



# Submission to inform the **Second National Plan to End Violence Against Women and Children**

# Contents

Introduction.....	3
<b>Summary of recommendations .....</b>	<b>8</b>
<b>Recommendations .....</b>	<b>9</b>
<b>1. Increase investment in infrastructure to support effective primary prevention of violence against women that is intersectional.....</b>	<b>9</b>
1.1 Embed a specific primary prevention pillar with its own priorities, focus areas and outcomes within the next <i>National Plan</i> that is aligned with the evidence base outlined in <i>Change the Story</i> and accompanied by a long-term funding commitment.....	11
1.2 Embed an intersectional approach across all areas of primary prevention that includes investment in organisations led by Aboriginal and Torres Strait Islander women, women with disabilities, migrant and refugee women and non-binary and transgender people.....	15
1.3 Establish a national gender equality strategy to support structural change.....	17
1.4 Develop a national strategy to scale up the capacity and capability of the prevention of violence against women workforce.....	19
<b>2. Scale-up promising practice for the primary prevention of violence against women.....</b>	<b>20</b>
2.1 Invest in WHV’s Gender Equality in Advertising project to increase its scale and impact, in partnership with the Victorian Government.....	21
2.2 Scale-up local community mobilisation initiatives that are mutually reinforcing to create sustained change.....	22
2.3 Mandate consistent implementation of Respectful Relationships and Sexuality Education across all schools at all year levels.....	23
<b>3. Address all forms of violence within the <i>National Plan</i> including sexual harassment and reproductive coercion/abuse.....</b>	<b>27</b>
3.1 Expressly name and integrate reproductive coercion/abuse into existing and future policy frameworks, strategies, and practice guidance for preventing and responding to violence against women, including the next <i>National Plan</i> .....	27
3.2 Strengthen the focus on prevention of sexual harassment in the workplace .....	30
<b>4. End gender-based violence in mental health facilities and invest in mental health support for women who have experienced violence.....</b>	<b>32</b>
4.1 Include ending gendered violence in mental health inpatient facilities as a priority in the next <i>National Plan</i>	
4.2 Increase coordination and collaboration between the mental health, alcohol and other drug, sexual violence and domestic and family violence sectors to provide effective care and support to victim/survivors of violence against women.....	33
4.3 Ensure that the mental health system and workforce are equipped to respond to victim/survivors’ mental health issues.....	34
<b>Conclusion .....</b>	<b>35</b>

# Introduction

Women's Health Victoria (WHV) welcomes the opportunity to provide a submission to inform the development of the next *National Plan to End Violence Against Women and Children* (the next *National Plan*). WHV is a state-wide feminist health promotion, advocacy and support service with a proud history of over 25 years. We advocate and build system capacity for a gendered approach to health that reduces inequalities and improves health outcomes for Victorian women. We collaborate with health professionals, researchers, policy makers, service providers and community organisations to influence and inform health policy and service delivery for women.

The prevention of violence against women is one of WHV's key priorities and we bring more than a decade's experience in leading primary prevention policy, practice and workforce development, including [training delivery](#) and implementation of the national [Gender Equality in Advertising](#) project, which applies an evidence-based approach to the prevention of violence against women within the advertising setting. WHV also brings expertise in sexual and reproductive health, including through the operation of *1800 My Options*, a state-wide information and referral service for pregnancy, contraception and sexual health options. We are well-placed to provide advice on issues that arise at the intersection of the violence against women and sexual and reproductive health sectors, such as sexuality and consent education and reproductive coercion.

This submission largely focuses on the primary prevention of men's violence against women in line with the focus and expertise of WHV. Primary prevention is essential to achieving the vision of 'an Australia free from all forms of violence against women and children' outlined in the *Draft Framework for Australia's National Plan to End Violence Against Women and Children (Draft Framework)*. However, it has not yet received the dedicated attention and investment required to achieve long-term, sustainable change.

This submission uses the term violence against women. This definition is inclusive of family violence, sexual violence, sexual harassment, intimate partner violence and domestic violence. Our use of this term acknowledges that the majority of violence in these contexts is perpetrated by men against women and that there is a specific evidence base for the prevention of men's violence against women. WHV uses the term women to be inclusive of all people who identify as women. WHV acknowledges that gendered violence can also impact gender diverse and non-binary people and transgender people, and can occur in same-sex relationships. These experiences need to be considered as part of an intersectional approach to ending violence against women. Specific guidance is available in [Pride in Prevention: a guide to primary prevention of family violence experienced by LGBTIQ communities](#).

In preparing this submission WHV has consulted with a range of organisations with expertise in both prevention and response to violence against women including:

- Specialist and peak bodies including Our Watch, the Domestic Violence Resource Centre/Domestic Violence Victoria and Sexual Assault Services Victoria;
- The Victorian Women's Health Services network, including Multicultural Centre for Women's Health, Women with Disabilities Victoria, and regional women's health services including Women's Health Grampians and Women's Health and Wellbeing

Barwon South West, as well as the Victorian peak body for gender equity, women's health and the prevention of violence against women, Gender Equity Victoria (GEN VIC);

- Marie Stopes International Australia – to inform content on reproductive coercion/abuse and sexuality education.

### **Initial progress in the prevention of violence against women**

The first *National Plan to Reduce Violence Against Women and their Children* (the first *National Plan*) has been essential in laying the foundations to support the primary prevention of violence against women in Australia. This includes the establishment of Our Watch (Australia's national body for prevention of violence against women) and the development of *Change the Story: a shared framework for primary prevention of violence against women and their children*.<sup>1</sup> This has had a significant impact in increasing national understanding of an evidence-based approach to preventing violence against women and developing best practice approaches and resources for prevention practice in a number of different contexts.

There is an emerging evidence base measuring Australia's early progress in reducing violence against women through addressing the gendered drivers of violence. The *National Community Attitudes towards Violence against Women Surveys* (ANROWS) provide evidence of change over time in Australian attitudes towards violence against women and gender equality. [\*Tracking Progress in Prevention: a national monitoring report towards progress on prevention of violence against women and their children in Australia\*](#) (Our Watch)<sup>2</sup> provides Australia's first population-level evaluation tracking progress in prevention, including progress in establishing the necessary infrastructure to support primary prevention and change against the gendered drivers of violence against women. Evidence from this report, including persisting gaps in primary prevention, has informed the recommendations within this submission.

Some notable progress towards increasing the prevention infrastructure includes:

- Promising practice being implemented across a range of priority settings including schools, workplaces, regional settings, universities and advertising.
- Increased number of States and Territories recognising primary prevention as a priority in policy related to violence against women.
- An emerging skilled primary prevention workforce.

There has been some progress in shifting gendered attitudes, norms and practices that drive violence against women including:

- Some reduction in attitudes that condone and accept violence against women and an increase in attitudes that support women's broad engagement in public life in a number of capacities.

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<sup>1</sup> Our Watch, ANROWS, VicHealth (2015) [Change the story: a shared framework for the primary prevention of violence against women and their children in Australia](#). Our Watch. Melbourne.

<sup>2</sup> Our Watch (2020) [Tracking progress in prevention: a national monitoring report on progress towards the primary prevention of violence against women and their children in Australia](#). Our Watch. Melbourne.

- Progress towards gender equality including an increase in representation of women in management roles and more female representation in traditionally male-dominated industries.<sup>3</sup>

### **Gaps in prevention of violence against women**

Despite initial progress, overall changes against the gendered drivers of violence against women have been minimal. Women continue to experience economic inequality, inequality in decision making power, and intersecting forms of discrimination.<sup>4</sup>

It must be acknowledged that primary prevention of violence against women requires long term commitment and investment for real and sustainable change. Although the *Draft Framework* does include primary prevention as a priority, it fails to detail the specific primary prevention priorities, focus areas, and outcomes required for change.

### **Impacts of COVID-19**

The rates of violence against women remain high. One in three Australian women report having experienced physical violence since the age of 15.<sup>5</sup>

National research by the Australian Institute of Criminology (AIC) found one in ten women in a relationship said they had experienced intimate partner violence during the pandemic. Half of those women said the abuse had increased in severity since the outbreak of the pandemic in Australia. Of those women experiencing physical or sexual violence, two-thirds reported experiencing violence for the first time or an escalation in violence. Of those women experiencing coercive control, over half reported that the behaviours started or escalated during the pandemic.<sup>6</sup>

The AIC findings are reflected by specialist family violence practitioners who have reported that the ‘pandemic has led to an increase in the frequency and severity of violence against women alongside an increase in the complexity of women’s needs’.<sup>7</sup> In one study, two-thirds of violence response services reported an increase in demand. The largest increase was from new clients (67%), with 47% of new clients coming from culturally and linguistically diverse backgrounds.<sup>8</sup>

Family violence appears to have increased particularly in places with stricter lockdowns; strict lockdowns both place women at greater risk of violence and make it more difficult to access support services.<sup>9</sup> Recent research confirms that some perpetrators have weaponised

<sup>3</sup> Our Watch (2020) [Tracking progress in prevention: a national monitoring report on progress towards the primary prevention of violence against women and their children in Australia](#), Our Watch. Melbourne.

<sup>4</sup> Our Watch (2020) [Tracking progress in prevention: a national monitoring report on progress towards the primary prevention of violence against women and their children in Australia](#), Our Watch. Melbourne.

<sup>5</sup> Our Watch (2020) [Quick facts](#) Our Watch. Melbourne.

<sup>6</sup> Boxall H, Morgan A, Brown R (2020) [The prevalence of domestic violence among women during the COVID-19 pandemic](#) Australian Institute of Criminology. Canberra. - (*Statistical Bulletin*; no. 28).

<sup>7</sup> Pfitzner N, Fitz-Gibbon K, True J (2020), [Responding to the ‘shadow pandemic’: practitioner views on the nature of and responses to violence against women in Victoria, Australia during the COVID-19 restrictions](#) Monash University. Melbourne.

<sup>8</sup> Carrington K, Morley C, Warren S, Harris B, Vitis L, Ball M, et al. (2020) [Impact of COVID on domestic and family violence services and clients](#) QUT Centre for Justice, Queensland University of Technology. Brisbane – (*QUT Centre for Justice Research Report*)

<sup>9</sup> Fitz-Gibbon K, True J, Pfitzner N (2020) [More help required: the crisis in family violence during the coronavirus pandemic](#) *The Conversation*. (Aug 18):1.

COVID-19 restrictions such as lockdown to reinforce their coercive controlling behaviours.<sup>10</sup> COVID-19 restrictions can also mean that LGBTIQ people may be forced to choose between hiding their identity and risking rejection and abuse from families.

COVID-19 has also amplified existing gendered social and economic inequalities that drive violence against women. For example, women experienced higher rates of job loss, related to their overrepresentation in insecure work, and have taken on a greater share of additional unpaid care responsibilities.<sup>11</sup> In addition to underlining the critical importance of strengthening efforts in primary prevention, economic inequality can increase the impacts of violence against women and make it more difficult for women to leave a violent partner.<sup>12</sup>

### **Investment needed**

The second *National Plan* will be instrumental in guiding future priorities for reducing violence against women and children. It is essential that there is an **increased focus on primary prevention** within the next *National Plan*, accompanied by **long term investment** that matches the duration of the next *National Plan*.

