

ATTACHMENT TO AGENDA ITEM

Ordinary Meeting

17 September 2013

Agenda Item 7.2	Endorsement of the Hume Region Preventing Violence Against Women & Children Regional Strategy 2013-2017
Attachment 1	Hume Region Preventing Violence Against Women & Children Regional Strategy 2013-2017 230

HUME REGION PREVENTING VIOLENCE AGAINST WOMEN & CHILDREN REGIONAL STRATEGY 2013 - 2017



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ACRONYMS

ATSI – Aboriginal and Torres Strait Islander

CARN – Centre Active Recreation Network

CCP – Community Crime Prevention (referring to the Department of Justice funded work by Women's Health)

DOJ – Department of Justice

FVPN – Family Violence Prevention Network

GOMIFVMSC – Goulburn Owen's Murray Integrated Family Violence Managers Steering Committee

IFVRAG – Indigenous Family Violence Regional Action Group

IHP – Integrated Health Promotion (referring to the Department of Health funded work by Women's Health)

LG – Local Government

NESAY – North East Support and Action for Youth

PVAW – Preventing Violence Against Women

PVAWC – Preventing Violence Against Women & Children

RIC – Regional Integrated Coordinator

RVAWC – Reducing Violence Against Women and Children

WHGNE – Women's Health Goulburn North East

WHO – World Health Organisation

VAWC – Violence Against Women & Children

DEFINITION OF VIOLENCE AGAINST WOMEN

Violence against women can be described in many different ways, and laws in each state and territory have their own definitions. For the purpose of this strategy we have utilised the definition from the United Nations

'The term violence against women means any act of gender-based violence that results in, or is likely to result in, physical, sexual or psychological harm or suffering to women, including threats of such acts, coercion or arbitrary deprivation of liberty, whether occurring in public or private life.'

United Nations Declaration on the Elimination of Violence against Women

THE GENDERED NATURE OF VIOLENCE

Domestic violence is generally understood as gendered violence, and 'is an abuse of power within a relationship or after a separation when one partner in an intimate relationship attempts by physical or psychological means to dominate and control the other (Vic Health, 2003, Public Health, Mental Health & Violence against Women).

Gendered Nature of Violence

According to the 2006 Personal Safety Survey

- Men are most at risk in public spaces and licensed premises from men they don't know
- Women are at more risk of violence in the home from men they know

According to Vic Health; (Preventing Violence against Women in Australia, Research Summary, 2011)

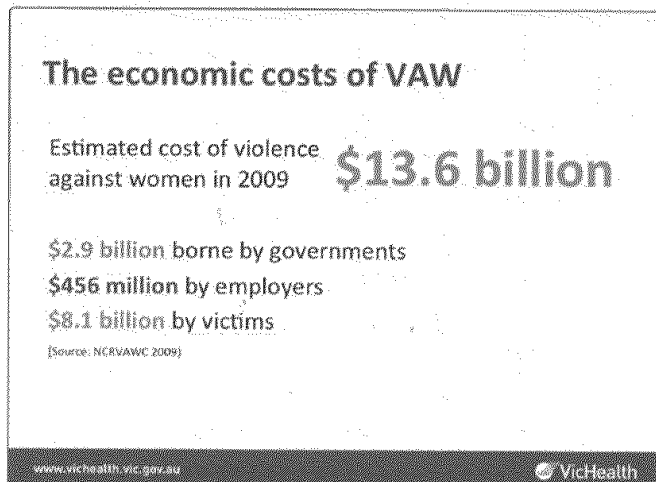
- Women suffer more severe forms of violence than men (such as abuse, terrorisation and increasingly possessive and controlling behaviour over time)
- Women are more likely to use violence in self-defence
- Men are most likely to use it as an expression of self-perceived and/or societal-sanctioned 'rights' or 'entitlements' of male household leaders over other family members (WHO 2002).
- Women are more likely to receive medical attention than men
- Women are more likely to fear for their lives than men.

