis work. The [prevention framework](#) that was developed by VicHealth was excellent and built from their expertise. To prevent or reduce the rates at which women experience violence, we have to include other areas of the community. So having different areas of work is appropriate, and I don’t think our sector would have had the expertise to provide feedback on the draft framework for prevention in the way that we could on the strategies that focused on responses.”*

This comment demonstrates a shift in thinking about prevention; but it is tempered by a remark from another informant who had worked first in the community sector and later in government:

*“Women working with victims have always advocated for prevention. It was hard for them to find time when so much of their time was in demand, but their vision was always that prevention was the best option.”*

The strongest message from the informants who were interviewed for this study was the importance of long-term, incremental change rather than rapid grand-scale change. The importance of preparing the ground and focusing on short-term successes rather than on the long-term goal was also emphasized. One informant strongly asserted that the combination of specialist and generalist knowledge in coalitions was essential for success. When asked what she saw as the critical factors for the success of this committee, she answered, “A passion for change and a shared understanding of what was needed.”

## 5.5 Statewide Steering Committee to Reduce Sexual Assault

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Fifteen regional [sexual assault services](#) and one central agency are funded by the government. The primary function of sexual assault services is victim support and counselling. Problems with the police and justice system responses to cases of sexual assault became evident, and in June 2004, a Victorian Law Reform Commission study highlighted “gaps in knowledge” about responses to sexual assault. The Statewide Steering Committee to Reduce Sexual Assault commissioned a study of reported rapes in Victoria in 2000–2003 (Heenan and Murray, 2006). The report’s objectives were to “provide Victoria Police with a strong evidence base regarding the case characteristics and case outcomes of reported rapes and will be considered in improvements to its response to victims of sexual assault” (Department of Human Services, 2011).

The work of the committee to reduce sexual assault was different to that of the family violence committee because they were under less pressure in terms of fixing a broken service system. One informant representing that committee commented:

*“When the sexual assault committee was formed, I guess our terms of reference weren’t as clear as they were for the family violence equivalent. We knew that the Victorian Law Reform Commission was doing the sexual offences reference, which included a huge piece of work on the police response and the continued problems with the courts, so we were concentrating on the gaps or areas of research or project work that could add value to that. It also meant we could look more confidently at new areas of thinking around the issue, like how we could engage with prevention – not that prevention hadn’t always been part of our agenda or rhetoric, but not in a way where we seriously thought about how prevention could be put into practice.”*

Police Commissioner Nixon also supported the work of the committee to reduce sexual assault, although less directly than the work of the family violence committee.

*“She did attend the first meeting and other milestone moments. You know, when particular achievements were to be noted she would come along. She made sure she gave us some feedback, told us we were doing a good job, hang in there; we knew we had her support. But she delegated the bulk of the responsibility to Leigh Gassner, umm, she was there supporting whatever it was that we did.”*

The committee was co-chaired by Gassner, from the Victoria Police, and the director of the Office of Women’s Policy; representatives of relevant government departments and community sector organizations were among the membership. According to an informant who was on the committee, the focus of the work in the beginning was also on the response system. At around that time, a record number of sexual assault complaints to police were being withdrawn by women who were not prepared to face a justice system that was likely to traumatize and re-victimize them. The informant explained:

*“In the beginning, it was still very much about what we’re lacking at the response end; but over time, because there was a different language starting to emerge in other quarters, it changed. I think the burden of disease work had been published in 2003 and that prompted a policy interest of the likes we hadn’t seen before, so we knew that there was interest in this notion of violence against women being a public health issue. There was also different terminology and different ways of thinking about the issue being discussed internationally and nationally. We didn’t fully appreciate what that meant; none of us were talking prevention at that time.”*

### **Building commitment against sexual violence**

Although it is a national competition, in Victoria the Australian Football League (AFL) reigns supreme over sports entertainment in the winter months. In the early to mid-2000s there were a number of high-profile incidents of violence against women (both sexual assault and intimate partner violence) involving elite, professional football players. Until 2003, cases involving football players had tended to be covered up; however, the media coverage and shifting community attitudes about violence against women drew unwanted attention, both to the individuals involved and to the football codes they represented, and attracted unwanted media attention and activism from women's groups. These events of violence involving football players, combined with women's activism and the changing community attitudes, acted as a catalyst for the AFL to position itself as an agent of change both within and in the wider community, thus becoming the only organization of its kind to take a public stand on preventing violence against women.

An informant who was on the Statewide Committee to Reduce Sexual Assault and involved in the work at the AFL reflected that the "committee was trying to quickly establish what its role could be in driving change with such a high-profile organization as the AFL, which for many epitomized what we had been struggling against for so long – an unaccountable mob of powerful men [whose] very foundation rested amongst other things on this utter disdain for women. In some ways, the timing of the AFL sexual assault incidents prompted us to focus on how we might engage with a prevention agenda in a more strategic way, to get our heads around what was an emerging discourse and practise of prevention that spoke about getting in front of the problem through changing cultures and attitudes and behaviours."

For many, according to the informant, having the AFL as a "flagship" organization tackling structural, attitudinal and behavioural change was a major coup because "it gave [the committee] a focus, reminded us that we couldn't [dwell] solely on the outcomes and impact of men's violence on women, but in fact that we had to engage with the idea that could stop footballers raping women in the first place – so to speak. And to do that, we had to look at underlying causes."

For the AFL, media reports linking football players with sexual assault was bad for the image of the organization and bad for business. Recognizing this, the AFL took action to change its image and instituted a comprehensive policy called Respect and Responsibility. The policy was administered in 2006, with a roll-out of training and cultural change in the organization throughout Australia. Six years later, the AFL has a Cultural Strategy and Education Unit that provides education to all players and staff nationally and continues to develop the Respect and Responsibility programme at all levels.

It is unclear when the sexual assault committee stopped operating; however, the shift to prevention has been embedded in the AFL and is also reflected in the continuing work by the Centres Against Sexual Assault (CASA). For example, CASA House has an ongoing prevention programme called the [Sexual Assault Prevention Program for Secondary Schools](#).

## 5.6 An authorizing environment

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The term “authorizing environment” is used mainly in relation to governance. Authorizing environments include formal and informal bodies that provide legitimacy and support for a particular issue or area. It may include elected officials, foundations, the media and special interest or advocacy groups and representatives of business and industry. The importance of authorizing environments cannot be understated in the changes that have occurred in the past decade to shift community attitudes, build a workforce that understands and is developing skills in prevention and to build the evidence to validate funding and research focused on prevention. In Victoria, VicHealth was an early leader in the field.