Going forward there needs to be an **increased investment in infrastructure** to support primary prevention. This includes investment in strong national leadership, policy and legislative reform, a skilled workforce, increased coordination and collaboration, strong systems for monitoring and evaluation and evidence-based prevention programming.<sup>13</sup>

To achieve the vision in the *Draft Framework*, there must be specific investment in evidence-based primary prevention that **addresses all four gendered drivers of violence against women as outlined in *Change the Story* at all levels**. This includes developing specific prevention priorities, focus areas, and outcomes to be included within the next *National Plan* in consultation with the specialist primary prevention sector.

To date there has not been adequate investment in primary prevention initiatives that are mutually reinforcing and support change at all levels of society inclusive of changes at the individual and interpersonal level, within communities, within organisations, and structural and systematic changes.<sup>14</sup> A significant gap in prevention efforts at the national level to date has been the lack of action to address the structural drivers of violence against women. As a starting point to increase the focus on structural change, a **National Gender Equality Strategy** is needed. Within this strategy there needs to be a **commitment to addressing structural inequalities that drive violence against women** (for example, policy and legislation that relates to superannuation, paid parental leave, pay equity and sexual harassment in the workplace).

The next *National Plan* must **prioritise intersectionality**, acknowledging the link between gender inequality and other forms of oppression such as colonisation, racism, ageism, faith-

<sup>10</sup> Carrington K, Morley C, Warren S, Harris B, Vitis L, Ball M, et al. (2020) [Impact of COVID on domestic and family violence services and clients](#) QUT Centre for Justice, Queensland University of Technology. Brisbane – (*QUT Centre for Justice Research Report*)

<sup>11</sup> Women's Mental Health Alliance (2020) [Impacts of COVID 19 on women's mental health and recommendations for action: update October 2020](#). Women's Mental Health Alliance. Melbourne.

<sup>12</sup> Gender Equity Victoria (2021) [COVID-19 resources \[Webpage\]](#) GEN VIC. Melbourne.

<sup>13</sup> Our Watch (2020) [Tracking progress in prevention: a national monitoring report on progress towards the primary prevention of violence against women and their children in Australia](#), Our Watch. Melbourne.

<sup>14</sup> Our Watch (2020) [Tracking progress in prevention: a national monitoring report on progress towards the primary prevention of violence against women and their children in Australia](#), Our Watch. Melbourne.

based discrimination, economic inequality, homophobia and transphobia, and ableism. This includes ensuring intersectionality is embedded across all components of the next *National Plan* as part of universal initiatives, as well as investing in specific initiatives led by populations likely to experience higher rates of violence. These include Aboriginal and Torres Strait Islander women, women with a disability, migrant and refugee women and gender non-binary and transgender people.

There are several primary prevention initiatives in Australia that are demonstrating promising practice. To contribute to long-term and lasting change, these **promising initiatives require long-term investment in order to increase their scale and impact across Australia**. Specifically, this includes a whole of school approach to *Respectful Relationships Education in Schools*, local community mobilisation initiatives such as the *Victorian Regional Prevention Partnerships* led by Women's Health Services, and the WHV-led *Gender Equality in Advertising* project.

WHV welcomes the focus on all forms of violence within the next *National Plan*. This presents an opportunity to ensure there is increased attention to and investment in prevention of and response to forms of violence that have previously received less attention or been ignored. **Reproductive coercion/abuse** is a form of violence against women that is currently not included in most efforts to end violence against women. Reproductive coercion/abuse is poorly understood across both the sexual and reproductive health and violence against women sectors and there is limited research within the Australian context. Reproductive coercion/abuse has serious impacts on women and must be addressed if we are to end all forms of violence against women.

WHV also supports the inclusion of 'responding' to **sexual violence and harassment** as a priority in the next *National Plan*. This must be expanded to include a focus on primary prevention of sexual harassment and violence. To date the Commonwealth has not effectively addressed sexual harassment, including within the workplace. There must be a commitment to implement all 55 recommendations outlined in the Australian Human Rights Commission report [Respect@Work: Sexual Harassment National Inquiry report 2020 \(Respect@Work\)](#) to respond and prevent sexual harassment in the workplace.

WHV leads the [Women's Mental Health Alliance](#), which has become the leading voice in Victoria for a gendered approach to mental health care. For this reason, this submission also includes recommendations for ending violence against women in mental health services and improving mental health support for women who have experienced violence.

## Summary of recommendations

1. **Increase investment in infrastructure to support effective primary prevention of violence against women that is intersectional.**
  - 1.1 Embed a specific primary prevention pillar with its own priorities, focus areas, and outcomes within the next *National Plan* that is aligned with the evidence base outlined in *Change the Story* and accompanied by a long-term funding commitment.
  - 1.2 Embed an intersectional approach across all areas of primary prevention that includes investment in organisations led by Aboriginal and Torres Strait Islander women, women with disabilities, migrant and refugee women and non-binary and transgender people.
  - 1.3 Establish a national gender equality strategy to support structural change.
  - 1.4 Develop a national strategy to scale up the capacity and capability of the prevention of violence against women workforce.
  
2. **Scale-up promising practice for the primary prevention of violence against women.**
  - 2.1 Invest in WHV's Gender Equality in Advertising project to increase its scale and impact, in partnership with the Victorian Government.
  - 2.2 Scale-up local community mobilisation initiatives that are mutually reinforcing to create sustained change.
  - 2.3 Mandate consistent implementation of Respectful Relationships and Sexuality Education across all schools at all year levels.
  
3. **Address all forms of violence within the *National Plan* including sexual harassment and reproductive coercion/abuse.**
  - 3.1 Expressly name and integrate reproductive coercion/abuse into existing and future policy frameworks, strategies, and practice guidance for preventing and responding to violence against women, including the next National Plan.
  - 3.2 Strengthen the focus on prevention of sexual harassment in the workplace.
  
4. **End gender-based violence in mental health facilities and invest in mental health support for women who have experienced violence.**
  - 4.1 Include ending gendered violence in mental health inpatient facilities as a priority in the next National Plan
  - 4.2 Increase coordination and collaboration between mental health, alcohol and other drugs, sexual violence and domestic and family violence sector to provide effective care and support to victim/survivors of violence against women.
  - 4.3 Ensure that the mental health system and workforce is equipped to address/respond to victim/survivors' mental health issues.



# Recommendations

## 1. Increase investment in infrastructure to support effective primary prevention of violence against women that is intersectional.

### This includes:

- Prioritising primary prevention in the *National Plan* supported by a long-term funding commitment.
- Ensuring all primary prevention work is aligned with the evidence in *Change the Story*.
- Adequate monitoring and evaluation against specific primary prevention outcomes.
- Investment in a National Gender Equality Strategy.
- Scaling-up a skilled prevention workforce.

The primary prevention of violence against women is essential to achieving the vision of “an Australia free from all forms of violence against women and children” as outlined in the Draft Framework. There is a need for increased investment in the infrastructure to support evidence-based primary prevention practice, inclusive of a national level gender equality strategy, significant growth and upskilling of the primary prevention workforce, and national level monitoring and evaluation mechanisms. Importantly, to be effective in driving long-term change, primary prevention efforts must be supported by an increased, long-term funding commitment.

The first *National Plan* has been integral to establishing essential national prevention infrastructure, including Our Watch (Australia’s national body for prevention of violence against women) and the development of *Change the Story*. These investments have supported promising prevention practice across a range of settings including within schools, workplaces, sports and the media. However, primary prevention requires a long-term commitment to realise meaningful and sustainable change. There needs to be an increased focus on primary prevention within the next *National Plan* in order to continue to embed prevention infrastructure and scale up promising practice. This must be supported by long-term funding that extends to the duration of the *National Plan* (i.e. ten years) as opposed to investment in short-term projects.

Primary prevention is about preventing violence before it occurs through addressing the underlying drivers. Primary prevention needs to occur alongside secondary prevention initiatives (e.g. early intervention where there is an identified risk) and tertiary prevention (responding to the impacts of violence e.g. safe houses for women). Any approach to primary prevention must align with the evidence outlined in *Change the Story*. This includes recognising that gender inequality creates the underlying conditions in which violence against

women occurs, and addressing the four gendered drivers of violence against women outlined in *Change the Story*:<sup>15</sup>

1. Condoning of violence against women
2. Men's control of decision making and limits to women's independence
3. Stereotyped constructions of masculinity and femininity
4. Disrespect towards women and male peer relations that emphasise aggression.

*Change the Story* also highlights the importance of addressing the gendered drivers of violence using a socio-ecological model. This approach works to address harmful gendered norms, practices, and structures that exist at all levels including at the individual and interpersonal level, and the community, organisation, system and societal levels.

*Tracking Progress in Prevention: a national monitoring report towards progress on prevention of violence against women and their children in Australia* highlights that while there has been some progress towards shifting gendered norms, practices and structures that relate to the drivers of violence, significant gaps remain. The report finds that, to date, while there has been some investment in shifting attitudes and behaviours through interventions at the individual and interpersonal level and some initial investment at the structural level, there is still a need for “investment in, and attention to, prevention interventions that contribute to broad and deep changes across society – changes at the community level, changes to social norms, changes in organisations, and broader structural and systemic change”.<sup>16</sup>

Research shows that structural and norms-based change are interdependent and must be aligned to be successful. For example, evidence from workplace-based prevention interventions shows that when trying to change a culture of discrimination or inequality, structural changes must be supported by, and in alignment with, changes to social norms and attitudes. This is because, on the one hand, efforts to change individual attitudes and behaviours are difficult to sustain without structural changes to support individual efforts.<sup>17</sup> On the other, structural gender equity interventions (for example, quotas for women in leadership positions) that are not supported by efforts to change attitudes are more likely to result in resistance or ‘backlash’.<sup>18</sup>

To achieve deep and sustainable change, mutually reinforcing prevention initiatives that address the gendered norms, practices and structures that drive violence against women must be undertaken across different settings and across the life-course. Ensuring there is adequate primary prevention infrastructure at a national level (inclusive of an effective national policy framework, a skilled workforce and mechanisms for tracking change) is essential to enable this change.

<sup>15</sup> Our Watch, ANROWS, VicHealth (2015) [Change the story: a shared framework for the primary prevention of violence against women and their children in Australia](#). Our Watch. Melbourne.

<sup>16</sup> Our Watch (2020) [Tracking progress in prevention: a national monitoring report on progress towards the primary prevention of violence against women and their children in Australia](#), Our Watch. Melbourne. P4.

<sup>17</sup> PricewaterhouseCoopers Australia (2015) [A high price to pay: the economic case for preventing violence against women](#). PwC. Melbourne. p. 24.

<sup>18</sup> Salter M, Carmody M, Presterudstuen G (2015) [Resolving the prevention paradox: the role of communities and organisations in the primary prevention of violence against women](#). *In*: Asia-Pacific Conference on Gendered Violence and Violations; (2015 : Sep 17-20 : Bangkok).

## Gender norms, practices, and structures

Gender inequality is expressed and maintained through norms, practices and structures that support rigid gender stereotypes and unequal power structures between men and women. Gendered norms, practices and structures overlap in our everyday lives and have a cumulative impact over time, profoundly influencing outcomes for women and men across the life course.