PREVALENCE OF VIOLENCE AGAINST WOMEN & CHILDREN

Australian Context

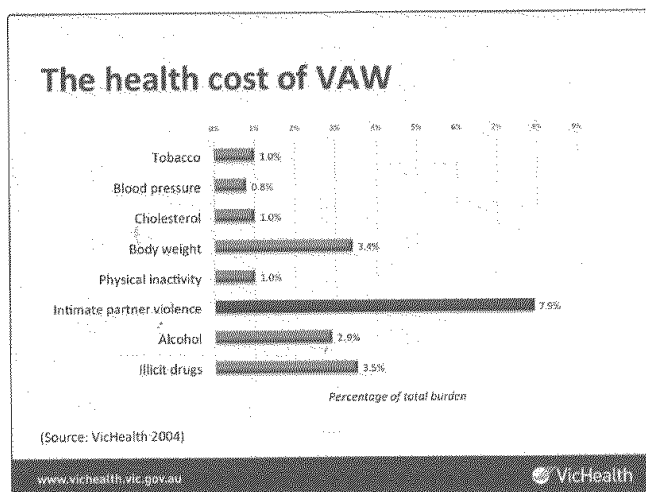
The evidence shows that the overwhelming majority of abuse and violence is perpetrated by men against women. The largest single risk factor for becoming a victim of sexual assault and/or domestic violence is, simply, being female.

- Over one in three Australian women have experienced physical violence since the age of fifteen (Vic Health, 2008)
- Nearly one in five Australian women have experienced sexual violence since the age of fifteen (Vic Health, 2008)
- Over a third of women (34%) who have ever had a boyfriend or husband report experiencing at least one form of violence during their lifetime from an intimate male partner. About half have experienced physical violence and a third have experienced sexual violence (Vic Health, 2008)



Victorian Context

- In Victoria, intimate partner violence is the leading contributor to the total disease burden of women aged 15-44 years, causing 9% of disease burden (Vic Health, 2008)
- It is responsible for more ill-health and premature death in Victorian women under the age of 45 than any other single risk factor, including diseases related to obesity, alcohol, drug use, and smoking (Vic Health, 2010)
- Approximately every ten minutes there is a call to police made in regards to incidents of domestic violence (Victoria Police, 2013)
- In 2011/12 Victoria Police attended more than 50,300 family violence incidents (Victoria Police, 2012)



Hume Region Context

- 8.1 per 1,000 family violence incidents rates were reported in the Hume region in 2012 compared to 7.4 in the Victorian population (Department of Health, 2012)

SEVERITY OF VIOLENCE AGAINST WOMEN & CHILDREN

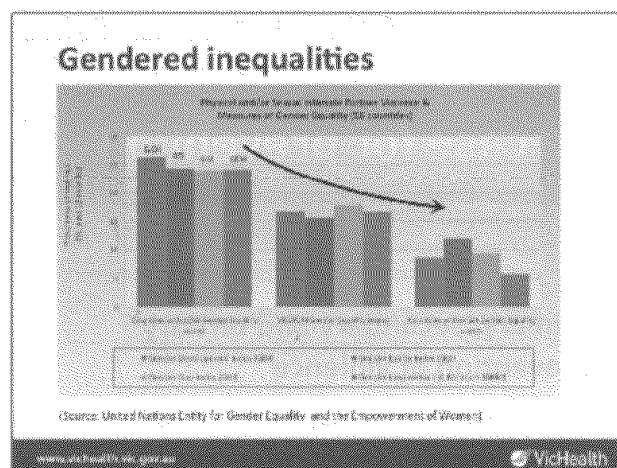
The right to live free from violence is a fundamental human right. Men's use of violence against women is a significant public health issue with serious social, economic and health consequences for women, their families and communities.

- Women who have been exposed to violence have a greater risk of developing a range of health problems, including stress, anxiety, depression, pain syndromes, phobias and somatic and medical symptoms (VicHealth, 2008)
- Up to 80% of women in the mental health system have experienced sexual violence at some time in their past (Queensland Sexual Assault Services, 2010)
- The cost of violence against women and their children to the Australian economy is estimated to be \$13.6 billion in 2008-09 and, if there is no reduction in current rates, it will cost the economy an estimated \$15.6 billion by 2021-22. This is more than the 2008 stimulus to address the Global Financial Crisis (\$10.4 billion) (Queensland Sexual Assault Services, 2010)
- A study undertaken by KPMG found that the costs associated with violence against women exceed \$3.4 billion dollars per year in Victoria (Women's Health Association of Victoria)
- The KPMG report also found preventing violence for just one Australian woman would mean avoiding over \$20,766 in costs (Women's Health Association of Victoria)
- Children's exposure to violence against women is associated with a number of mental health, behavioural and learning difficulties in the short term, and increases the risk of developing mental health problems later in life (VicHealth, 2011)