### VicHealth

VicHealth’s status as a health-promoting agency as well as its tripartite governance structure<sup>9</sup> and position as a source of evidence-based practice validates and supports change in the public and community sectors. Traditionally, VicHealth’s focus on tobacco, alcohol and physical activity, but a VicHealth informant explained the organization’s shift into preventing violence against women:

*“We chose to work on the issue of gendered violence based on the mental health study. Also, the staff here had about 150 years’ combined experience – they knew about it. So the ingredients we needed were internal expertise and an external authorizing environment. It was written into the mental health promotion plan and a whole lot was written about what should be done about it. Our director was relatively ambivalent at the time; he thought it was risky business for the organization. In order to do large resource allocation, we needed a discussion paper for the board to convince them that this was the way to go.”*

Having determined the scope of the problem through the 2004 Health Costs of Violence study (discussed earlier) and commissioned a community attitudes survey, VicHealth in 2006 commissioned an international review of the evidence regarding the factors causing violence against women and models of good prevention practice. Based on this evidence, a framework for further action on prevention was developed, using an ecological approach. The report was well received and launched in 2007 by the Minister for Health. Since then, *Preventing Violence Before It Occurs: A Framework and Background Paper to Guide the Primary Prevention of Violence Against Women in Victoria* has been used as the basis for prevention programmes and evaluation in Victoria.

The approach advocated in the Right to Respect plan was the ecological model, which addresses violence against women at three levels: societal, community and individual. The societal level seeks to understand the cultural values and beliefs that shape the other two levels of the social ecology. The communities and organizations concentrate on the formal and informal social structures that impact on individuals and the individual level focuses on developmental and personal factors that shape a person’s responses to stressors in their environment. In addition, relationships and the intimate interactions with others are important considerations at the individual level (Victorian Health Promotion Foundation, 2007). The framework for action uses a health promotion model and describes several settings and sectors in which the prevention of

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<sup>9</sup> As a statutory authority, VicHealth is governed by a board made up of government, opposition, minor political party and community representatives. This means it is less vulnerable to political changes in the wider environment, although it is not immune.

violence against women should target. The framework suggests that efforts to prevent violence against women should be based on three interrelated themes:

- promoting equal and respectful relationships between men and women
- promoting non-violent social norms and reducing the effects of prior exposure to violence
- improving access to resources and systems of support.

VicHealth have funded violence prevention projects in local government, through sports and recreation events, workplaces and educational institutions. It has funded research and evaluation to continue building the evidence for good practice in prevention. The framework for planning, implementing and monitoring prevention is the model upon which these programmes and the ten-year A Right to Respect plan were based, which will be discussed in the next section.

As noted previously, the work of VicHealth was also influential in the work undertaken by the state government. As an informant explained:

*“VicHealth’s funding commitments to prevention projects combined with lots of community sector activity were a critical part of this new, more supportive [government] environment. The capacity already built in local government was a key factor in demonstrating to the government that the mainstream sectors were at a point of readiness and there were new players ready to pick up the mantle. This was a significant shift away from thinking that this role would sit with the specialist family violence and sexual assault [response] sectors. This was a challenge and one of our key learnings.”*

The same informant described the influence of insight from VicHealth’s funded programmes on the ways they prioritized different settings and population groups as they developed the Right to Respect plan.

While VicHealth clearly took the early lead on the issue of prevention, other authorizing agencies took on important roles. The leadership shown by the Commonwealth Government, the Victorian government and other players, such as the police and the justice system, were all factors in the shifting of the issue from secrecy and silence to something acknowledged as prevalent, serious, costly and preventable.

## 6. Developing a whole-of-community plan for prevention

With the integrated reforms to the family violence and sexual assault systems operating effectively, the Office of Women’s Policy turned to prevention. Two factors emerged in the interviews with informants as critical to this shift being accepted within government at that time:

*“One thing was the importance of the evidence base for primary prevention coming out of VicHealth, which was acknowledged as world leading. There was also a confluence of events and circumstances that led to the government’s commitment to [preventing violence against women], including VicHealth’s framework and recommendations for the policy and action plan, demonstrated ministerial and government leadership in the area of responding to [prevention of violence against women], the national agenda and a government looking for the next area of reform.”*

In 2008, a policy officer was employed in the Department of Planning and Community Development’s Office for Women to work on a prevention plan. One of the interviewed informants described the skills and experience that were considered as important for the person who would take on that role:

*“[The person] needed to know the area well and be able to answer questions knowledgeably within government to have credibility, to be trusted by stakeholders in the community and to have technical knowledge about preventing violence against women.”*

To support the work of the policy officer, a team was brought together from existing staff at the Office of Women’s Policy and others with experience working in prevention in the community sector. An informant from government explained the importance of the VicHealth evidence and of community sector experience for the policy development process:

*“The expertise that came in through them was key – their direct practical as well as programme development experience in schools was important (although not valued nearly enough by many bureaucrats). Where possible, we also constantly drew on the evidence from VicHealth’s five scaled-up projects.<sup>10</sup> Of course, the community attitudes survey was a pivotal piece of work for us in government, both for the new evidence, located in the context of violence against women, and the way it could provide tangible outcomes and link response-end work. The depth of the report was also of great value. It was really a story about momentum, a building of the work done by individuals and groups across so many sectors. Without it, we would never have [achieved the policy].”*

The policy officer eventually hired had experience working at VicHealth, in government departments and in the community. She was experienced in policy development processes and knowledgeable about the prevention of gender-based violence and came into a unit within the government that, according to her, provided:

*“... a fostering, supportive environment. New ideas were supported, and expertise would not have been enough without that support. The Office of Women’s Policy used a team approach; each member of the team had an important role to play and was interdependent with the others. What was really useful about the process was casting a wide net across the state and saying, ‘Let’s all do this together.’”*

Although the evidence from VicHealth’s commissioned research and evaluated projects was building, it was by no means complete. It was widely acknowledged that the baseline data were still being tested in practical situations and had yet to be rolled out in some settings. As well, prevention is a long-term endeavour, and indicators for change are still in development as projects continue to roll out. An informant who was involved in the policy development process explained the way the team used the evidence to convince those with doubts that although similar policy had never been developed, there was firm ground upon which to build:

*“We had to convince some people that work should commence even though not all the evidence was in place. We drew comparisons between this and the lack of evidence for primary schooling 200 years ago. Using this logic, we were able to convince them to start from the existing evidence base and continue building the evidence with the policy in place.”*

A decision was made to use the ecological model and the VicHealth framework for action as a basis for the Right to Respect plan. In the plan, violence against women was constructed as a gendered crime, while also acknowledging the specific violence-related issues faced by some population groups, such as indigenous, culturally and linguistically diverse, gay, lesbian and transgendered people and people with disabilities. The plan was to focus on primary prevention across the whole population in five settings:

- education (primary, secondary and tertiary levels)

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<sup>10</sup> For details about the scaled-up projects, see VicHealth’s 2012 Respect, Responsibility and Equality programme report.

- local government and community services (including health and human services, the arts, faith communities and cultural institutions)
- sports (sporting clubs and organizations for men, women, children and young people at the local, regional and state levels)
- workplaces (private and public sector as well as such institutions as the military and police)
- media and popular culture (including cyberspace and new media technologies).