**Gender norms** refer to values, attitudes and beliefs that construct masculinity, femininity and gender difference. Gender norms are deeply engrained, learned and imposed on us from childhood. Gender norms shape and maintain gender stereotypes.

Gender norms are internalised by individuals, groups and institutions and become gender practices.

**Gender practices** are behaviours that express and reinforce gender inequality. For example, in relationships through unequal sharing of domestic labour.

**Structural gender inequality** refers to laws and institutions that formalise gender inequality and the way power and wealth is shared (or not) in society. The under-representation of women at all levels of government and in key civil institutions, legislation that discriminates against women, and widening inequality in pay, savings and superannuation are all examples of structural inequality.

### 1.1 Embed a specific primary prevention pillar with its own priorities, focus areas and outcomes within the next *National Plan* that is aligned with the evidence base outlined in *Change the Story* and accompanied by a long-term funding commitment.

- Commit funding for primary prevention to match the duration of the next *National Plan* (i.e., ten years).
- Ensure the primary prevention pillar aligns with the evidence outlined in *Change the Story* and addresses the four gendered drivers of violence through initiatives that address gendered structures, as well as norms and practices, at all levels.
- Amend the vision in the *Draft Framework* to include gender equality, acknowledging gender inequality is a key factor in creating an environment where violence against women exists, for example: “A gender equal Australia that is free from all forms of violence against women and children.”
- Amend the principle that identifies drivers and reinforcing factors for violence against women to recognise the four gendered drivers of violence against women, as outlined in *Change the Story*. Any reference to mental illness as a reinforcing factor should be removed, as this is not currently supported by the evidence in *Change the Story*.
- Develop specific long-term (after ten years) and medium-term (within six to ten years) outcomes for primary prevention that reflect the drivers of violence against women, aligned with the guidance in Our Watch’s [Counting on Change: a guide to prevention monitoring](#).<sup>19</sup>

<sup>19</sup> Our Watch (2020) [Counting on change: a guide to prevention monitoring](#) Our Watch. Melbourne.

- Outline mechanisms for long-term monitoring and evaluation of the primary prevention pillar and its key initiatives within the *National Plan*.
- Commit to long term evaluation of all primary prevention initiatives beyond the pilot phase.

To ensuring a strong focus on primary prevention within the next *National Plan*, WHV recommends it is essential that a specific primary prevention ‘pillar’ is embedded in the Plan, with its own priorities, focus areas and outcomes. The following outlines changes required to the *Draft Framework* to support an increased focus on primary prevention.

### **Vision, mission and principles**

While the *Vision*, *Mission* and *Principles* appear to be designed to apply to both primary prevention and response, they must be adapted to ensure they reflect the evidence for primary prevention of violence against women and explicitly address gender inequality as a key factor in creating an environment where violence against women occurs.

For example, WHV recommends amending the current vision from:

*“An Australia free from all forms of violence against women and children”* to:

*“A gender equal Australia that is free from all forms of violence against women and children.”*

The current draft principles do not sufficiently highlight gender inequality as an essential factor to be addressed to prevent violence against women. Any reference to reinforcing factors should be included in a separate principle so the reinforcing factors are not confused with the drivers, and to ensure that resources are primarily targeted at addressing the four gendered drivers.

The evidence outlined in *Change the Story* identifies gender inequality as the primary factor in creating an environment where violence against women occurs (manifesting through the four gendered drivers outlined above) and the reinforcing factors are identified as:

- Condoning of violence in general
- Experience of, and exposure to, violence
- Weakening of pro-social behaviour, especially harmful use of alcohol
- Socio-economic inequality and discrimination
- Backlash factors (increases in violence when male dominance, power or status is challenged).<sup>20</sup>

To reflect a stronger focus on the gendered drivers of violence against women, the draft principle needs to be changed from:

*“Gender inequality is a key driver of violence against women, and reinforced by various factors such as socio-economic status, mental illness and prejudice”* to:

*“Gender inequality creates the context in which violence against women occurs, and the four gendered drivers of violence must be addressed in order to prevent it.”*

<sup>20</sup> Our Watch, ANROWS, VicHealth (2015) [Change the story: a shared framework for the primary prevention of violence against women and their children in Australia](#). Our Watch. Melbourne.

Any reference to mental illness as a reinforcing factor should be removed, as this is not currently supported by the evidence as outlined in *Change the Story*.

### **Priorities**

The proposed *Draft Framework* does not include a significant focus on primary prevention and, in its current form, is not sufficient to guide the broad and lasting change required to prevent violence against women.

The priority related to primary prevention in the *Draft Framework* reads as follows:

*“Effective Primary Prevention initiatives to promote healthy and safe relationships and build gender equitable values is a key part of ending violence against women and children”.*

Focusing only on “relationships” and “values” does not align with the evidence base outlined in *Change the Story* that articulates that prevention work must go beyond efforts to change attitudes and behaviours (for example, through social marketing campaigns) and also address gendered structural inequalities (such as gendered pay discrimination and the underrepresentation of women in leadership). It must also move beyond a focus on individuals/relationships and address gendered norms, practices and structures at the organisational, community, system and societal levels.

### **Approaches and focus areas**

The primary prevention pillar should specify key approaches and focus areas requiring increased attention, drawing on promising practice, gaps and opportunities identified in recent reports tracking Australia’s progress in primary prevention – such as [Tracking Progress in Prevention](#) (Our Watch 2020) and [Change the Story, three years on](#) (Our Watch 2019) – as well as dedicated consultation with primary prevention experts.

These reports highlight specific areas that need increased investment including structural change, national alignment of mutually reinforcing initiatives, intersectional approaches to prevention, whole-of-setting approaches, a focus on all forms of violence, and increasing the supply of skilled prevention workers. *Recommendation 2* of this submission highlights areas of promising practice that should be prioritised as focus areas within the next *National Plan*.

### **Outcomes (to inform effective monitoring and evaluation)**

The outcomes identified in the *Draft Framework* do not align with the evidence base for prevention of violence against women initiatives. Specific outcomes that map to each of the drivers of violence against women are essential to monitor progress and effectiveness of prevention initiatives included within the next *National Plan*. The framework only includes one outcome directly against one of the drivers of violence, “*Respectful Relationships*”, instead of outcomes showing change against all four drivers. Most of the outcomes are not time specific, and there is lack of clarity between medium and long-term outcomes. Any framework must include both medium- and long-term outcomes for primary prevention.

The recent House of Representatives Standing Committee on Social Policy and Legal Affairs’ [Inquiry into Family, Domestic and Sexual Violence](#) sets out clear measures for tracking progress within the response sector, but does not include the same level of detail for measuring the effectiveness of prevention. To measure change for ending violence against women both outcomes for prevention and response need to be measured.

*Counting on Change: a guide to prevention monitoring* is an evidence-based guide to monitoring and evaluating the prevention of violence against women and outlines outcomes, indicators and suggested data sources. The guide highlights that prevention outcomes need to be developed against the four gendered drivers of violence as outlined in *Change the Story* and include both medium-term and long-term outcomes. *Counting on Change* also articulates the need to develop specific outcomes for the prevention of different forms of violence.

As noted above, WHV recommends the next *National Plan* include a separate prevention pillar, and this should identify medium- and long-term outcomes that align with the four gendered drivers of violence, consistent with those identified in *Counting on Change*. The **longer-term outcomes** in *Counting on Change* are those that can be expected in ten years or more. They include:

- Reduced violence against women by an intimate partner
- Reduced violence against women by a non-intimate partner
- Reduced sexual harassment and online trolling.

**Medium-term outcomes** outline the changes expected within the next six to ten years. *Counting on Change* identifies expected outcomes against the four gendered drivers (below) as well as the reinforcing factors:

- Reduced acceptance of violence against women
- Women have greater decision-making power
- More positive respectful and equal relationships
- More positive expressions of masculinity
- Gender roles are less rigid

The *Draft Framework* does include an outcome related to respectful relationships, but does not include outcomes specific to any of the other gendered drivers. Outcomes must be identified for all four drivers.

The next *National Plan* must also commit to coordinated national level monitoring and evaluation of the primary prevention of violence, informed by *Counting on Change*.<sup>21</sup> Any approach to monitoring and evaluation must be intersectional and aim to measure intersecting forms of inequality. This includes disaggregating data based on gender, Indigeneity, disability and ethnicity.

There is a gap in the evidence on the prevalence of violence against migrant and refugee women. This is due to a combination of data not always being disaggregated for culturally and linguistically diverse women, and when it is, the absence of a consistent definition, meaning data is not comparable to show a long-term picture for this group. For example, sometimes data is collected by ethnicity, other times by refugee status and rarely by visa status, which has been identified as an important data set in understanding how violence impacts migrant and refugee women. A coordinated approach to monitoring and evaluation needs to provide guidance on approaches for collecting intersectional data in consultation with organisations

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<sup>21</sup> Our Watch (2020) [Counting on change: a guide to prevention monitoring](#) Our Watch. Melbourne.

representing Aboriginal and Torres Strait Islander women, migrant and refugee women, women with disability, and non-binary and transgender people.

### **Long term investment**

A key principle for the prevention pillar is to acknowledge that preventing violence before it occurs is a long-term goal which requires long term commitment and adequate resourcing. Funding has traditionally been provided on a short-term basis for stand-alone projects. Investment to support prevention needs to align with the duration of the next *National Plan* to enable mutually reinforcing initiatives and approaches to be tested, scaled up and embedded in order to achieve meaningful change.

## **1.2 Embed an intersectional approach across all areas of primary prevention that includes investment in organisations led by Aboriginal and Torres Strait Islander women, women with disabilities, migrant and refugee women and non-binary and transgender people.**

- Embed an intersectional approach throughout the next *National Plan*.
- Invest in prevention initiatives that are led by Aboriginal and Torres Strait Islander women, migrant and refugee women, women with a disability, and transgender and gender non-binary people.
- Increase the focus on prevention initiatives for Aboriginal and Torres Strait Islander women that aim to make structural changes, including through a commitment to addressing colonisation as an intersecting form of oppression with gender inequality and investing in strategies for increasing Aboriginal and Torres Strait Islander women's leadership and decision making in public life.
- Ensure prevention work is informed by existing intersectional frameworks including *Changing the Picture*, *Intersectionality Matters*, *Pride in Prevention*, and *Inclusive Planning Guidelines for the Prevention of Violence Against Women with Disabilities* and other specific guides for applying a disability lens to evidence-based prevention work.

An intersectional approach recognises that gender inequality 'intersects', or crosses over with, other forms of inequality and oppression, including (but not limited to) colonisation, racism, ageism, faith-based discrimination, socio-economic disadvantage, homophobia and transphobia, and ableism. The *Tracking Progress in Prevention* report identifies a link between those individuals who hold '*attitudes supportive of violence against women and other discriminatory attitudes*',<sup>22</sup> and highlights that there has been little reduction in the other forms of oppression and inequality that women experience that intersect with gender inequality.