CAUSES OF VIOLENCE AGAINST WOMEN & CHILDREN

Violence against women is prevalent and serious, but it is also preventable. A number of factors are known to contribute to violence against women and/or vulnerability to such violence. Research shows that the most significant determinants of violence against women are:

- Unequal power relations between men and women
- Adherence to gender stereotypes
- Broader cultures of violence



The above diagram demonstrates the positive correlation between gender inequity and violence against women. The horizontal axis represents the gender inequity within a country, and the vertical axis quantifies the perpetration of violence against women. The right hand group of columns exhibits countries with low gender inequity show a lower perpetration of violence against women. The left hand set of columns depicts countries in which there is a high level of gender inequality and subsequently a higher incidence of violence against women. The perpetration of violence against women more common and accepted in cultures where there is a high degree of gender inequity and inequality.

PRIMARY PREVENTION

Primary prevention addresses the determinants of violence against women and seeks to prevent violence before it occurs. The policy and practice framework devised by Vic Health – Preventing Violence Before it Occurs: A framework and background paper to guide the primary prevention of violence against women in Victoria – recommends that the primary prevention of violence against women be guided by three intersecting components that concentrate on the key determinants. They are:

- 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

This framework is based on an ecological model for understanding violence, it recognises factors influencing violent behaviour lie at multiple levels including individual/relationship, community/organisational and societal. Primary prevention efforts are most likely to be effective when a coordinated range of mutually reinforcing strategies is targeted across these levels of influence.

TARGET POPULATION

- Children (0-12)
- Young People (12-25)

There is compelling evidence for targeting children and young people

- This is a stage where the risk of perpetration of violence against women later in life is increased through; witnessing parental violence, being subject to violence, poor parenting and care or weak attachment to education
- Perpetration of violence is highest during adolescence
- Young men are more likely to hold attitudes that support violence

This strategy aims to prevent violence from occurring to women and children in the Hume region. Some women and children are more at risk of violence occurring than others due to a range of social, economic and individual factors that impact on them, their health and their living and working conditions. However, living in safety is a basic human right.

In order to prevent violence against women and children, this strategy recognises it will need to work with communities, individuals and organisations to create cultural change and address the underlying determinants of violence outlined previously by the Vichealth framework. The interventions identified in this strategy may in fact not always work with women, but instead they may target men, men and women together, children, families, or whole communities. As a primary prevention strategy, the plan specifically focuses on improving the safety of children and young people, as a future investment, where we will see more sustainable, longer term benefits as a result of the strategy.

EVIDENCED BASED SETTINGS FOR ACTION**Local Government**

Local Government has the unique position to profoundly influence cultural change, engage with people in their communities and respond to local issues. Given their role to creating safe public environments and their ability to reach community members local government is well placed to take an active role in the prevention of violence against women.

Sporting Clubs

Sporting Clubs have generally been seen as male dominated environments, suggesting an important need for education and organisational development. Preventing violence against women activities led by sports clubs has the ability to reach larger numbers of adults and youth, particularly men and boys. Clubs can address the features associated with violence against women, such as sexist peer cultures to create positive and non-violent norms.

Education Providers

Schools have a significant influence in childhood and adolescence, times when the prospects for primary prevention are strong. School based respectful relationship programs are among the most effective primary prevention interventions. Further education institutes are seen as important settings to raise awareness of and develop skills in preventing violence against women.

Maternal & Child Health

There is significant potential to include violence prevention into the core business of early childhood and family support programs. Attitudes towards gender roles have shown to become more traditional during the 12 months following the birth of a child. The transition into parenthood provides an opportunity to engage with men and women, challenging traditional gender roles and promote equality during this life stage.