Early in 2009, a workplan outlined the stages of the development of the Right To Respect, which was due to launch in November. Informants who were involved in that process were adamant that the work on the state plan was not the beginning but built on previous cooperation and work between the community and government sectors (described earlier). One informant who was involved at that time commented:

*“There was enormous strength in backing onto the existing structures. It had taken us five years to get a shared understanding and the mechanisms and processes in place. If we had started from scratch, we wouldn’t have stood a chance. There is no way we would’ve got it happening without such a structure in place already.”*

## 6.1 Policy development process

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The architects of the Right to Respect plan were aware from the outset that the kind of change they were advocating would take time, and a ten-year time frame was advocated. Support from all aspects of government (both political and bureaucratic) was important. They started work inside government to develop the vision, guiding principles and whole-of-government approach for the plan to gain wide-ranging support. This was a staged process within a tight time frame:

### **Stage one (3 months): Understanding the context of the plan**

Five background briefing documents were commissioned to explain the scope and potential for each of the five settings and to improve capacity across government work areas, create new partnerships and build an evidence base to inform future policy and programming for preventing violence against women. The major output of this stage was five background documents.

### **Stage two (2 months): Engaging a broad range of actors**

Policy advisory groups were set up for each setting. These were convened and coordinated by the Office for Women’s Policy and chaired by a key government representative with responsibility for the different settings; members were stakeholders from across government. The major output of this stage was five draft plans (for each setting), which were then considered and endorsed by an interdepartmental committee. According to an informant who was involved in the process:

*“A lot of people in government had some connection to the plan. People understood, were interested and had a sense of ownership – it generated excitement and energy. We knew this was something new and cutting edge. No one had done this before, and so there was a climate of hope and enthusiasm that isn’t present in your normal day-to-day work.”*

### **Stage three (2 months): Building broad-based consultation and collaboration**

Five consultative working groups were set up with non-government people, including practitioners and academics with expertise and knowledge of prevention in each setting to be addressed by the Right to Respect plan. For example, in the education working group, school principals were represented. The working groups considered and provided feedback on the draft plans for the five settings, which were finalized according to the work of these groups. The major output of this stage was five final settings plans that received ministerial

approval. The ten-year time frame was approved, based on broad consultation and the evidence that cultural change is a long-term project.

*“The process engaged people at all levels. Without the critical mass of people supporting the work [of developing the plan] it would have been too easy for people in power to sideline it. But with all these people lobbying for prevention, they just couldn’t do that. We had to be pragmatic and not discount anyone who was interested inside government or in the community. And for a year [while we developed the plan], it was an idea that people just assumed would happen.”*

#### **Stage four (6 months, concurrent with the other stages): Drafting the state plan**

In the policy papers released late in 2009, the vision was that Victoria communities, cultures and organizations would be non-violent and gender equitable, and relationships would be respectful and non-discriminatory. The Right to Respect plan intended to address the underlying causes of violence against women and reflected the value that all women have the right to live free from violence. It was developed in consultation with representatives of local government, education, sport, media, the arts, popular culture, workplaces and community settings and was intended to be a systematic, sustained, cross-sector policy that aimed to build skills, attitudes and cultural values that reject violence against women.

The goals of the envisioned state plan were:

- a significant reduction in violence against women
- non-violent and non-discriminatory social norms
- gender-equitable, safe and inclusive communities and organizations
- equal and respectful relationships between women and men.

## **6.2 A model for an integrated approach**

Although the plan for implementing A Right to Respect was not fully implemented,<sup>11</sup> a model was developed that has potential for creating an integrated approach. The plan was built around three pillars, with the goal of implementing community-wide changes and a whole-of-community model for prevention:

<b>Model for an integrated approach to community-wide prevention and social norm change</b>		
<i>Coordinated work in local government areas</i>	<i>Resources to support local prevention work</i>	<i>Building skills for prevention</i>
Local government, together with women’s health services, introduce prevention and build skills and understanding across a range of existing local community organizations and services, including family violence and sexual assault crisis services. Other groups could include disability services and groups; organizations for culturally and linguistically diverse populations; indigenous organizations; health	Community grants programmes would support events and programmes in the local communities for new parents, sporting clubs, workplaces, school and education programmes and local media.	Pre-, post- and in-service education and training for a wide range of people employed in the community, including community workers (youth, mental health, disability, new arrivals, indigenous), health promotion workers, maternal and child health nurses, school teachers and staff, childcare workers, local government

<sup>11</sup> Shortly after A Right to Respect was launched, there was an election and change of government. This is discussed in section 6.5.



services (hospitals, community health, clinics); community sporting organizations, clubs and members; primary, secondary and tertiary schools and institutes; local media agencies; workplaces; other community agencies; and faith-based community representatives.		workers and sporting club leaders, managers and members.
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The outcome of the whole-of-community model would include resources (such as how-to guides) to support prevention and an integrated prevention and service system that is practical, affordable, transferrable to other settings and results-oriented (evidenced by changes that are measurable over time). Research, evaluation and training to support the ongoing development of the whole-of-community model underpinned and informed each of the pillars.

### 6.3 Capacity building

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#### Informed community advocacy

It is clear that women’s health advocacy organizations in the community understood the importance of building their own capabilities to understand and act on the complex theoretical and methodological matters inherent in the burden of disease study and its outcomes. According to one of the informants interviewed for this report, staff within Women’s Health Victoria well realized that to effectively carry out their advocacy role they had to understand the burden of disease and epidemiology and to adapt it for use in ways that made them more effective advocates.

The issue of capacity also arose in interviews with other informants. For example, Domestic Violence Victoria, a community advocacy group, recognized the importance of understanding how to work with the media and set themselves the task of understanding how best to get their message across in different types of media. As one informant explained:

*“We have set up an advisory committee to develop ways of working with the media. [In the past] we didn’t understand that the media actually need us. Now we are developing a common language with the media so we can communicate our message to them easily. In the past we were slow to respond to the needs of the media and wasted opportunities to get our message out there. We need real clarity about the message and ways to make sure the media hears us loud and clear.”*

Domestic Violence Victoria established the Eliminating Violence Against Women Media Awards (EVAs) – an annual event that honours journalists for excellence in the reporting of violence against women in print, television, radio and online – and celebrates media contributions to the prevention of violence against women. Informants who were working in government positions to develop A Right to Respect also raised the importance of proactive work with media outlets to share prevention messages more effectively. As one informant noted:

*“We decided to fund the EVAs, a media action project because we saw the importance of positive reporting. A small amount of funding to support the EVAs has made a huge difference in media reporting, there are noticeable changes now.”*

According to the Domestic Violence Victoria website,<sup>12</sup> the aim of the [EVAs](#) is to:

*“Award professionals dedicated to fair, accurate and informed reporting. From news stories and opinion pieces to documentary series, the awards recognize the influence the media has on building community interest, awareness and action to eliminate violence against women. There are a lot of social misconceptions and stereotypes around violence against women. Recent research shows that attitudes are one of the biggest contributing factors to violent behaviours towards women. Media reporting and commentary can contribute greatly to the prevention of violence against women; it can help the community become informed and take action where violence is threatened or has occurred.”*

In 2012, VicHealth carried out research into print media coverage of violence against women in Victoria. The ensuing report acknowledged the important role of media in shaping community attitudes and public understanding about violence against women. It noted a number of strengths in current reporting as well as areas for improvement. Notably, VicHealth found that reports tend to focus on stranger violence or failed to mention the relationship between the perpetrator and the victim, whereas the majority of violence against women is perpetrated by someone known to the victim (Victorian Health Promotion Foundation, 2012).