Although the *Draft Framework* prioritises responding to the diverse lived experience of women who have experienced violence and the need to acknowledge intersecting forms of inequality, this needs to go further by committing to action to address the forms of oppression that intersect with gender inequality across norms, practices, and structures at all levels. The *Tracking Progress in Prevention* report highlights that greater investment and a focus on *structural and systemic reform to address all forms of oppression and discrimination* is key to

<sup>22</sup> Our Watch (2020) [Tracking progress in prevention: a national monitoring report on progress towards the primary prevention of violence against women and their children in Australia](#), Our Watch. Melbourne. P6.

an intersectional approach to prevention.<sup>23</sup> Including a separate primary prevention pillar, where intersectionality is mainstreamed throughout, will better ensure that the intersecting forms of oppression are addressed at all levels, specifically at the structural level which is essential for long term and sustained change.

In addition to embedding intersectionality into all components of the next *National Plan*, there also needs to be investment in stand-alone initiatives for primary prevention that are led by Aboriginal and Torres Strait Islander Community-Controlled Organisations and organisations led by women with a disability, migrant and refugee women, and gender non-binary and transgender people. These initiatives should align with and be informed by existing frameworks that provide guidance on how to address intersecting inequalities when undertaking initiatives to prevent violence against women, including:

- [Changing the Picture: a national resource to support the prevention of violence against Aboriginal and Torres Strait Islander women and their children](#) (Our Watch 2018),
- [Intersectionality matters. a guide to engaging immigrant and refugee communities to prevent violence against women](#) (Multicultural Centre for Women's Health, 2017),
- [Pride in Prevention: a guide to primary prevention of family violence experienced by LGBTIQ communities](#) (Rainbow Health Victoria, 2020) and
- [Inclusive planning guidelines for the prevention of violence against women with disabilities](#) and other specific guides for applying a disability lens to evidence-based prevention work (Women with Disabilities Victoria, 2017-2021).

WHV supports the inclusion of a specific focus on violence against Aboriginal and Torres Strait Islander women as included within the *Draft Framework*, acknowledging that they experience higher rates of violence and the impacts are more severe. For example, between 2018-2019 the hospitalisation rate for Aboriginal and Torres Strait Islander women from family violence was 29 times higher than for non-Aboriginal and Torres Strait Islander women.<sup>24</sup> However, the *Draft Framework* is currently focused on response, and there must also be an increased focus on the primary prevention of violence against Aboriginal and Torres Strait Islander women.

Any approach to addressing violence against Aboriginal and Torres Strait Islander women must also address the impacts of colonisation. As reported in *Tracking Progress in Prevention*, out of all the actions to prevent violence against women in the *Fourth Action National Plan to Reduce Violence Against Women and their Children (2019-2022)*, the least common actions were those that addressed 'intergenerational trauma for Aboriginal and Torres Strait Islander peoples through primary prevention'.<sup>25</sup> *Changing the Picture* outlines guidance for addressing violence against Aboriginal and Torres Strait Islander women, including how the gendered drivers of violence need to be addressed in combination with colonisation to prevent violence against Aboriginal and Torres Strait Islander women. It is also essential that efforts to prevent violence against Aboriginal and Torres Strait Islander women engage organisations that represent and are led by Aboriginal and Torres Strait Islander women and communities.

<sup>23</sup> Our Watch (2020) [Tracking progress in prevention: a national monitoring report on progress towards the primary prevention of violence against women and their children in Australia](#), Our Watch. Melbourne.P6.

<sup>24</sup> Our Watch (2020) [Quick facts](#) Our Watch. Melbourne.

<sup>25</sup> Our Watch (2020) [Tracking progress in prevention: a national monitoring report on progress towards the primary prevention of violence against women and their children in Australia](#), Our Watch. Melbourne.P65.



To increase the required structural and systems level change needed to effectively prevent violence against Aboriginal and Torres Strait Islander women, there needs to be a particular focus on increased resourcing for Aboriginal and Torres Strait Islander women's participation in leadership and decision-making. As outlined in *Changing the Picture*, this includes supporting strategies that 'promote [Aboriginal and Torres Strait Islander women's] right to participate equally in leadership, decision making and governance processes – at all levels, and both in their own communities and in non-Indigenous organisations'.<sup>26</sup> *Tracking Progress in Prevention* highlights some initial progress in increasing Aboriginal and Torres Strait Islander women's participation in leadership and decision-making, however there have also been steps backwards. For example, the National Family Violence Prevention Legal Service Forum (the only national peak body for Aboriginal and Torres Strait Islander victim-survivors of family violence and sexual assault) has had its funding cut since 2020.<sup>27</sup>

### 1.3 Establish a national gender equality strategy to support structural change.

#### A National Gender Equality Strategy needs to:

- Be a priority within the next *National Plan* to set the agenda for national structural level change.
- Draw on lessons and successes from the development and implementation of Victoria's Gender Equality Strategy, [Safe and Strong](#).
- Explicitly link the promotion of gender equality with the prevention of violence against women.
- Take a whole of government approach and include all areas of public policy with a focus on economic and social policy.
- Address the intersections between gender inequality and other forms of inequality.
- Be developed with input from priority groups including Aboriginal and Torres Strait Islander women, women with disabilities, migrant and refugee women, and transgender and non-binary people.
- Include an outcomes framework against which progress can be monitored and evaluated.

In addition, to align with any strategy, the Federal Government should commit to legislating the requirement that all public agencies undertake gender audits, gender impact assessment and gender equality action plans, as required under Victoria's [Gender Equality Act 2020](#).

For primary prevention to be effective, it must address structural inequalities and involve efforts to increase gender equality across all parts of society. *Tracking Progress in Prevention* highlights that a key next step for prevention in Australia is to increase the focus on actions to drive structural change and strengthen the 'gender policy machinery of governments'.<sup>28</sup> A national gender equality strategy is essential to create the policy framework to guide structural change across Australia and boost efforts to prevent violence against women.

<sup>26</sup> Our Watch (2018) [Changing the picture: a national resource to support the prevention of violence against Aboriginal and Torres Strait Islander women and their children](#) Our Watch. Melbourne. P31.

<sup>27</sup> Our Watch (2020) [Tracking progress in prevention: a national monitoring report on progress towards the primary prevention of violence against women and their children in Australia](#), Our Watch. Melbourne.

<sup>28</sup> Our Watch (2020) [Tracking progress in prevention: a national monitoring report on progress towards the primary prevention of violence against women and their children in Australia](#), Our Watch. Melbourne.P5.

Achieving gender equality and preventing violence against women requires strong, long-term leadership and a coordinated strategy that builds momentum for comprehensive and sustained social change. Governments at all levels – and in particular the Commonwealth Government – have a key role to play in leading and coordinating a whole-of-community approach to preventing violence against women and achieving gender equality.

Victoria is an international leader in the prevention of violence against women and has introduced several significant policy and legislative changes to prevent violence against women and promote gender equality since 2016. This includes the development of *Safe and Strong: A Victorian Gender Equality Strategy*, which outlines the changes required at a state level to prevent violence against women and increase gender equality, with an initial focus on foundational reforms within the public sector. Key initiatives outlined in *Safe and Strong* included establishing Victoria's *Gender Equality Act 2020* and committing to gender-responsive budgeting. The development of a national strategy should be guided by lessons and successes from the development and implementation of *Safe and Strong*. Key strengths of *Safe and Strong* that should be considered within a national strategy include:

- Recognising gender equality as integral to preventing violence against women.
- Committing to an intersectional approach and identifying priority groups who experience multiple layers of oppression including women with a disability, Aboriginal and Torres Strait Islander women, and migrant and refugee women.
- Developing the strategy in consultation with key communities including Aboriginal and Torres Strait Islander communities, women with disabilities and migrant and refugee communities.
- Acknowledging investment is required across the political, economic, social and cultural domains of society, including: education and training; work and economic security; leadership and participation; health, safety and wellbeing; sport and recreation; and media, arts and culture.
- Including an outcomes framework and committing to monitoring and evaluation.
- Acknowledging that long-term commitment is required for sustained change in relation to gender equality.
- Taking a life course approach to gender equality, acknowledging work needs to be undertaken throughout all stages of life to achieve gender equality.

Applying a gender lens to policy, programs and service delivery across all portfolios is essential to embed gender equality in all aspects of public life. Effective ways of applying a gender lens across the public sector include through gender impact assessment of programs and policy, and gender responsive budgeting. To support a national gender equality strategy, the Commonwealth Government should follow the lead of the Victorian Government and commit to legislation requiring all public agencies to undertake gender audits, gender impact assessments and develop gender equality action plans to ensure gender equality is embedded across all areas of public policy, with oversight from an independent body similar to the Commissioner for Gender Equality in the Public Sector in Victoria.

### Approaches for applying a gender lens across government

**Gender Impact Assessment** considers how a policy or program may both impact and meet the needs of men, women and gender diverse people. [A toolkit and guidance](#) on Gender

Impact Assessments are available through the Victorian Commissioner on Gender Equality in the Public Sector.

**Gender Responsive Budgeting** aims to analyse and address the gendered impacts of budgeting, resourcing and policy decisions, and to inform budgeting and decision-making to better contribute to the advancement of gender equality. Specific elements of a comprehensive approach to gender responsive budgeting are outlined in [WHV's submission to the Victorian Public Accounts and Estimates Committee Inquiry into Gender Responsive Budgeting](#).

A comprehensive monitoring and evaluation framework for the strategy, which involves regular reporting against priority outcomes, and is supported by gender-disaggregated data, will be essential for prioritising effort towards gender equality, holding government and stakeholders accountable, and tracking progress over time.

#### 1.4 Develop a national strategy to scale up the capacity and capability of the prevention of violence against women workforce.

**The national prevention workforce strategy needs to:**

- Outline the government's approach for achieving an increased and nationally coordinated prevention of violence against women workforce.
- Provide guidance on the minimum level of skills and knowledge required for a strong and capable prevention of violence against women workforce.
- Ensure gender equality content is integrated into prevention of violence against women workforce pre-service training nationally.
- Invest in strategies to increase the supply of prevention workers.
- Ensure the development of such a strategy includes government, industry and community consultation that is inclusive of all voices and provides an intersectional gender lens.

A skilled and increased prevention of violence against women workforce is essential to support the expansion of prevention of violence against women efforts, and to achieve the overarching vision outlined in the *Draft Framework*. However, there is currently no national mechanism to support the coordination, quality oversight and collaboration required to increase the capacity and capability of a national workforce.<sup>29</sup>

Prevention of violence against women is a relatively new sector in Australia and there is currently an insufficient workforce to both embed gender equality across all industries and meet the demand for specific prevention of violence against women and gender equality expertise.

The *Tracking for Prevention* report highlights the importance of coordinating and building the capacity and capability of the prevention workforce.<sup>30</sup> The Commonwealth has a role in national coordination, supporting collaboration and defining sector standards to support states

<sup>29</sup> Our Watch (2020) [Tracking progress in prevention: a national monitoring report on progress towards the primary prevention of violence against women and their children in Australia](#), Our Watch. Melbourne.

<sup>30</sup> Our Watch (2020) [Tracking progress in prevention: a national monitoring report on progress towards the primary prevention of violence against women and their children in Australia](#), Our Watch. Melbourne.

and territories. A national workforce strategy should aim to support the shaping of relevant training and professional development programs for the sector, increase understanding of prevention of violence across sectors, increase national coordination of prevention workforce development, and promote a common understanding of language within the sector.