Workplaces

Workplaces provide organisational contexts through which social norms are shaped and can be changed. Workplace environments that are safe, are inclusive of women and encourage their participation and leadership are essential in the prevention of violence against women. These environments can create and reinforce broader social norms of non-violence and equity. Workplaces are important settings in reaching men and women who have limited contact with place based community settings

VISION

"Hume region women and their children live free from violence in safe communities"

This vision has been adapted from the National Plan to Reduce Violence against Women and their Children (2010-2022). The National Plan aims to bring about attitudinal and behavioral change at the cultural, institutional and individuals levels, with a particular focus on young people. It is the first plan that has a strong focus on prevention and provides a framework for action over the next twelve years.

STEERING COMMITTEE MEMBERS**Local Government**

- Mitchell Shire Council
- Benalla Rural City Council
- Greater Shepparton City Council
- Strathbogie City Council
- Wodonga City Council
- Mansfield Shire Council
- Murrindindi Shire Council

Community Health

- Owen's & King Community Health
- Yarrawonga Community Health
- Nexus Primary Health

Youth Services

- NESAY

Family Violence Services

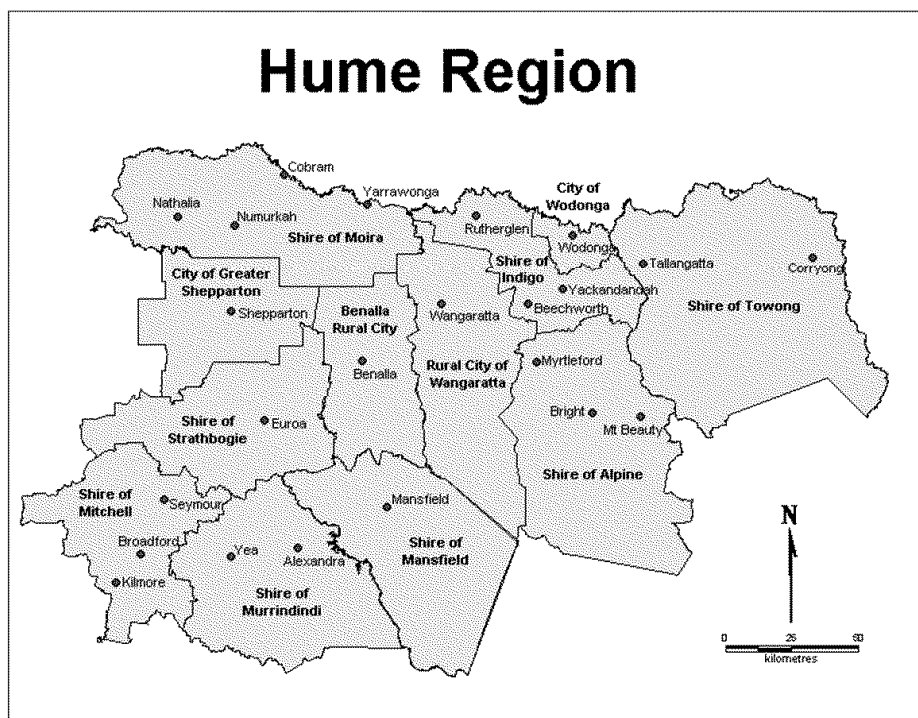
- Goulburn Valley Centre Against Sexual Assault
- Centre Against Violence
- Regional Integrated Coordinator

Indigenous Services

- Mungabareena

Victoria Police**Department of Justice****Women's Health**

HUME REGION



The Hume Region is located in the north east of Victoria, covering the Goulburn Valley and is bounded by the Murray River to the north and metropolitan Melbourne rural fringe to the south. Hume Region comprises 18% of Victoria in area, and some 40,427 square kilometres. It is one of Victoria's five regional areas with a population over 320,000.

Hume is one of Australia's fastest growing regional areas. Its growing economy is driven by access to intensive irrigated land, a quality workforce of around 120,000 and its strategic location in the Melbourne-Sydney-Brisbane national freight corridor. It is geographically diverse including major parts of Victoria's alpine areas, some relatively remote farming communities and the major regional centres of Wodonga, Wangaratta and Shepparton. Hume Region has 12 Local Government Areas

- Alpine, Benalla, Indigo, Mansfield, Mitchell, Moira, Murrindindi, Shepparton, Strathbogie, Towong, Wangaratta and Wodonga.

WHGNE provides services to a diverse population of women and girls across the Hume Region, particularly those who live in isolated rural areas, are disadvantaged, or are from culturally and linguistically diverse backgrounds.