There is no doubt that participation in the processes initiated by the Labor government in Victoria helped to build capacity and led to a community sector that was more savvy and politically aware; however, there were also costs associated with this. When governments engage NGO services in change processes (such as that which occurred in the statewide steering committees discussed in sections 5.3 and 5.4), it can add to the already heavy burden of delivering crisis services. As one informant pointed out:

*“Governments value NGO input, they need us, they like to consult with us. With the Labor government, we were required for many things but not well resourced to do them in addition to those things we were actually funded for – providing a service.”*

It is important to stress that capacity building is never ending. The work of responding to violence against women takes its toll on people who work in the sector, and the environment is continually changing in terms of people and technology. This means that there is a turnover of people, and much corporate knowledge can be lost by attrition. To ensure the community non-government sector is both sustainable and effective, ongoing skills-building efforts are essential. This can be best achieved by collaboration between those in government, community and academic/research centres to ensure effective knowledge exchange and skills building.

### Within government

One informant who worked on the policy described how “a civil society partnership was formed, based on the VicHealth prevention framework”, during the year that A Right to Respect was developed. She emphasized the knowledge exchange inherent in the “one-year process for government involving ministers and senior executives in a horizontal and vertical education process”.

In addition to the VicHealth partnership, the team working in the Office of Women’s Policy had strong supporters from senior bureaucrats, but they worked hard to brief those supporters to carry the message of prevention to their peers. Briefings were conducted every two weeks with the senior manager – a process they described as vertical briefing – who then communicated horizontally with counterparts in other areas of government. This process had worked well in the period when changes were being implemented in the response system and continued during the policy development process. One informant explained that “this level of access was really important in gaining us support from senior staff with whom we had little influence”.

<sup>12</sup> Available at: [www.dvvic.org.au/](http://www.dvvic.org.au/) [accessed 6 Nov. 2012].

During that time, Office of Women's Policy representatives were also meeting informally with their counterparts in other departments to garner support for the policy process:

*“We had lots of coffees with [people in similar positions] in other departments, lots of talking in the year we were working on developing A Right to Respect.”*

These processes of horizontal and vertical information sharing performed the function of capacity building without putting formal education processes in place. This created an environment in which support was gained and participation in different departments was encouraged with minimal resources.

Although some departments were already actively engaged in providing services for victims of violence and had been exposed to the work of the statewide steering committees, others had a more limited understanding about how prevention might be relevant to them. For example, an informant explained:

*“We worked with Workplace Victoria to get them thinking about workplaces as sites where prevention could occur. As we did this, we always focused on both mainstream and vulnerable groups.”*

Assistance was also given to advocacy groups who could influence support for prevention. For example, three sessions were organized with five representatives of Disability Victoria to explain the policy development and how to influence processes. As a result, one representative from the organization then joined each of the five setting working groups and advocated for addressing disability issues with responses and strategies tailored to their needs. This level of advocacy was more influential than internal briefings and was an integral part of the whole-of-government approach described earlier. External advocates and experts were invited to participate in all five consultative working groups to contribute to the policy development process within each department, which fed into the Office of Women's Policy development of the ten-year Right to Respect plan.

## 6.4 Costing the ten-year plan

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Alongside the development process, plans were developed for a budget to fund the ten-year Right to Respect. According to one informant:

*“Plans were in place for more detailed actions with budget implications for the next four years. These were approved by ministers but not signed off because of the upcoming election.”*

The first four years of the ten-year plan focused on the implementation of pilot sites in two metro areas and one rural community. These would pilot good practice models for prevention across schools, sporting clubs and small businesses and would result in an evaluated, whole-of-community model, with the goal of future transfer into other communities. Specific activities in each pilot community were to include local coordination and to embed respectful relationships education, prevention leadership and coordination and funding for community programme grants to support the work of local champions and ambassadors for prevention.

In the interviews for this report, informants emphasized the importance of support from women in the Expenditure Review Committee in Treasury on the budget bids, and the importance of “femocrats” and other supporters within government. One informant commented on the budget process:

*“There was so much internal work that went on, and there were some challenges and lots of learning about how to translate new and untested evidence into requests for programme funding. Such factors as the readiness of some sectors and the forward commitment of funding from VicHealth to other settings all influenced and leveraged the outcome.”*

The Right to Respect plan was launched late in 2009, and work started within the state government on implementing it. Funding of A\$14 million was allocated in the May budget in 2010. Although there was a strong four-year action plan in place but not announced or actioned, after May 2010 the implementation of the plan stalled as the government went into election mode. In November 2010, the people of Victoria elected a new government. The ambitious roll-out went from stalled to stopped, and the plan was never fully operationalized.

## 6.5 A Right to Respect after 2010

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After a period of settling in, the new government announced some funding from the May 2010 budget allocation by the former government would proceed; three pilot sites in local government were funded in 2011. A Right to Respect and the plan developed to support its implementation were not replaced with another prevention strategy by the new government. The document that describes the ten-year plan stands as testimony to the potential for governments to take brave steps into uncharted territory to combat such a wicked social problem as violence against women. One informant was adamant, however, that this was not because the new government was opposed to the intentions expressed in A Right to Respect but that it reflected a number of confounding issues:

*“There was a whole range of factors that influenced why it has taken a long time for the [new] government to act in this area, including that it is inexperienced and was formulating new policy directions in a range of areas. It also had a different philosophy; for example, a strong law and order agenda.”*

What this informant reflected on is a fundamentally different approach to governance between the two major political parties in Australia, which is not the subject of this report. In terms of values, while both parties decry violence against women as unacceptable, they each approach it in a different way. In late in 2011 and after a year in office, the current government announced a series of consultations with women’s services to developing a new policy concerning violence against women. During the consultations (February and March 2012), there was no reference to the Right to Respect plan, although VicHealth’s expertise was acknowledged and drawn upon. The consultations were focused on responding to violence against women. In the research for this report, informants had mixed feelings about the state of prevention in Victoria after the change of government. When asked whether the progress towards prevention had been sustained, one person commented:

*“Largely because of the turnover of staff it hasn’t continued. There have been enormous changes in the who and the where. I am conscious that this is a pattern with any change in government. The driver before were the Office of Women’s Policy; the office has had an almost complete turnover of staff and has been moved to a new department. There have been both structural and staff changes. Now when I talk to people [inside government departments] I think the continuity of discussion and understanding is limited; because of the changes, priorities have shifted. With the change of known and trusted people the momentum has been fragmented.”*

Another informant from the community sector remarked:

*“I think the current Minister for Women (who was previously the shadow minister in opposition) agreed with the substance of the reforms. It’s not a bipartisan split. It is about the culture of government and lack of leadership – not that they are saying it’s less of a priority. There is so much great work going on in the community anyway that the work will continue, the evidence is building, and we know that if they smell success, government will want to attach themselves to it. We [in the*

*community sector] need to be strategic, keep working towards an achievable next step; we must not let them stop us.”*

An NGO informant explained that NGO staff had attempted to engage with the opposition when policy was being developed:

*“There was so much reform going on. We were either being consulted or responding to ... there were lots of different things going on. There were resources for family violence but funding was not increased to deal with the extra demands of the consultations. That meant that people had to do lots of ground work to set up different processes and respond to drafts of policy or tools or legislation that was being developed. It was such a hectic, hectic time. I think that I met with a couple of the shadow ministers before the election, and certainly we talked to them about a bipartisan approach, but they weren’t interested. They were just interested in getting a policy up that was different to the Labor one. When the ten-year plan was being developed, I approached the government about a bipartisan approach and was told that was an NGO role. We tried but I think it needed to start earlier and be ongoing. It was a real missed opportunity.”*

Despite the lack of policy at the government level, VicHealth continues to fund prevention programmes, to include evaluation in all programmes and to commission research to continue developing the evidence about good prevention practice. Government departments are also funding prevention work in communities. The Commonwealth Government also continues to fund community programmes around Australia; however, because responsibility for services lies with states, it is at this level that a whole-of-government approach is likely to be most effective. As one informant reflected:

*“The understanding of prevention built during the process of repairing the response sector and the development of the ten-year plan has not changed. This is valuable and does not exist in other places, so the change of government was a not a complete tragedy. Changes have been maintained in many small ways that are not necessarily visible; for example, in the work of the police and the changes in the courts.”*

The changes to the response system remain in place although recent articles in a Victoria newspaper suggests that due to lack of funding, services are stretched to the point in which only the most urgent cases are dealt with, and counselling for children who have lived in violent homes is not available (Sexton 2012a; Sexton 2012b). This is more likely because of increased reporting by victims of violence than cutbacks in funding (as discussed in section 5.1), the evidence of improved policing and changes in community attitudes of violence (Brady, 2012). As one informant explained:

*“Prevention and response go hand in hand – but they require different skills, as responses to violence improve, the cost of violence transfers from victims to state-funded systems (refuge, housing, police, courts) and the system is put under pressure and struggles to keep up. That is why prevention must go hand in hand with systems change.”*

In October 2012, after two years in office, the incumbent government announced an “action plan to tackle family violence” under the title Everyone has a Responsibility (Baillieu and Wooldridge, 2012). The press release announcing the new plan “outlines a whole-of-government approach to addressing the scourge of family violence and sexual assault” (Baillieu and Wooldridge, 2012). No details were available at the time of writing this report, but according to the press release, the plan “covers prevention, early intervention and response measures” and involved A\$90 million funding for 2012–2013.

## 7. Discussion

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This section discusses the insights that can be drawn from the processes described in this report and the implications for other countries and governments interested in developing advocacy and policy to prevent gender-based violence. Although some of the approaches and processes described here may not be easily transferrable to other contexts, there are several insights that may be useful to others or assist with planning. These insights also may provide some ideas for NGOs or individuals interested in initiating similar projects.

The high point of the work initiated in Victoria was the launch of the ten-year Right to Respect plan, which carried with it hope for a world in which women and men could co-exist without the fear of violence. On closer examination of the processes that led to A Right to Respect, there were many challenges and pitfalls along the way that could be avoided as well as some principles that could be applied to future projects of a similar nature.

### 7.1 Violence against women

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Even though there was ample anecdotal evidence about violence against women from police and court records, the data notoriously underrepresented the actual numbers of women experiencing violence because of underreporting and, in some cases, police and court disbelief or inaction. As well, doctor visits and hospital admissions rarely counted the cause of injury or other sequelae of living with violence<sup>13</sup>. This anecdotal knowledge was familiar among the women who worked with victims but was not well understood by others outside the sector. For violence against women to gain credibility as a serious health issue, evidence had to be gathered and quantified. In Victoria, this was done by VicHealth, which has status as the leading health promotion agency in the state (and the only one of its kind in the country). This meant that a number of partners in the process (including women's health advocates) had to learn about and engage others with a strong knowledge of epidemiology and credibility and with influence within government.

By using the burden of disease study methodology and focusing specifically on violence against women, new evidence became available, was quantified and widely promoted in the mainstream as well as throughout the government, health and welfare sectors. This situated violence against women as a prevalent, serious, costly and preventable health issue for the first time – rather than a private social matter.

In the Asia–Pacific region, the World Health Organization's Multi-country Study on Domestic Violence and Women's Health was a similar process to build the evidence base of women's experiences of violence (Garcia-Moreno et al., 2005). Lessons also can be learned from the widespread promotion of those findings and the integration of evidence into advocacy.

### 7.2 Effective services for victims of violence

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Without an effective system to ensure that women and children are safe from immediate danger in their homes, their workplaces and in public, the work to eliminate violence cannot begin. For this to happen, a functional response system must be in place and supported by both government and non-government organizations. Women must know about the services available to them and feel confident in accessing them to

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<sup>13</sup> The medical dictionary defines sequelae as a morbid condition following or occurring as a consequence of another condition or event. In the case of violence against women, illnesses and injuries resulting from living with or experiencing violence are often not connected to the event or events that caused them.

escape from violence. Police and the laws must protect women's right to safety in the home and in public spaces, and victims of violence must have confidence that the police and the law will take reports of violence seriously.

In Victoria, this meant having government and non-government leaders who believed in eliminating violence and who led their organizations through a change process to ensure they were delivering on their part of this belief. This was not an easy process, with many long-held ideas and values challenged and long-held work practices changed. New and innovative legal responses had to be put in place, such as the courts that were set up to specifically deal in a timely manner with cases involving intimate partner violence. It also involved changing definitions of what constituted such relationships, including married and unmarried heterosexual couples as well as homosexual partners and people living together who are not in sexual relationships, such as flatmates.

In low- and middle-income countries, the establishment and strengthening of effective services remains a priority. But ignoring prevention until services are in place is no longer affordable. In these contexts, simultaneous work on prevention and response may be most practical.

### 7.3 Partnerships

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One thing that is apparent from the Victoria experience is the need to work across different sectors and the importance of consistent messages and approaches, tailored to be appropriate for different settings. This raises the need for coordination as well as effective partnerships across and between sectors. Prevention is a long-term project – far longer than system reform. Compared with other health issues like smoking and drunk driving, violence against women is an age-old social problem that challenges some people's fundamental beliefs. As prevention programmes gain traction in the community, there is likely to be resistance from some quarters.

#### Partnerships within government

A whole-of-government approach demands new ways of working from government, and new partnerships must be developed. The experience of improving the response system and developing prevention policy meant that government departments had to start working in different ways and communicating with community constituents, which was the first time for some. This was not always a comfortable process; some did not want to move out of their comfort zones, but ultimately positive working relations were established that were productive for all parties.

Different government departments also had to start talking to each other in ways they had not done before, breaking down the phenomenon of working in isolation from each other and increasing coordination. This involved hard work on the part of the small group who facilitated and drove this change within government. Without the commitment of those women, the family violence ministers and the many public servants who worked their way through this process, the consensus that led to the policy could never have been achieved.

The processes within government to increase understanding and gain support for the changes described in section 6.3 involved a “softly-softly” approach. Rather than relying on formal education mechanisms, supporters were identified, briefed regularly and recruited as partners in the process, thus expanding the network of people at all levels to support the proposed changes. Much of this occurred informally over coffee and in opportunistic moments.