Primary prevention of violence against women requires mainstreaming of gender equality and prevention initiatives across organisations and sectors, supported by specialist primary prevention experts/organisations. For this reason, there needs to be investment both in increasing the specialist workforce and in skilling up internal staff who may play a role in mainstreaming gender equality and prevention within their organisations and sectors.

To increase the capacity and capability of a specialist prevention of violence workforce, a clear career pathway needs to be defined, supported by investment in accredited training for the prevention of violence against women.

To increase generalist knowledge there needs to be investment in embedding gender equality learning within pre-service training across sectors, for example teaching, early childhood, human resources, sports administration and management. An example of an accredited gender equality training course, that can both be taught as a stand-alone course or as part of other pre-service content, is the WHV-led [Gender Equity](#) course, funded through the Victorian Government.

## 2. Scale-up promising practice for the primary prevention of violence against women.

Primary prevention requires a long term commitment to achieve change. For this reason, it is essential that there is long term investment in primary prevention practice. A recommended approach, as highlighted in *Counting on Change*,<sup>31</sup> is to invest in and scale up existing practice where there is emerging evidence that it is contributing to positive change.

Victoria has been leading primary prevention practice globally and there are a number of effective initiatives emerging across a range of settings that have scope for both scale-up and roll-out nationally, including:

- A whole of school approach to *Respectful Relationships Education*, which addresses harmful gender norms and practices at an individual, organisational and community level, within the school setting.
- WHV's *Gender Equality in Advertising* project which takes a systems approach to promoting diverse and transformative gender portrayals in advertising – working with industry, consumers, regulators and governments to address sexist attitudes and behaviours, transform discriminatory workplace practices and cultures, and strengthen inadequate regulatory frameworks.
- The *Victorian Regional Primary Prevention Partnerships* which are led by the Victorian women's health services network and deliver locally relevant and evidence-based approaches to primary prevention through local partnerships in key settings. The

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<sup>31</sup> Our Watch (2020) [Counting on change: a guide to prevention monitoring](#) Our Watch. Melbourne.

partnerships undertake mutually-reinforcing actions across all levels of the community to change gendered norms, practices, and systems.

There is an opportunity to scale-up and/or roll out the above initiatives for increased and long-term impact for the primary prevention of violence against women.

## **2.1 Invest in WHV's Gender Equality in Advertising project to increase its scale and impact, in partnership with the Victorian Government.**

Media and advertising are articulated as a priority setting for action in *Change the Story*. Despite this, there has been limited investment in prevention initiatives within the media and advertising setting.

Media and advertising are pervasive in all aspects of our everyday lives, and are highly influential in shaping gendered norms, attitudes and behaviour. While media and advertising play a critical role in perpetuating the attitudes, beliefs and behaviours that promote violence against women, they can also play a significant role in contributing to their transformation and promoting gender equity. The recent report from the *House Standing Committee on Social Policy and Legal Affairs Inquiry into Family, Domestic and Sexual Violence* recommends the Australian Government increase investment in “national research and awareness raising campaigns into sexist advertising and the negative effects of unequal gender representation” (Recommendation 57).<sup>32</sup>

The Victorian Government has funded WHV to lead a [project to address sexism in advertising](#). The project represents the first coordinated effort in Australia to address the drivers of violence against women and promote gender equality in the advertising setting. The project is underpinned by an evidence-based national framework, [Seeing is Believing](#), which outlines the whole-of-system approach required to achieve long-term, sustainable change in the advertising setting. *Seeing is Believing* identifies three priority areas for action: industry culture change; empowering community (consumers); and regulation and policy change.

With funding from the Victorian Government, the first phase of the project (September 2018 to date) has laid the foundations for lasting change. WHV has established the evidence base, developed industry networks, and created campaign infrastructure and resources for industry capacity-building – branded as [shEqual](#) – to drive change.

What is needed now is sustained investment that will enable the project to scale up quickly at a national level, get ‘runs on the board’ to demonstrate its impact, and secure buy-in from industry leaders.

With additional investment, there is huge potential for the *Gender Equality in Advertising* project to have a significant impact on the social norms and attitudes that drive violence against women. WHV recommends the Commonwealth partner with the Victorian Government to scale up the *Gender Equality in Advertising* project.

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<sup>32</sup> Australia. House of Representatives Standing Committee on Social Policy and Legal Affairs (2021) [Inquiry into family, domestic and sexual violence](#). Australia. Parliament. Canberra.

## 2.2 Scale-up local community mobilisation initiatives that are mutually reinforcing to create sustained change.

- Roll-out community-based programs across Australia that use a ‘collective impact’ approach to build the capability of organisations to take action to prevent violence against women at a local level, building on Victoria’s successful Regional Prevention of Violence Against Women Partnership model.
- Ensure regional practice includes mutually reinforcing initiatives that address the drivers of violence against women, in partnership with local stakeholders.
- Ensure an intersectional approach to community mobilisation that includes the voices and experiences of women with disability, Aboriginal and Torres Strait Islander women and migrant and refugee women and addresses other intersecting forms of inequality and discrimination.

An effective approach to the primary prevention of violence against women requires mutually reinforcing initiatives that target gendered norms, practices and structures across multiple settings (including schools, workplaces, sports and media) and at every level of the socio-ecological model (individual, relationship, community and societal). An effective way to undertake primary prevention work at the community level is through community mobilisation and strengthening initiatives (as identified in *Change the Story*).

For over a decade, Victoria’s women’s health services have driven collaborative prevention work at local, regional and state-wide levels. Giving life to Our Watch’s *Change the Story*, the Prevention Partnerships led by regional women’s health services cover metropolitan, rural and remote areas of the state and are a success story in the Victorian family violence prevention infrastructure. They represent best practice in Collective Impact – building a shared vision for change, undertaking mutually reinforcing activities, continuously communicating and measuring results together. Collective Impact has been made possible because of the backbone support provided by women’s health services in each region. Key to the success of the Regional Partnership model is the unique position of regional women’s health services to engage in local partnerships to develop prevention strategies that are locally relevant and specific.

Regional women’s health services work closely with state-wide women’s health services to ensure their strategies are intersectional, and to strengthen the foundations of regional prevention practice. For example:

- Women with Disabilities Victoria has provided support to several regional women’s health services to apply a disability lens across prevention practice.
- Multicultural Centre for Women’s Health works with regional services to ensure their strategies and prevention work takes an intersectional and inclusive approach that supports migrant and refugee women.
- WHV provides statewide training and workforce capacity building in the form of gender equity training for new prevention practitioners and masterclasses for experienced practitioners across the state.
- Gender Equity Victoria (GEN VIC), as the peak body for women’s health services in Victoria, brings together women’s health services regularly to ensure knowledge is shared.

The regional prevention of violence against women partnership model also enables prevention practice to better reach rural settings within Australia through adapting practice to meet the local context. Women living in rural areas are more likely than those in urban areas to experience family violence, and they face additional barriers to reporting and escaping abuse.<sup>33</sup>

There is an opportunity to roll this model out at a national level to ensure prevention initiatives are reaching all communities around Australia and are contextualised to different local settings. Investment in increasing the skilled regional prevention workforce (recommendation 1.4) will be critical to successfully scale up this model.

## 2.3 Mandate consistent implementation of Respectful Relationships and Sexuality Education across all schools at all year levels.

### Evidence-based approach to Respectful Relationships and Sexuality Education

- Mandate the teaching of key content in evidence-based Sexuality and Respectful Relationships Education inclusive of: gender equality, consent in sexual relations, bodily autonomy, biology and reproduction, prevention of sexually transmitted infections, gender-based violence, sexual orientation, and skills for respectful relationships.
- Ensure Sexuality and Respectful Relationships Education is implemented through a whole of school approach.
- Ensure a gender and power analysis is applied across all learning areas and all years of the national school curriculum, with a specific focus on Health and Physical Education.
- Ensure Sexuality and Respectful Relationships Education is inclusive and accessible for all students, including those with a disability.
- Ensure the development and implementation of Respectful Relationships Education nationally aligns with the evidence base as outlined by [Our Watch](#).

### Teacher support

- Provide adequate resources and technical support and advice to schools for the implementation of Sexuality and Respectful Relationships Education through a whole of school approach.
- Invest in teacher training for Sexuality and Respectful Relationships Education.

### Evaluation

- Evaluate the implementation of any curriculum used as part of a whole of school approach aimed at preventing violence against women and promoting consent in sexual relationships.

Respectful Relationships and Sexuality Education is not being taught consistently (if at all), across all year levels, within Australian schools. A recent national study shows inconsistency in the delivery of Sexuality Education across Australia, with some young people reporting sufficient education and some reporting none.<sup>34</sup> Key topics highlighted by young people that were often missing in their sexuality education included “*relationships, sexuality and gender*

<sup>33</sup> Campo M, Tayton S (2015) [Domestic and family violence in regional, rural and remote communities: an overview of key issues](#). Australian Institute of Family Studies. Melbourne.

<sup>34</sup> Waling A, Fraser S, Fisher, C (2020) [Young people and sources of sexual health information](#). LaTrobe University. Australian Research Centre in Sex, Health and Society. Bundoora, Vic., p.16. - (*ARCShS Monograph Series*; no. 121).

*diversity, consent and sexual violence, sexually transmissible infections and human immunodeficiency virus prevention across different bodies and sexual practices, and pleasure*".<sup>35</sup> Respectful Relationships Education is an emerging area of curriculum in Australia and therefore is yet to be embedded effectively in all schools at all year levels through an evidence-based approach.

*Tracking Progress in Prevention* found that there is still a 'concerning proportion of people [who] hold attitudes which disregard the need for sexual consent in sexual relations'.<sup>36</sup> This is particularly true for young men, with a 2019 Australian study finding that significant proportions of young men supported attitudes that justified sexual violence. For example, nearly a quarter of young men (24%) agreed that 'women find it flattering to be persistently pursued, even if they are not interested'.<sup>37</sup> There is emerging evidence that an evidence-based approach to Sexuality and Respectful Relationships Education can enable young people to make informed decisions about sex and relationships and can support the prevention of violence against women (inclusive of sexual violence).<sup>38</sup> Sexuality and Respectful Relationships Education are interconnected, and need to be taught together in integrated way, specifically in regard to preventing sexual violence and increasing understanding and skills for consent in sexual relations.

The recently proposed content on consent within the Health and Physical Education national curriculum is limited to protective behaviours and social and emotional learning, particularly from Foundations through to Year Six. Although this is important, it is not sufficient to prevent sexual violence. Evidence indicates that age-appropriate content on consent (for the prevention of sexual violence), sexuality and relationships can be taught through all levels of schooling.<sup>39</sup> International evidence shows that teaching young people about sex does not increase sexual activity and instead provides them with the tools to have healthy sexual experiences when they choose.<sup>40</sup>

## Sexuality Education and Respectful Relationships Education

Sexuality Education and Respectful Relationships Education can overlap in content and sometimes the terms are used interchangeably.

**Sexuality Education** goes beyond the teaching of biology and should include content on bodily autonomy, sexual intimacy, relationships, gender identity, pleasure, sexual orientation, and consent in sexual relations. More recently, the term Comprehensive Sexuality Education has been used to describe the range of topics that need to be taught to ensure student health and wellbeing and can also include content on gender-based violence. Sexuality Education

<sup>35</sup> Waling A, Fraser S, Fisher, C (2020) [Young people and sources of sexual health information](#). LaTrobe University. Australian Research Centre in Sex, Health and Society. Bundoora, Vic., p.16. - (*ARCSSH Monograph Series*; no. 121).