WOMENS HEALTH GOULBURN NORTH EAST

WHGNE were successful in obtaining the grant funding from the Department of Justice in January 2013. WHGNE being leaders in the prevention of violence against women across the region, will drive the strategy, coordinating action across sectors and working with communities to create sustained change.

The support the implementation of the regional strategy WHGNE will dedicate both Department of Justice funding and Department of Health, health promotion funding to strategy actions. Actions have been allocated a funding source, with IHP actions completed by the WHGNE health promotion team, and WHGNE DOJ workers responsible for CCP actions

(please see responsibility section in key actions). This demonstrates our ongoing commitment to the prevention of violence against women and the need for dedicated preventative action.

GOULBURN OVENS MURRAY INTEGRATED FAMILY VIOLENCE MANAGERS STEERING COMMITTEE

The Goulburn Ovens Murray Integrated Family Violence Managers Steering Committee (GOMIFVMSC) works to improve integration across the whole family violence sector for women and children. Whilst the GOMIFVMSC works at the opposite end of the violence against women spectrum, responding to the needs of women and children and improving system response, a strong partnership with the PVAWC steering committee has developed, keeping one another informed to ensure best outcomes for women and children. The GOMIFVSC have also adapted the vision from the National Plan in their Strategic Plan.

HARMONY PROJECT

Rumbalara Aboriginal Cooperative is a key stakeholder in Aboriginal Health in the Hume region, maintaining a holistic approach to service provision and emphasizes the importance of Family and Community. The area known as Rumbalara is situated on the river flats between Shepparton and Mooroopna. It is a place where Community people can meet for cultural and social activities as well as provide education, information and support in areas of special need such as health, housing, welfare and culture.

Under the Reducing Violence against Women and Children grants, the Department of Justice are funding an additional \$2.4 million state wide over three years specifically to address violence in Koori Communities. Rumbalara was successful in receiving the grant, dedicating funds to the delivery of their 'Harmony' project. WHGNE and the regional strategy will support Rumbalara with the implementation of the Harmony project.

REGIONAL STRATEGY

Under the Community Crime Prevention Program, the Department of Justice has funded eight projects across Victoria to assist in the prevention of violence against Women and their Children. The one-off Reducing Violence against Women and their Children (RVAWC) grants offer \$600,000 over three years. Activities are expected to deliver outcomes at a regional level using both whole of community primary prevention strategies and targeted responses to individuals and groups where there are strong signs that violence may occur. The project aims to address a range of issues, including:

- promoting equal and respectful relationships between men and women during their transition to parenthood
- working across local government, workplaces and sporting settings to coordinate a region-wide approach to preventing violence against women
- bringing about structural and systemic organisational change to promote gender equitable and non-violent cultures
- build the capacity of male leaders in preventing violence against women.

(Department of Justice, 2012)

The **Hume Region Preventing Violence against Women and Children Strategy** has identified five key themes for action. They include

- 1) **Partnerships** – to support, foster and connect with other organisations and individuals to work more effectively to promote the health and wellbeing of the community. Collaboration and engagement from all sectors are required to ensure the cultural change needed to prevent violence against women and children.

- 2) Supportive Environments** – create supportive environments that fosters equal participation and generates living, working and playing conditions that are safe, stimulating and enjoyable. Community settings need to be inclusive, safe and gender equitable in order for respectful relationships and non-violent norms to grow. Within this strategy attention will be directed to the following settings
- Local Government
 - Education
 - Sporting Clubs
 - Youth Services
 - Community
- 3) Capacity Building** – empower individuals and organisations through increased knowledge and skills in order to create sustainable change. To raise awareness of the prevention of violence against women, leaders within key settings need to drive change and embed policies and structures within organisations, displaying a commitment to the health and wellbeing of the community.
- 4) Direct Participation in Programs** – Directly participating in programs has the ability to influence individual's attitudes and behaviours, as well as increasing knowledge and skills. Such programs addressing the determinants of violence against women can significantly expose gender inequality. Challenging beliefs in traditional gender roles and gender inequity is pivotal in shifting societal attitudes.
- 5) Research and promoting the evidence base** – Use the evidence concerning the determinants of violence against women as the basis for primary prevention of violence against women initiatives.
- Provide learning opportunities by sharing and utilising resources.
- Develop a comprehensive evaluation framework and monitoring mechanisms to build the evidence base for the prevention of violence against women and children.