#### Partnerships within the community sector

A strategic, politically aware community sector is an important partner in any civil society. In Australia, this had developed organically through activism, advocacy and increasing numbers of women moving between

sectors and learning to work the system more effectively. In relation to the new area of work opened up by VicHealth in prevention of violence against women, some in the community sector recognized their own need to better understand the system with which they could effectively engage. In some cases, public servants worked with advocacy groups to strengthen links and achieve more meaningful partnerships.

While it is unlikely in a political system such as that in Australia (with such different philosophies of governance) that bipartisan policies, such as A Right to Respect, can ever be achieved, there are ways of gaining support for change outside government that can influence policy processes. For example, involve NGOs and not-for-profit players that have good bipartisan connections so they can advocate for ongoing commitment to projects in the event of a change of government. This has implications for ongoing capacity building to ensure a strong, strategic community sector.

## 7.4 Leadership

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It took much time to effect the changes needed to ensure a well-operating service system for victims of violence in Victoria, but it was time well spent. Although many people were involved in achieving the changes, a small group of people with stable leadership and a deep understanding of the issues, the context and the field shepherded those changes. This is one of the keys to sustaining long-term change, combined with a strong understanding of and commitment to the issue and preparedness to work towards long-term goals while celebrating small achievements.

Leadership in the field of prevention came from, and continues to be exerted in Victoria by, VicHealth. Any organization or government wanting to embark on prevention must have the backing of an agency and leaders who are committed to the vision of ending violence against women. Such an agency needs the credibility and resources to commission local research to demonstrate the scope and impact of the problem. A broad network of organizations and people from all parts of the community should also be recruited as partners in prevention. In Victoria, the network beyond VicHealth enveloped a range of women's services, government ministers and workers, the courts and the police. A passion for the cause is also an important asset, as is a commitment and belief that the kind of change needed to end violence against women involves long-term, slow-paced, theory-based, attitude change, combined with timely amendments in legislation and police practices. Social marketing also is integral.

Additionally, as raised by a number of informants interviewed for this report, is the importance of celebrating small achievements rather than waiting for extensive change to occur.

## 7.5 Change management

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One of the strongest insights from the Victoria project is that change management is a process. There is no step-by-step formula for establishing prevention policy. Rather, it is about preparing for change through leadership, establishing evidence, managing people and resources, developing partnerships and networks and reinforcing change. It requires skills, knowledge and understanding. Most of all, it requires patience to focus on a long-term goal with small steps and preparedness to celebrate each small gain.

A number of factors are important for facilitating policy adoption in Australia. These include strong grassroots movements that pressure political parties and women working for change (often behind the scenes and without recognition) in partnership with like-minded men in political parties and trade unions. Another factor is the practice of employing feminists in advisory and policy development roles, which became the (probably unintentional) practice in Australia in the last three decades of the twentieth century. Other factors include the



establishment of women's policy machinery installed in government bureaucracies, a government responsive to the needs of women (based on the need for women's votes) and the social liberalism tradition in Australian political culture (Gray Jamieson, 2012).

The mainstream community still has a limited understanding about violence against women, and party politics can be problematic when approaching an ambitious project like its elimination. Our attitudes and values are shaped by culture, experience, education and by discourses that are accepted as "truths" and become community norms. An abiding and powerful discourse about violence against women blames women for men's violence, as discussed earlier in this report. This crosses all parts of the social structure, including politicians. It also crosses gender; both women and men have been subject to the norms and discourses that shape the understanding of gender roles, including that women must be culpable in some way if they experience violence at the hands of a partner or stranger. This belief can hold true even while believing that violence is unacceptable, thereby creating a paradox: "He should not be violent, but she must have asked for it." In other areas of health, prevention has been successful in making changes in community norms and attitudes in Australia, such as the examples of smoking and sun exposure. Even though these practices have less longevity than the centuries-old norms about violence against women, they do demonstrate that attitudes and behaviours can change.

A matter that emerged in the course of this project was that, for more than five years, the family violence ministers and staff from a range of government departments were exposed to an informal process of education about violence against women and the potential for its elimination. Opposition spokesmen and women were not exposed to the same long-term, intense experience, and with the change of government, everything changed.

Chief Police Commissioner Nixon, who was so well regarded by many of the informants in the research phase of this project, retired from her position in 2009. The Victoria Police policies and practices have been maintained, and senior police members have repeatedly demonstrated their understanding of, and commitment to, preventing violence against women. The evidence of this is apparent in the ongoing increase in numbers of cases being reported and in the number in which charges are laid. As well, the court system that deals specifically with cases of intimate partner violence continues to operate, making justice seen to be timely.

The experiences described in this report suggest that, unless evidence is in place, unless work is underway to change community attitudes and norms about violence against women and unless key people in the government understand and support the project, prevention policy is unlikely to gain traction. A process of consultation that goes beyond the superficial "talkfest" of government consultation must be employed.

The leaders of the change process in Victoria were located together in a small government unit; they supported each other, engaged the whole range of stakeholders and worked with them to come on a decade-long journey together. Policy development only occurred after the response system was operating effectively at the end of the process. They shared a common commitment to the process taking time but were ultimately hampered by political timelines.<sup>14</sup> Although A Right to Respect was not fully implemented, the project led by this unit both stands as a model and has lessons for others interested in undertaking a similar venture.

## 7.6 Guiding principles for prevention of violence against women

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A number of principles emerged concerning the best ways to prevent violence against women (and girls). These apply at every level (international, regional, national, local) and across every setting and sector. They are summarized here under three headings that focus on the locus of responsibility for prevention, the most

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<sup>14</sup> In Victoria, elections take place every four years.

appropriate way to approach prevention and identifying and addressing the root causes of violence. This section is drawn from conversations with and (with permission) the work of one of the informants for this report who had a key role in the development of A Right to Respect in Victoria.

### The state has primary responsibility for preventing violence against women

The state has primary responsibility for preventing violence against women **Use an evidence-building approach**

Prevention strategies must be both evidence-based and evidence-building – research and evidence (including learning from practice) should inform the development and implementation of programmes, strategies and policies. This includes drawing from the evidence to identify and address the underlying causes of violence against women and girls, assessing the particular context in which prevention policy and programming occurs, and including built-in monitoring and evaluation throughout.

### Identify and address underlying causes

No single cause adequately accounts for violence against women; it arises from the convergence of specific factors within the broad context of power inequalities at the individual, group, national and global levels (United Nations General Assembly, 2006). The UN Secretary-General’s In-Depth Study on All Forms of Violence Against Women emphasized that “acts of violence against women cannot be attributed solely to individual psychological factors or socioeconomic conditions such as unemployment”. Explanations for violence that focus primarily on individual behaviours and personal histories, such as alcohol abuse or previous exposure to violence, overlook the broader impact of systemic gender inequality and women’s subordination. Efforts to uncover the factors that are associated with violence against women should thus be situated within this larger social context of power relations.

Public health approaches, building on a human rights-based analysis, have developed an ecological model for understanding the complex and intersecting factors contributing to violence against women and girls. This approach is rooted in the social practices and cultural values of a broader society. The model identifies contributing, or risk, factors that allow the perpetration of violence at various levels, and it describes the interrelationship between the risk factors.