<sup>36</sup> Our Watch (2020) [Tracking progress in prevention: a national monitoring report on progress towards the primary prevention of violence against women and their children in Australia](#), Our Watch. Melbourne.

<sup>37</sup> Politoff V, Crabbe M, Honey N, Mannix S, Mickle J, Morgan J, et al. (2019) [Young Australians' attitudes to violence against women and gender equality: findings from the 2017 National Community Attitudes towards Violence against Women Survey \(NCAS\)](#). ANROWS. Sydney – (*ANROWS Insights*; 01/2019).

<sup>38</sup> Holden J, Bell E, Schauerhammer V (2015) [We want to learn about good love: findings from a qualitative study assessing the links between comprehensive sexuality education and violence against women and girls](#). Plan International UK; Social Development Direct. London.

<sup>39</sup> UNESCO (2018) [International technical guidance on sexuality education: an evidence-informed approach](#) Rev ed. – UNESCO. Paris.

<sup>40</sup> UNESCO (2018) [International technical guidance on sexuality education: an evidence-informed approach](#) Rev ed. – UNESCO. Paris.



has been shown to be protective for young people's ongoing sexual health and may support the prevention of violence against women when content is included on gender, power and gender-based violence.<sup>41</sup>

**Respectful Relationships Education** specifically aims to prevent violence against women. Best practice Respectful Relationships Education addresses the four gendered drivers of violence against women and includes content on gender inequality, gender-based violence, skills and behaviours to enter into equal and respectful relationships, and consent in sexual relations. Respectful Relationships Education is commonly delivered within school settings, but can also refer to education in other settings including the community and the workplace. Australia has recently established a specific evidence-based approach to Respectful Relationships Education in schools. Evidence from Victoria has shown that a whole of school approach to Respectful Relationships Education has positively changed students' attitudes, knowledge and skills, and contributed to an increase in gender equality across the whole of school.<sup>42</sup> Our Watch has produced several resources to guide an evidence-based approach to [Respectful Relationships Education](#).

The evidence base shows that content on gender equality, gender and sexual diversity and power are essential for both Sexuality and Respectful Relationships Education, and that both need to be undertaken through a whole of school approach. This acknowledges that gender inequality is a contributing factor to both poor sexual and reproductive health outcomes and violence against women, and that gendered attitudes impact sexual and reproductive health practices and young people's ability to have equal and respectful relationships. For example, preventing pregnancy is often seen as the sole responsibility of women and therefore education messages focus on how young women can 'protect themselves', reinforcing gendered assumptions and inequalities, as opposed to having a broader conversation with young men and women about equality, respect and responsibility in relationships.

A whole of school approach refers to an approach that goes beyond the teaching of curriculum and ensures gender equality and prevention of violence is embedded across the school as a workplace, within other curriculum areas, across broader school activities including in sports and the arts, and as part of community engagement including with parents. A whole of school approach aims to ensure messages on gender equality are mutually reinforced at all levels of the school to achieve gender transformative change across the culture of a school.

### **Integrating gender equality content into Geography using the [Victorian Women's Health Atlas](#)**

A whole of school approach to Respectful Relationships Education requires gender equality to be embedded across the school. This includes integrating gender equality content outside of the Respectful Relationships and Sexuality Education curriculum.

For example, WHV has partnered with the Geography Teachers' Association of Victoria to develop [lessons plans](#) that integrate content on gender equality and link to the Year 10 Geographies of Human Wellbeing curriculum.

<sup>41</sup> UNESCO (2018) [International technical guidance on sexuality education: an evidence-informed approach](#) Rev ed. – UNESCO. Paris.

<sup>42</sup> Our Watch (2016) [Respectful relationships education in schools: the beginnings of change: final evaluation report](#) Our Watch. Melbourne.

These resources are based on data from the [Victorian Women's Health Atlas](#) that maps sex-specific data for each local government area (LGA), supported by a gender analysis.

The content enables students to engage with a wealth of Victorian spatial data to increase their awareness and understanding of how health and gender inequality impacts society, their local community and their own lives. A better understanding of the intersections between gender and health enables young people to identify actions to address gendered health disparities.

This is an example of a resource that could be provided to schools as a supporting resource when implementing a whole of school approach to Respectful Relationships Education.

Sexuality and Respectful Relationships Education need to be accessible to and inclusive of all young people. This includes ensuring content considers how different forms of oppression intersect with gender inequality and impact on young people's ability to have respectful relationships and consensual sexual relations. There needs to be a specific focus on accessibility and inclusiveness of the curriculum for young people with a disability. This group has often been ignored when it comes to increasing understanding of sexuality due to persistent out of date beliefs that people with disabilities are either asexual or sexually uninhibited and that this content is either not required or harmful for people with a disability.<sup>43</sup> Increasing access to sexuality education for people with a disability also aligns with *Recommendation 45* from the report of the 2021 Social Policy and Legal Affairs Committee *Inquiry into Family, Domestic and Sexual Violence*.

The evidence also shows it is essential for Sexuality and Respectful Relationships Education to be delivered by skilled teachers who are trained in delivering this specific content. Evidence from the secondary school context has found that quality professional learning for staff better supports student safety, teacher confidence and the sustainability of efforts to reduce gender inequality. Further investment is needed in teacher training to ensure teachers are confident delivering sensitive content<sup>44</sup> and to ensure a sustainable, whole of school approach is embedded.<sup>45</sup> This includes embedding content on teaching Sexuality and Respectful Relationships Education in pre-service training for teachers and investing in ongoing professional development training for teachers to access as needed. In addition to supporting teachers, there needs to be investment in professional development for all staff to support schools to implementation a whole of school approach. This was seen as essential to the success of the *Respectful Relationships Education in Schools Project* in Victoria.<sup>46</sup>

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<sup>43</sup> UNESCO (2018) [International technical guidance on sexuality education: an evidence-informed approach](#) Rev ed. – UNESCO. Paris.

<sup>44</sup> Ollis D, Coll L (2018) Beyond teaching the 'taboo': renegotiating sexuality and relationships education's boundaries with students and teachers. *Active and Healthy Journal*. 25(Issue 2/3):47-54.

<sup>45</sup> Ollis D, Harrison L (2016) Lessons in building capacity in sexuality education using the health promoting school framework: from planning to implementation. *Health Education*. 116(2):138-153.

<sup>46</sup> Our Watch (2016) [Respectful relationships education in schools: the beginnings of change: final evaluation report](#) Our Watch. Melbourne.

### 3. Address all forms of violence within the *National Plan* including sexual harassment and reproductive coercion/abuse.

All forms of violence against women are interconnected and share the same gendered drivers. However, not all forms of violence against women have received the same level of investment in both prevention and response.

WHV supports the inclusion of all forms of violence within the Vision statement of the *Draft Framework*: “An Australia free from all forms of violence against women and children”. It is essential this translates into an increased focus on forms of violence that have previously received less investment or been ignored, including reproductive coercion/abuse and sexual harassment.

#### 3.1 Expressly name and integrate reproductive coercion/abuse into existing and future policy frameworks, strategies, and practice guidance for preventing and responding to violence against women, including the next *National Plan*.

**Specifically, the *National Plan* needs to include the following actions to effectively prevent and respond to reproductive coercion/abuse:**

- Invest in research to understand the extent of reproductive coercion/abuse within Australia.
- Raise awareness of reproductive coercion/abuse within both the sexual and reproductive health sector and the violence against women sector (both prevention and response) to ensure an effective and coordinated approach to addressing reproductive coercion.
- Build the capability of the sexual and reproductive health workforce and violence against women workforce to respond to reproductive coercion/abuse and make appropriate (cross-) referrals.
- Integrate reproductive coercion/abuse into existing and future programs aimed at preventing violence against women.
- Ensure an inclusive and intersectional approach to preventing and responding to reproductive coercion/abuse through considering the unique experiences and needs of migrant and refugee women, women with a disability, and Aboriginal and Torres Strait Islander women.

Reproductive coercion/abuse<sup>47</sup> is defined as ‘behaviour that interferes with the autonomy of a person to make decisions about their reproductive health’.<sup>48</sup> It can include contraceptive sabotage, pregnancy coercion or controlling pregnancy outcomes. Reproductive coercion/abuse contributes to negative health outcomes including poor mental health,

<sup>47</sup> This submission specifically focuses on women’s experiences of reproductive coercion/abuse. However reproductive coercion also impacts gender non-binary and transgender people and this needs to be addressed in any response to reproductive coercion/abuse.

<sup>48</sup> Grace KT, Anderson JC (2018) Reproductive coercion: a systemic review. *Trauma, Violence and Abuse*. 19(4):371-390. - cited in: Marie Stopes Australia (2018) [Hidden forces: shining a light on reproductive coercion: White Paper](#). Marie Stopes Australia. Melbourne, p.7.

unintended pregnancy and sexually transmitted infections.<sup>49</sup> Although the rate of reproductive coercion/abuse in Australia is unknown, evidence shows women are at increased risk of experiencing intimate partner violence during pregnancy<sup>50</sup> and that unintended pregnancy occurs more commonly in relationships where the woman experiences violence.<sup>51</sup> Addressing reproductive coercion/abuse is essential to end all forms of violence against women.

Reproductive coercion/abuse intersects with several forms of violence including intimate partner violence, sexual violence and family violence. It can be considered a form of coercive control and shares the same gendered drivers as other forms of violence against women. However, reproductive coercion/abuse is not routinely identified as a form of violence in efforts to both respond to and prevent violence against women. Although the *Fourth Action plan to reduce violence against women and children* did mention forced sterilisation, reproductive coercion/abuse is a broader term that also incorporates other forms of coercion and abuse such as tampering with another person's contraception, pressuring someone into pregnancy and coercing someone into terminating or following through with a pregnancy.<sup>52</sup>

The risk of experiencing reproductive coercion/abuse is often increased for women who experience multiple forms of oppression and they are more likely to experience both interpersonal and structural reproductive coercion/abuse. For example, at the interpersonal level, reproductive coercion/abuse may include an intimate partner aiming to control reproductive outcomes for another person. At the structural level, it may include broader policy, legislative, cultural and economic factors which may impact on a person's right to exercise autonomy over their reproductive decision making, such as restrictive policy on abortion access.

As a result of colonisation in Australia, Aboriginal and Torres Strait Islander communities have experienced decades of structural and interpersonal reproductive coercion/abuse, through policies that aim to regulate, “*separate, remove and institutionalise Aboriginal and Torres Strait Islander children*”.<sup>53</sup> Further examples and impacts of reproductive coercion/abuse against Aboriginal and Torres Strait Islander communities are outlined in Marie Stopes Australia's White Paper on reproductive coercion, *Hidden Forces*.<sup>54</sup> In addition, Aboriginal and Torres Strait Islander women experience higher rates of violence than non-Aboriginal and Torres Strait Islander women and are three times as likely to experience sexual assault.<sup>55</sup>

There is limited research on reproductive coercion/abuse for migrant and refugee women, however it is acknowledged that any work on reproductive coercion/abuse needs to be

<sup>49</sup> Tarzia L, Wellington M, Marino J, Hegarty K (2018) A huge, hidden problem: Australian health practitioners' views and understandings of reproductive coercion. *Qualitative Health Research*. 29(10):1395-1407.