1) PARTNERSHIPS

Strategy	Responsibility	Performance Indicator
1.1 Steering Committee members collaboratively implement and monitor the Hume Region PVAWC strategy	Steering Committee Members	Attendance at meetings (Meeting minutes) Strategy endorsement Community Capacity Index tool employed
1.2 Liaise with Rumbalara Justice and support the implementation of the PVAWC Harmony Project	WHGNE - CCP Rumbalara	Attendance at meetings (Meeting minutes)
1.3 Work with the IFVRAG as representatives of the Aboriginal communities in the Hume Region to support primary prevention of VAWC actions in their strategic plan	WHGNE- IHP WHGNE- RIC WHGNE- CCP	Representation on steering committee Primary prevention initiatives implemented
1.4 Partner with existing Family Violence and primary prevention networks to support the implementation of actions within the strategy	WHGNE - IHP	Attendance at meetings (meeting minutes) 2 FVPN implementing primary prevention initiatives
1.5 Liaise with the GOMIFVMSC	WHGNE - RIC	Attendance at meetings (Meeting minutes)
1.6 Liaise with DOJ regarding the implementation of the regional strategy and expenditure of funds	WHGNE – CCP	Bimonthly reports
1.7 Work collaboratively with project workers from other PVAWC DOJ funded projects across the state, sharing resources and key learnings	WHGNE - CCP	Attendance at community of practice quarterly meetings
1.8 Utilise existing successful partnerships at a local level to implement PVAWC initiatives	WHGNE – CCP Nexus	Partnerships established 1 PVAWC primary prevention initiative implemented

2) SUPPORTIVE ENVIRONMENTS

COMMUNITY (LOCAL GOVERNMENT)

Strategy	Responsibility	Performance Indicator
2.1.1 Develop and implement a violence free charter driven by Local Government that can be embedded into a variety of community settings	WHGNE – CCP Local Government -Benalla Rural City Council -Murrindindi Shire Council Steering Committee	-Two LG implementing a Violence Free Charter -Two community organisation implementing the Charter
2.1.2 Engage with Local Government to promote PVAWC externally involving the broader community	WHGNE - IHP Local Government	-One LG promoting PVAWC within local community

COMMUNITY (SOCIAL MARKETING)

Strategy	Responsibility	Performance Indicator
2.2 Develop a social marketing campaign with clear and consistent messages of respect & equity and PVAWC to be delivered across the Hume region	WHGNE - CCP Steering Committee	-Social marketing campaign implemented in 12 LGA's

SPORTING CLUBS

Strategy	Responsibility	Performance Indicator
2.3.1 Work with local sporting assemblies to increase women's participation and create more family friendly environments aligning with Healthy Sporting Environments	WHGNE – CCP Nexus	-Two Clubs implementing gender equity practices -Increase of women's participation in sporting clubs
2.3.2 Promote the adoption if the Violence Free Charter in sporting clubs supporting Local Government and Healthy Sporting Environments		-Charter implemented in two sporting clubs

YOUTH SERVICES

Strategy	Responsibility	Performance Indicator
2.4.1 Support youth agencies to implement and deliver primary prevention activities, embedding the determinants of VAWC into existing programs and structures	WHGNE - IHP Youth Agencies	-One program adopting determinants of VAWC into program content -Participant change in attitudes
2.4.2 Provide social media safety training to caregivers and adolescents embedding respectful relationships and gender equity content into the program		-One Training session delivered
2.4.3 Consult with youth agencies regarding the development of a PVAWC social marketing campaign and PVAWC initiatives	WHGNE – CCP Nexus	-Consultation process complete with recommendations provided