## 7.7 Key insights on introducing prevention policy

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Building on the previous discussion, there are several lessons that emerged from the Victoria project about the trajectory of introducing primary prevention policy. The following illustrates critical criteria necessary to advocate for, develop and implement a whole-of-government violence prevention policy, building on the lessons from Victoria, Australia.

1. In Victoria, the process of building and disseminating the evidence base was led by VicHealth, both in the initial evidence gathered using the burden of disease study methodology and in all subsequent prevention programmes that were evaluated to build on that evidence.

**Recommendation: Build a sound evidence base:** Ensure that rigorous evidence on the scope and nature of violence is compiled and disseminated. Without sound evidence about the nature, scope, impact and outcomes of gender-based violence, engaging other parties is likely to be a difficult project. Evidence can also help to shift beliefs that violence is a private, family affair by highlighting the health impact and burden of disease and the financial costs of violence against women to the community.

2. In Victoria, a small group of people with stable leadership and a deep understanding of the issues, the context and the field shepherded the changes.

**Recommendation: Build an authorizing environment:** Any organization or state wanting to embark on prevention must have the backing of an agency and leaders who are committed to the vision of ending violence against women. Whether it be a government or NGO agency, leadership from an organization with the credibility and resources to commission local research to demonstrate the scope and impact of the problem is essential.

3. In Victoria, the statewide steering committees to reduce family violence and sexual assault were helpful to reform and ensure the effective functioning of the response system and build relationships and understanding between government, civil society and the communities.

**Recommendation: Ensure that service and prevention are part of a holistic system:** Effective prevention policy and programmes depend on a well-functioning service system. Prevention can only occur if the system that responds to victims of violence is operating effectively to ensure the safety of individuals. Prevention requires specific skills different to crisis response, and while the two are inextricably linked, it is important that the workforce for each has a clear understanding of its roles and responsibilities and work together cooperatively.

4. The leaders of the change process in Victoria worked in a small government unit where they supported each other and engaged the whole range of stakeholders, inspiring them to be a part of the decade-long journey. Although A Right to Respect was not fully implemented, the project led by that small government unit remains a model and provides lessons for others interested in undertaking a similar venture.

**Recommendation: Prevention is a long-term project. Real change takes time.** Ensure that strategies are in place for sustainability. This includes engaging a wide range of parties in partnerships for prevention, including those from government, the community and private sectors. Building a movement for change must be capable of lasting beyond the span of potential electoral changes.

5. In Victoria, the Australian Football League, which had traditionally avoided or even covered up incidents of violence against women, became a flagship for prevention. By publically promoting the organization's stance rejecting violence against women and working from within to change attitudes and behaviours, the AFL continues to be held up as a strong advocate for prevention.

**Recommendation: Strategic stakeholder education.** Provide information sharing, formal presentations, briefings and teachable moments to ensure that all parties, from government ministers to community workers, are well informed. In some cases, formal education may be necessary, particularly in the case of pre- and in-service training for service providers and others who are likely to come into contact with victims of violence. However, informal, adult education approaches are also suggested. Use "teachable moments".

6. In Victoria, VicHealth used the socio-ecological model as a coherent conceptual tool for its widely disseminated prevention framework. This resulted in the consistent use of the model across sectors to describe and understand violence against women.

**Recommendation: Coherent conceptual approaches for prevention policy and programmes:** The socio-ecological model, based on a public health model of primary, secondary and tertiary primary prevention, addresses factors related to violence across individual, community and society levels and targets change at each of these levels for a comprehensive prevention and response approach to violence.

7. In Victoria, the needs of different groups of women were integrated at the regional and subregional levels, creating critical links across sectors.

**Recommendation: Inclusion of relevant and culturally sensitive practices:** Although gender-based violence is not acceptable in any circumstance, different groups have different needs and require different approaches. A singular approach for all does not work; understanding different community needs and

ensuring the principles of inclusion, relevance and cultural sensitivity should be enshrined in policy and programme design.

## 8. Conclusions

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Despite some problems noted in this report, commitment to preventing violence against women remains high in Victoria. VicHealth continues to fund evaluated programmes; the Australian Football League continues to show a commitment to its prevention programme. There is still a great deal to learn about how prevention works, but the evidence is building, and understanding about what works is growing.

Despite almost a decade of work leading up to the development of A Right to Respect, many staff members who had been supporters shifted to other units after the change of government, the public service was restructured and individuals moved on. New people staffed departments, and the relationships that had been built both in the service sector structure and the policy development process fell away. It is unlikely that individuals' support for prevention has waned, but it is more diffuse now than it was in 2009 at the height of the policy development process. To be effective, sustainability plans must accompany any prevention planning or policy development. This must ensure that political parties, public service leaders and community agencies have policies built in to their own ways of working and share a public commitment to the elimination of violence against women.

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## Appendix I: Organizations leading prevention work

There are several organizations that continue to lead the work of preventing violence against women in Victoria; the following overviews some of them.

### **Women's Health Victoria**

Women's Health Victoria (WHV) is a statewide women's health promotion, information and advocacy organization that works with health professionals and policymakers to influence and inform health policy and service delivery for women. Among its priority issues, WHV includes preventing violence against women, and it works in primary prevention by influencing or eliminating the underlying determinants of violence against women. These determinants include unequal power relations between women and men and adherence to rigid gender stereotypes. Its work in primary prevention includes advocacy, innovative health promotion projects, capacity building, information and resource development. The WHV website includes a clearinghouse of publications relating to women's health, including violence against women.

### **VicHealth**

The Victorian Health Promotion Foundation (VicHealth) is a statutory authority that was established by the Victorian Parliament as part of the Tobacco Act 1987. Funded by taxes on tobacco, VicHealth works in partnership with organizations, communities and individuals to promote good health and prevent ill health. VicHealth's position as a member of the International Network of Health Promotion Foundations gives it access to national and global health interests, strengthening its ability to promote and advocate good health.

VicHealth's Strategy 2009–2013 features a particular focus on increasing participation in physical, social and economic environments and the role it takes in priority health issues. A key strategic priority aims to reduce health inequalities, with a specific focus on social marketing and developing evidence about the effectiveness of social marketing across all priority areas. Discrimination and violence feature among VicHealth's priorities, which align with state government policy and programme directions, and national and international health promotion priorities and policies, such as the World Health Organization charters and declarations for health promotion. The VicHealth website contains publications relating to preventing violence against women.

### **Victoria Police**

In 2001 Christine Nixon was appointed Chief Commissioner of Police in Victoria. She was the first woman to be appointed to the job and quickly identified the incidence of violence against women as a major priority for police. She appointed Dr Leigh Gassner, then an assistant commissioner, the task of improving the police approach and interagency cooperation. Nixon was singled out by several people interviewed for this report as a mover for change, along with the then Attorney-General Rob Hulls. This collaboration between policing and the justice system resulted in systemic innovation and leadership for change within government.

In 2005 the Code of Practice for Police Response and Investigation of Family Violence was implemented. This represented a new approach to responding to family violence in Victoria. The code is driven by the principle that every incident will receive a response within the powers available to the police according to individual circumstances. If an offence is committed, action must be taken. The code provided more flexibility in the range of responses for police and increased the effectiveness of monitoring and accountability mechanisms.