<sup>50</sup> Campo M (2015) [Domestic and family violence in pregnancy and early parenthood: overview and emerging interventions](#). Australian Institute of Family Studies. Melbourne. -cited in: Anderson R, Webster A, Barr M (2018) [Great expectations: how gendered expectations shape early mothering experiences](#). Women's Health Victoria. Melbourne. - (*Women's Health Issues Paper*; 13).

<sup>51</sup> Miller E, Decker R, McCauley H, Tancredi D, Levenson R, Waldman J, et al. (2010) [Pregnancy coercion, intimate partner violence and unintended pregnancy](#). *Contraception*. 81(4):316-322. -\_cited in: Children By Choice (2017) [Violence and pregnancy \[Webpage\]](#). Accessed: July 2021.

<sup>52</sup> Marie Stopes Australia (2020) [Hidden forces: a white paper on reproductive coercion in contexts of family](#). 2<sup>nd</sup> ed. Marie Stopes Australia. Melbourne

<sup>53</sup> Marie Stopes Australia (2020) [Hidden forces: a white paper on reproductive coercion in contexts of family](#). 2<sup>nd</sup> ed. Marie Stopes Australia. Melbourne. P30.

<sup>54</sup> Marie Stopes Australia (2020) [Hidden forces: a white paper on reproductive coercion in contexts of family](#). 2<sup>nd</sup> ed. Marie Stopes Australia. Melbourne.

<sup>55</sup> Our Watch (2020) [Quick facts](#) Our Watch. Melbourne

informed by the experiences of migrant and refugee women. Women on temporary visas are often unable to access affordable sexual and reproductive health care, which can heighten the risk of reproductive coercion/abuse. Research also indicates that some migrant and refugee women may use the term sexual violence to describe violence from a stranger, but consider controlling behaviours by an intimate partner an acceptable part of an intimate relationship.<sup>56</sup> Therefore, it is key to ensure any efforts to address reproductive coercion/abuse within migrant and refugee communities are undertaken in consultation with this community to ensure the issue is addressed in a culturally appropriate way that applies an intersectional lens to addressing the drivers of violence.

Data is scarce on reproductive coercion/abuse of women with disability in Australia, however *Hidden Forces* documents how both structural and individual reproductive coercion/abuse have been common for many women with a disability. This includes women with disability experiencing forced contraception or sterilisation in the name of 'care'. Compounding this issue are the high rates of sexual violence experienced by women with a disability and the lack of accessible sexuality education providing women with a disability with information on their sexual and reproductive health rights.<sup>57</sup>

There must be a specific response to address reproductive coercion/abuse for Aboriginal and Torres Strait Islander women, women with a disability and migrant and refugee women that addresses intersecting forms of oppression. This work must be informed and led by organisations led by Aboriginal and Torres Strait Islander communities, women with a disability and migrant and refugee women.

Reproductive coercion/abuse needs to be named as a form of violence in the next National Plan and explicitly addressed in efforts both to prevent and respond to violence against women. For example, this could include integrating information on reproductive coercion/abuse as a form of violence into existing prevention of violence against women frameworks, training and practice resources. Although there is some emerging work to respond to reproductive coercion/abuse in the sexual and reproductive health sector (for example, the initial awareness [resources](#) developed by Children by Choice), there needs to be: (1) further investment in increasing understanding of reproductive coercion/abuse across both the sexual and reproductive health and violence against women sectors; and (2) increased understanding within the mainstream health, sexual and reproductive health and violence against women sectors of how the gendered drivers of violence may manifest in the context of sexual and reproductive health, as well as how to identify and respond to reproductive coercion/abuse.

The response to reproductive coercion/abuse requires coordination across the sexual and reproductive health and violence against women sectors. For example, appropriate responses require both referral of women to sexual and reproductive health services that will enable them to assert control over their reproductive rights and choices, and ensuring links and referral pathways from sexual and reproductive health services to family violence response agencies.

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<sup>56</sup> Marie Stopes Australia (2020) [Hidden forces: a white paper on reproductive coercion in contexts of family](#). 2<sup>nd</sup> ed. Marie Stopes Australia. Melbourne.

<sup>57</sup> Marie Stopes Australia (2020) [Hidden forces: a white paper on reproductive coercion in contexts of family](#). 2<sup>nd</sup> ed. Marie Stopes Australia. Melbourne.

### 3.2 Strengthen the focus on prevention of sexual harassment in the workplace

- Implement all 55 recommendations outlined in the Australian Human Rights Commission's report: *Respect@Work*
- Ensure sexual harassment and violence (including at work) is addressed as part of an integrated and holistic strategy to prevent violence against women and promote gender equality
- Invest in targeted initiatives to prevent and respond to sexual harassment in industries where there are high rates of sexual harassment (e.g. male dominated industries and industries that employ high proportions of young people).
- Ensure all efforts to respond to and prevent sexual harassment and violence are intersectional and consider the needs and experiences of migrant and refugee women (including women on temporary visas), women with a disability, Aboriginal and Torres Strait Islander women and those who identify as non-binary or transgender.
- Invest in research to understand the impacts of the COVID-19 response on sexual harassment and ensure approaches to preventing and responding to sexual harassment accommodate changes to work practice arising (or accelerating) due to COVID-19.

WHV welcomes the inclusion of sexual harassment as a priority in the *Draft Framework: "Respond to sexual violence and sexual harassment"*, particularly because many of the levers for addressing high rates of sexual harassment are the responsibility of the federal government. However, primary prevention of sexual harassment and sexual violence also needs to be prioritised. Although sexual harassment and sexual violence share the same drivers as other forms of violence against women, investment in resources and practice has tended to focus on violence by an intimate partner or/and family violence.

Following an extensive inquiry, the Australian Human Rights Commission made 55 recommendations for addressing sexual harassment at work in its report, *Respect@Work*. However, the Government's response to this report, *A Roadmap for Respect*, does not commit to the full implementation of all 55 recommendations. There are several significant gaps in the government's response to the report, including significant deficiencies in the recent *Sex Discrimination and Fair Work (Respect at Work) Amendment Bill 2021*, as outlined in [WHV's submission to the inquiry into the Bill](#). The National Plan must prioritise the implementation of all 55 recommendations outlined the *Respect@Work* report.

While the prevention of sexual harassment and violence should be integrated into broader efforts and strategies to prevent all forms of violence against women, there remains a gap in our understanding of the need for and effectiveness of programs that focus specifically on sexual harassment. While the fundamental elements of programs to address all forms of violence against women should be consistent (for example, addressing the four gendered drivers), existing programs may need to be adapted and tailored to include a specific focus on sexual harassment. This is particularly the case for workplace programs, where the employer's responsibility for preventing and responding to sexual harassment differs from their responsibility in relation to family violence.

Workplace initiatives to prevent and respond to sexual harassment and violence should prioritise industries and workforces where there is a higher risk of sexual harassment. Key industries and workforces that would benefit from targeted approaches include:

- Industries that are male-dominated and/or have male-dominated management structures.<sup>58</sup>
- Workforces dominated by young women such as retail and service industries.<sup>59</sup> Young women experience higher rates of sexual harassment<sup>60</sup> and other forms of violence against women than older women.<sup>61</sup> Three quarters of women in these industries report having been sexually harassed and they may experience sexual harassment from customers/clients (third party harassment) as well as co-workers/employers.<sup>62</sup> Younger workers also experience higher levels of intimidation as a result of workplace sexual harassment than older workers.<sup>63</sup>
- Education and training settings,<sup>64</sup> noting sector-specific complexities (for example, perpetrators of sexual harassment may not be employees, but students).<sup>65</sup>
- Industries with higher rates of sexual harassment, including information, media, telecommunications, arts and recreation services.<sup>66</sup>
- Rural workplaces including in the agriculture sector, where there may be higher rates of casualised labour and higher numbers of migrant and undocumented workers, coupled with isolation and/or lack of access to support.<sup>67</sup>
- Migrant and refugee women, in particular those on temporary visas and undocumented workers.<sup>68</sup>
- Women in precarious work.<sup>69</sup>
- Women with disabilities.<sup>70</sup>

To identify appropriate strategies for preventing and responding to sexual harassment among high-risk populations, WHV recommends the Government undertake a meaningful consultation with high-risk groups and communities including young workers, Aboriginal and

<sup>58</sup> Saunders S, Eastal P (2013). The nature, pervasiveness and manifestations of sexual harassment in rural Australia: does 'masculinity' of workplace make a difference? *Women's Studies International Forum*. 40:121-131.

<sup>59</sup> AHRC (2019) [Everyone's business: Survey on sexual harassment of members of the Shop, Distributive and Allied Employees' Association](#). Australian Human Rights Commission. Sydney.

<sup>60</sup> AHRC (2018) [Everyone's business: Fourth national survey on sexual harassment in Australian workplaces](#) Australian Human Rights Commission. Sydney.

<sup>61</sup> Our Watch (2020) [Quick facts](#) Our Watch. Melbourne.

<sup>62</sup> AHRC (2018) [Everyone's business: Fourth national survey on sexual harassment in Australian workplaces](#) Australian Human Rights Commission. Sydney. pp 9-13.

<sup>63</sup> AHRC (2018) [Everyone's business: Fourth national survey on sexual harassment in Australian workplaces](#) Australian Human Rights Commission. Sydney. p 56

<sup>64</sup> AHRC (2018) [Everyone's business: Fourth national survey on sexual harassment in Australian workplaces](#) Australian Human Rights Commission. Sydney. p 57.

<sup>65</sup> AHRC (2017) [Change the course: national report on sexual assault and sexual harassment in Australian universities](#), Australian Human Rights Commission. Sydney

<sup>66</sup> AHRC (2018) [Everyone's business: Fourth national survey on sexual harassment in Australian workplaces](#) Australian Human Rights Commission. Sydney. p57.

<sup>67</sup> AHRC (2020) [Respect@Work: National Inquiry into Sexual Harassment in Australian Workplaces](#) Australian Human Rights Commission. Sydney. p. 244-249.

<sup>68</sup> AHRC (2020) [Respect@Work: National Inquiry into Sexual Harassment in Australian Workplaces](#) Australian Human Rights Commission. Sydney. p. 184,191.

<sup>69</sup> AHRC (2020) [Respect@Work: National Inquiry into Sexual Harassment in Australian Workplaces](#) Australian Human Rights Commission. Sydney. p 19.

<sup>70</sup> AHRC (2018) [Everyone's business: Fourth national survey on sexual harassment in Australian workplaces](#) Australian Human Rights Commission. Sydney. p 23.

Torres Strait Islander workers, LGBTIQ+ people, migrant and refugee workers (especially those with uncertain visa or residency status) and people with a disability.