EDUCATION

Strategy	Responsibility	Performance Indicator
2.5.1 Strengthen relationship with DEECD and identify potential key partners to advocate for system change	WHGNE – IHP Steering Committee Nexus	-Key partners identified -Collaborative partnership formed
2.5.2 Collaborate with alternate education providers to promote gender & equity and nonviolent norms within the organisation	WHGNE - IHP	- One education provider adopting resources - One education provider promoting gender equity message
2.5.2 Advocate for the inclusion of gender equity in the school curriculum and mandate existing respectful relationship programs in the curriculum	WHGNE – IHP Nexus	-Strategic discussions with DEECD and resulting action towards embedding curriculum
2.5.3 Provide schools with tools and resources, supporting them to implement a policy/charter communicating clear gender & equity messages	WHGNE - IHP Schools	-One School adopting resources -One school implementing a charter/policy

3) CAPACITY BUILDING

INDIVIDUALS

Strategy	Responsibility	Performance Indicator
3.1.1 Build the capacity of leaders within key settings to take action against gender inequity and champion the PVAWC message Key Settings -Sporting environments -Education -Local Government -Community	WHGNE - CCP - IHP Prevention networks	-20 males participating in training -Five Champions actively playing positive role models
3.1.2 Provide the prevention networks with training and support them to identify and up skill community leaders	WHGNE - IHP	-One training session provided to each prevention network

WORKFORCE

Strategy	Responsibility	Performance Indicator
3.2.1. Promote WHGNE training opportunities of developed packages across the continuum of violence prevention to the Hume region	WHGNE - IHP - CCP	-Training provided
3.2.2 Advocate for and support local TAFE's to embed gender equity and PVAWC into existing curriculum	WHGNE - IHP	-Application of gender recognized in one TAFE curriculum
3.2.3 Provide youth providers with training to increase their knowledge of PVAWC, gender equity and skills to facilitate primary prevention actions	WHGNE – CCP	-Training provided to one youth agency
3.2.4 Advocate for the addition of an inclusion/equity criteria in Local Business Awards to encourage workplaces to implement equity initiatives		-Equity recognised in business awards
3.2.5 Develop higher level partnerships to advocate for the application of gender into all teaching courses (University) upskilling the future workforce	WHGNE - IHP	-Application of gender recognized in one University education curriculum

ORGANISATIONAL

Strategy	Responsibility	Performance Indicator
3.3.1 Engage with Local Government to promote PVAWC internally, increasing gender equity within the workplace	WHGNE - CCP Local Government	-One LG conducting gender audit -One LG implementing family violence policy -One LG implementing gender equity practices
3.3.2 Partner with local government to build the capacity of all staff to take action against gender inequity and recognize it within the workplace	WHGNE - CCP Local Government	-One LG engaged; participated in training and implemented practices
3.3.3 Partner with local workplaces (particularly male dominated workplaces) to build the capacity of all staff to take action against gender inequity and recognize it within the workplace/communities	WHGNE - IHP	-One workplace engaged; participated in training and implemented practices

(Workplaces – In this context; place, such as an office or factory, where people are employed, comprising of at least 20 employees)

4) DIRECT PARTICIPATION IN COMMUNITY BASED INTERVENTIONS

Strategy	Responsibility	Performance Indicator
4.1 Promote Baby Makes 3 and support Maternal & Child Health to embed principles of Baby Make 3 and gender equity into antenatal/prenatal classes	WHGNE - CCP	-Baby Makes 3 implemented in one LGA
4.2 Explore opportunities to adapt Baby Makes 3 to vulnerable groups -ATSI -Low SES	WHGNE - IHP	-Research and consultation with vulnerable groups complete -Recommendations made
4.3 Embed gender and equity principles into existing parenting and relationships programs	WHGNE - IHP	-One service provider engaged and program embedded with gender equity principles

5) RESEARCH AND PROMOTING THE EVIDENCE BASE

Strategy	Responsibility	Performance Indicator
5.1 Conduct research investigating best practice of PVAWC in rural and community settings	WHGNE – IHP WHGNE - CCP	-Literature review and case study produced
5.2 Support professionals in the use and application of tools and resources, disseminating information throughout networks	WHGNE – IHP WHGNE - CCP	-Disseminate information quarterly
5.3 Provide professionals with the opportunity to participate in community of practice	WHGNE – CCP WHGNE - IHP	-Online learning forum established -Updated with resources quarterly
5.4 Keep abreast of current research in key areas and inform the steering committee <ul style="list-style-type: none"> - Disability - Elder Abuse - Mental Health 	WHGNE - IHP	-Steering committee provided with information quarterly

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