### **Australian Football League**

In 2006 the AFL launched its Respect and Responsibility policy and programme. The policy stated that "real change will depend on tackling the culture at a number of levels". According to a public statement by the AFL's chief executive officer, the policy "will be about changing attitudes...and will include educating all of

our players, executives, coaches, support staff and board members about respect – respect for themselves, for their relationships and respect for the women (and men) around them”.

The document to announce the policy acknowledged the public incidents of abuse that had led to the development of the policy:

*“The policy was borne of the courage of a number of women – both those who spoke publicly of their experiences of sexual assault and those who contacted the AFL in confidence. Together these women challenged the notion that the allegations were aberrations, and confirmed that addressing the problem would require a broad focus on the culture of football.”*

The emphasis of the work at the AFL has been on promoting equal and respectful relationships with women and the principles of responsibility, respect and participation as key to any foundation on which a football club culture should be built.

The six components of the policy include:

- The introduction of model anti-sexual harassment and anti-sexual discrimination procedures across the AFL and its 16 clubs.
- The development of organizational policies and procedures to ensure a safe, supportive and inclusive environment for women.
- Changes to AFL rules relating to “conduct unbecoming”, which cover the specific context of allegations of sexual assault.
- The education of AFL players and other club officials, with avenues for the dissemination of the programme to the community level being explored.
- The dissemination of model policies and procedures at the community club level.
- Development of a public education campaign.
- Bringing the AFL into disrepute was not an option for CEO Andrew Demetriou, and when collaboration between the AFL, the sexual assault steering committee and VicHealth was proposed to address the issue, AFL senior management readily became involved. A separate working group was formed to develop an AFL policy to condemn violence against women and a programme to work towards equality, inclusion and safety for women and girls in the organization.

A [Cultural Strategy and Education](#) unit was established within the AFL. It is responsible for providing education on AFL codes, policies and social responsibilities to the elite and state league levels of football. Work is also ongoing in community football clubs to educate young men about respectful relationships, vilification, alcohol, illicit drugs and tobacco and, in some clubs, to introduce cultural changes towards the establishment of [equal and respectful relationships](#) between women and men, boys and girls.

### **Domestic Violence Victoria**

[Domestic Violence Victoria](#) Inc. (DV Vic) was established in 2002 to link and advocate on behalf of the common aims and needs of services across Victoria that provide support to women and children affected by violence. DV Vic works to ensure the rights of women and children to live free from violence. Currently with a membership of approximately 50 women's family/domestic violence services operating across the state of Victoria, DV Vic supports an evidence-based approach to policy and service provision that ensures that the best interests of women and children are central. It also works to:

- enhance the family violence service system
- promote good practice in violence prevention
- promote community responsibility for violence prevention



- support practice development and best practice models in the provision of services to women and children experiencing family violence
- provide advocacy and leadership to change and enhance systems
- facilitate communication between family violence services and other stakeholders
- facilitate systemic change
- inform public policy and research
- participate in fundraising and coordinate the distribution of direct aid to women and children experiencing hardship as a result of family violence.

### **Centres Against Sexual Assault**

There are 15 Centres Against Sexual Assault (CASA) and an after-hours sexual assault crisis line in Victoria. They are represented by a peak body, CASA House. The CASA work to ensure that women, children and men who are victims/survivors of sexual assault have access to comprehensive and timely support and intervention. They also work towards the elimination of sexual violence through community and professional education, informing government policy, advocating for law reform and facilitating research to increase community understanding of the nature and incidence of sexual assault.

According to its website, CASA is committed to addressing all inequalities within society, which result in the perpetration of sexual violence against women, children and men. The Victorian CASA Forum thus acknowledges that:

- Sexual assault is both a consequence of and reinforces the power disparity existing between men and women/children.
- Sexual assault occurs along a continuum of violent behaviour that includes: any uninvited sexual behaviour that makes the recipient feel uncomfortable, harassed or afraid; unwanted touching or remarks; sexual harassment; coerced sexual activity; and rape with physical violence and threat to life.
- The impact of sexual assault on the lives of victims/survivors is multifaceted and complex. It includes emotional, social, psychological, legal, health and political consequences.
- The impact of sexual assault can be compounded by factors relating to the stratification of society by gender, culture, race, ethnicity, age, sexuality, religion, ability and socioeconomic class.
- Sexual assault is a crime against the individual and society. The entire community and all tiers of government should take responsibility for its occurrence and consequences and work towards its elimination.

## Annex I: Gender and power

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Power can be conceived in two main ways: as power-over and power-to. A power-over, hierarchical or Marxist model is characterized by three main features: that power is possessed, flows from above to below and is primarily repressive (Sawicki, 1991). In this model, those who possess power oppress those who do not have it, and the only option for the oppressed is to overthrow the oppressor. Another model is of power not as a possession but as something that circulates in networks between individuals in their mutual relations (Foucault, 1980). In this model, power is not possessed and is neither positive nor negative but simply exists. This understanding of power does not suggest that it cannot be used to oppress or that an imbalance cannot exist, but it does recognize the possibility of resistance and of agency – the capacity for individuals to take action and bring about change – that is not present in hierarchical notions of power. From this standpoint, power can be seen as operating between individuals and groups who share a common understanding about unspoken social “rules” regarding gender relations, and it may be used to enforce as well as to resist violence.

Within any community, individuals construct a common meaningful framework for recognizing and living through social order that is characterized by domination, which is called **hegemony** (Boggs, 1976; Roseberry, 1994). Hegemony appears as self-evident or common sense and is dependent on the cooperation of individuals to function (Connell, 1998). In hegemonic notions of gender, men are seen as natural, strong and independent leaders while women are seen as naturally passive, dependent caregivers. Hegemony originally was a Marxist concept, but more recently the concept of masculine hegemony has emerged, underpinned by notions of power as relational and the idea that Foucault’s (1980) theory of power could be advantageous when attempting to understand issues of gender relations (Pringle, 2005). Within societies, mainstream social and cultural practices can strengthen hegemonic power, although this is not absolute and can be challenged in a myriad of small ways (Elling and Knoppers, 2005). Traditional notions of gender and inequality shift in response to changes in society.

## Annex II: Useful resources

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[2003 Public health, mental health and violence against women: scoping report](#)

[2004 The health costs of violence: measuring the burden of disease caused by intimate partner violence](#)

[2006 Two steps forward, one step back: community attitudes to violence against women](#)

[2007 Preventing violence before it occurs: a framework and background paper to guide the primary prevention of violence against women in Victoria](#)

[2009 A right to respect: Victoria's plan to prevent violence against women 2010 –2020](#)

[2009 Respectful relationships education: violence prevention and respectful relationships education in Victorian secondary schools](#)

[2010 National community attitudes towards violence against women survey 2009](#)

[2012 Victorian print media coverage of violence against women](#)

[2012 More than ready: bystander action to prevent violence against women](#)

[2012 Respect, responsibility and equality program report](#)

[2012 Your guide to building respect, responsibility and equality](#)