While the key messages may be universal (e.g., that sexual harassment is against the law, that employers have a responsibility to prevent it, and employees have a right to report it and access supports), the way these messages are delivered should be informed by an intersectional approach which considers factors such as accessibility (ability, geography, language, cost), cultural responsiveness/safety and gender inclusiveness. Similarly, from the employer side, 'universal' communications and education on sexual harassment should be complemented by tailored messages relevant to the industry and workforce. For example, research in the construction and manufacturing industries has shown that programs which work with employees to challenge misconceptions and stereotypes can be effective in creating a positive workplace culture.<sup>71</sup> Organisations that specialise in the primary prevention of gendered violence with an intersectional lens, such as Victoria's women's health services, are well-placed to support employers to understand, prevent and address sexual harassment in their organisational context.

Sexual harassment and violence prevention programs need to be undertaken in line with the primary prevention evidence that highlights the need for a whole of setting approach to prevention. For example, in the workplace, the drivers of violence need to be addressed across all levels of organisations including across policy and process, within the leadership, and across the culture of the organisation. Our Watch's *Workplace Equality & Respect (WER) Standards* provide guidance for workplaces to promote and embed gender equality and respect in the workplace through a comprehensive organisational change process. A range of tools and resources are available to support workplaces to implement the WER Standards, which can be accessed via the [Our Watch website](#).

During COVID-19, the concept of the workplace is changing with more people working from home. This may result in an increase in different forms of sexual harassment such as online sexual harassment, while increased financial pressures may increase victims'/witnesses' reluctance to speak out against sexual harassment due to fear of losing their job. COVID-19 has also increased pressure on marginalised groups of female employees, particularly migrant and refugee workers, increasing the risk of work-related violence. Any approach to preventing workplace sexual harassment needs to consider the COVID context, including the increase in staff working from home and in online interactions.

## 4. End gender-based violence in mental health facilities and invest in mental health support for women who have experienced violence.

- Retain mental health as a focus area in the *Framework* with a focus on ending gender-based violence within mental health facilities and supporting the mental health of women who have experienced violence.

WHV strongly supports the inclusion of *mental health* as a focus area within the draft framework, and the mandate to *improve service system responses* as a national priority. The

<sup>71</sup> Quay Connection (2014), [Ducks on the pond: women in trade apprenticeships](#), NSW State Training Services



next *National Plan* should focus specifically on ending gender-based violence in mental health facilities and ensuring women who have experienced violence (outside or within mental health services) can access appropriate trauma-informed support.

Violence against women has a significant negative impact on the mental health of victim/survivors, but this is not well understood among mental health service providers. While there have been efforts since the Royal Commission into Family Violence to increase the capacity of mental health workers in Victoria to identify family violence and make appropriate referrals, there is a need to build the capacity of mental health workers to integrate an understanding of gendered violence and trauma into their mental health practice.

WHV does not support inclusion of mental illness as a reinforcing factor driving violence against women, as this is not currently supported by the evidence base as outlined in *Change the Story*.

#### **4.1 Include ending gendered violence in mental health inpatient facilities as a priority in the next National Plan**

Despite decades of advocacy, women in mental health inpatient units continue to experience high rates of gender-based violence from male consumers, staff and visitors.<sup>72</sup> Sexual violence in mental health facilities is a form of violence against women (or a setting in which violence occurs) that continues to be under-recognised and represents a systemic policy failure, particularly among state and territory governments.

WHV recommends that the next *National Plan* prioritise action to end gender-based violence across mental health services, following the lead of the recent Royal Commission into Victoria's Mental Health System (recommendation 13). For example, the Commonwealth could utilise national funding agreements to ensure state-funded mental health services address gender-based violence in acute mental health facilities and better respond to the mental health impacts of violence against women.

#### **4.2 Increase coordination and collaboration between the mental health, alcohol and other drug, sexual violence and domestic and family violence sectors to provide effective care and support to victim/survivors of violence against women.**

Family and sexual violence can have a range of significant negative impacts on women's mental health, including anxiety and depression, panic attacks, fears and phobias, sleep disruption, hyperarousal, and hyper-vigilance, as well as alcohol and illicit drug use, and suicide.<sup>73</sup> There are also strong links between experiences of gendered violence and trauma, such as sexual abuse, and a range of mental health diagnoses. For example, studies have consistently found higher rates of PTSD and depression among survivors of intimate partner violence, compared to those who have not experienced intimate partner violence, and rates

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<sup>72</sup> See, for example, Mental Health Complaints Commissioner (Vic) (2018), *The right to be safe: ensuring sexual safety in mental health inpatient units – sexual safety project report*.

<sup>73</sup> VicHealth (2017). [Violence against women in Australia: research summary](#). Victorian Health Promotion Foundation. Melbourne. An Australian study found that approximately 77% of women who have experienced three or four types of gender-based violence had anxiety disorders, 56% had Post-Traumatic Stress Disorder and 35% had made suicide attempts. Rees S, Silove D, Chey T, Ivancic L, Steel Z, Creamer M, et al. (2011) [Lifetime prevalence of gender-based violence in women and the relationship with mental disorders and psychosocial function](#) *JAMA*. 306(5):513–521.

are higher still among survivors who also experience other types of traumas.<sup>74</sup> Trauma early in life (which women are more likely to experience) has more impact, especially when it involves type II trauma (i.e., prolonged, and repeated, rather than a single incident), which interferes with neurobiological development and personality.<sup>75</sup>

Despite the significant mental health impacts of gendered violence, victim/survivors report that the mental health system is not meeting their needs.<sup>76</sup> Better supporting victim-survivors requires increased collaboration between the mental health and gendered violence sectors, including enhanced pathways for referrals between the sectors,<sup>77</sup> as well as capacity building for the mental health workforce.

#### 4.3 Ensure that the mental health system and workforce are equipped to respond to victim/survivors' mental health issues.

- Ensure that Commonwealth-funded mental health services take a trauma-informed approach to women's mental health that addresses the connection between women's and girls' experience of gendered violence and poor mental health.
- Utilise national funding agreements to ensure state-funded mental health services better respond to the mental health impacts of violence against women.
- Include 'violence against women' and trauma-informed practice as priorities for building the capacity of the mental health workforce in the forthcoming National Mental Health Workforce Strategy.
- Include 'understanding and effectively addressing the mental health impacts of violence against women' within workforce competency measures to upskill the mental health workforce.

Mental health professionals have low levels of competence and confidence in addressing violence against women issues with clients/patients.<sup>78</sup> Survivors of men's violence in Australia report that the mental health workforce is ill-equipped to respond to their needs.<sup>79</sup> Australian research shows mental health staff feel unprepared to work with patients/consumers with histories of violence and sexual abuse. They frequently do not ask about sexual violence, whether historical or experienced on the ward, and often do not take disclosures seriously, minimise the experience or blame consumers.<sup>80</sup>

<sup>74</sup> Oram S, Khalifeh H, Howard LM, Oram S, Khalifeh H, Howard LM (2017) Violence against women and mental health. *Lancet Psychiatry*. 4(2):159-170

<sup>75</sup> Olf M. (2017). [Sex and gender differences in post-traumatic stress disorder: an update](#) *European Journal of Psychotraumatology*. 8(sup4):1351204.

<sup>76</sup> Domestic Violence Victoria (2019) [Submission to the Royal Commission into Victoria's Mental Health System](#). Domestic Violence Victoria. Melbourne, p. 13.

<sup>77</sup> ANROWS (2020). [Violence against women and mental health](#) Australia's National Research Organisation for Women's Safety. Sydney. - (ANROWS Insights, 04/2020).

<sup>78</sup> Ruijne R, Kamperman AM, Trevillion K, Garofalo C, Jongejan FE, Bogaerts S, et al. (2019) [Mental health professionals' knowledge, skills and attitudes on domestic violence and abuse in the Netherlands: cross-sectional study](#) *BJPsych Open*. 5(2); Rose D, et al (2011) [Barriers and facilitators of disclosures of domestic violence by mental health service users: qualitative study](#) *British Journal of Psychiatry*. 198(3):189-194; Hegarty K (2011) [Domestic violence: the hidden epidemic associated with mental illness](#) *British Journal of Psychiatry*. 198(3): 169-170.

<sup>79</sup> O'Dwyer C, Tarzia L, Fernbacher S, et al. (2019) [Health professionals' experiences of providing care for women survivors of sexual violence in psychiatric inpatient units](#), *BMC Health Services Research*. 19(839):1-9.

<sup>80</sup> O'Dwyer C, Tarzia L, Fernbacher S, et al. (2019) [Health professionals' experiences of providing care for women survivors of sexual violence in psychiatric inpatient units](#), *BMC Health Services Research*. 19(839):1-9.

A trauma-and-violence-informed framework that supports mental health workers to understand the impact of violence and trauma on victim-survivors should underpin mental health service models. An example is the framework developed by ANROWS as part of their *Women's Input into a Trauma-informed systems model of care in Health* study (WITH study). WHV recommends this framework inform the forthcoming [National Mental Health Workforce Strategy](#).

Successful implementation of a trauma-and-violence-informed framework across mental health services will need to be supported by significant upskilling of the mental health workforce. This should be a key priority of the forthcoming [National Mental Health Workforce Strategy](#). The Strategy should include:

- Building capacity and confidence to screen patients/consumers for gender-based violence, and appropriately treat, collaborate and refer accordingly.
- Sensitivity training that addresses gendered attitudes and stereotypes to improve mental health staff responses to women and gender diverse inpatients who report violent events.
- Training for staff and whole organisations in trauma-and-violence informed practice.
- Building capacity for staff to use alternatives to seclusion and restraint practices in acute settings in order to avoid re-traumatising women with experiences of violence.

## Conclusion

This submission highlights the importance of ensuring the next *National Plan* has an increased and specific focus on the primary prevention of violence against women, as a dedicated pillar of the Plan. If the next *National Plan* is to make progress towards its vision of “*An Australia free from all forms of violence against women and children*”, it must focus on addressing the four gendered drivers of violence against women, including a stronger focus on addressing structural inequalities, and be accompanied by a long-term funding commitment that matches the duration of the next *National Plan*.

For the primary prevention of violence against women to be sustainable and effective, there must be a strong foundation at the federal level. The next *National Plan* should include a focus on establishing national gender equality infrastructure and increasing investment in the primary prevention workforce. There is an opportunity to learn from recent Victorian initiatives, including the introduction of a gender equality strategy and legislation. The new *National Plan* must also commit to scaling up promising primary prevention practice, including evidence-based projects such as the Gender Equality in Advertising project.

An intersectional approach to prevention of violence against women is essential to ensuring violence is reduced for all women. In particular, the next *National Plan* must go beyond identifying priority groups and stand-alone initiatives to address violence in specific communities and include a stronger focus on addressing the forms of inequality and oppression that intersect with gender inequality. This must be done in partnership with Aboriginal and Torres Strait Islander Community-Controlled Organisations, and organisations that represent and are led by migrant and refugee women, women with a disability and gender non-binary and transgender communities.

WHV welcomes the focus of the *National Plan* on all forms of violence against women and the recognition of sexual harassment as a priority. This must translate into action through increased investment in integrating under-recognised forms of violence, such as sexual harassment and reproductive coercion/abuse, into primary prevention frameworks, resources and practice.

WHV welcomes the inclusion of mental health as a focus area within the next *National Plan*. The Plan must prioritise ending gender-based violence against women in mental health facilities, as well as ensuring trauma-informed mental health support is available for women who have experienced violence.