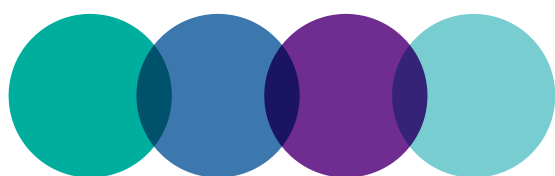

HEALTH AND THE PRIMARY PREVENTION OF VIOLENCE AGAINST WOMEN

Position Paper 2014

SECOND EDITION 2019

Australian Women's Health Network

Health and the Primary Prevention of Violence against Women: Second Edition

A publication of the Australian Women's Health Network, based on a commissioned paper from Dr Sue Dyson, with support from the AWHN Publication Review Panel, April 2014, and updated for this 2nd Edition February 2019.

This publication may include subsequent alterations/additions which do not necessarily reflect the views of the original commissioned writers.

Association number: A02383

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ISBN: 978-0-6485451-0-1

First Edition Published July 2014

Second Edition Published April 2019

Acknowledgements

First Edition:

The Australian Women's Health Network gratefully acknowledges funding support provided by the Australian Government to develop the original resource through the Health Systems Capacity Development Fund, Commonwealth Department of Health.

AWHN would like to thank Dr Sue Dyson, the AWHN Publication Review Panel (Patty Kinnersly, Liz Murphy, Marion Hale and Kelly Banister) and the design team at Gasoline.

Second Edition:

AWHN would again like to thank Adjunct Associate Professor Sue Dyson, for her work in updating this publication, and the AWHN Publication Review Panel.

About Australian Women's Health Network

The Australian Women's Health Network is the national advocacy organisation that provides a national voice on women's health, based on informed consultation with members. Through the application of a social view of health, it provides a woman-centred analysis of all models of health and medical care and research. It maintains that women's health is a key social and political issue and must be allocated adequate resources to make a real difference.

It aims to foster the development not only of women's health services but of stronger community-based primary health care services generally, which it sees as essential to improve population health outcomes. It advocates collaboration and partnership between relevant agencies on all issues affecting health. To this end, AWHN coordinates the sharing of information, skills and resources to empower members and maximise their effectiveness. The coalition of groups that comprises the organisation aims to promote equity within the health system and equitable access to services for all women, in particular those women disadvantaged by race, class, education, age, poverty, sexuality, disability, geographical location, cultural isolation and language.

This report is available for free download at:
www.awhn.org.au

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Preface

The Australian Women's Health Network first published its *Health and the Primary Prevention of Violence against Women Position Paper* in 2014. Since then significant work has been undertaken across Australia in the primary prevention of violence against women and a number of its recommendations have been implemented. This has resulted in a greater understanding of gendered violence, its impact, what drives it and how best to prevent it. These gains have only been possible through continuing evidence-informed advocacy, research and practice development.

Violence against women remains a critical issue, with devastating consequences for individual women, their children and our community as a whole, and requires sustained commitment and effort, as well as increased investment to prevent it from occurring in the first place.

In light of the new knowledge and experience available, and changes to the political, organisational and social landscape in 2019, the Australian Women's Health Network has updated its *Health and the Primary Prevention of Violence against Women* paper to produce this Second Edition. It includes a raft of new recommendations to support primary prevention of violence against women activities.

Marilyn Beaumont OAM
National Board Chairperson
Australian Women's Health Network
April 2019

Definitions

Domestic violence (also family violence, intimate partner violence (IPV)) may be physical and involve actual physical harm, threatened harm against a person, or someone/something they care for. It may be emotional, and may involve belittling, name calling, and intimidation. It may also take the form of limiting a woman's freedom. For example, financially, by keeping a woman dependent on a partner to the extent that it is necessary to ask for money and justify all expenditure; or socially, such as being insulted or bullied in front of others; or being isolated from friends or family or controlling where she can go or who she can see. It can be in the form of reproductive coercion where a male partner may sabotage birth control to force a pregnancy or emotional blackmail coercing a woman to have sex or to fall pregnant, or to have an abortion as a sign of her love and fidelity, as well as forced sex and rape (Children By Choice, 2018). It does not have to occur in the home to be classified as domestic violence and can take a number of forms, including stalking and cyber-stalking.

Equality: The Oxford English dictionary defines equality as the state of being equal, especially in status, rights, or opportunities.

Gender equality: suggests that women and men should receive equal treatment and not experience disadvantage on the basis of their gender. This principle is enshrined in the United Nations Universal Declaration of Human Rights.

Equity: Equity is a term which describes fairness and justice in outcomes. It is not about the equal delivery of services or distribution of resources; it is about recognising diversity and disadvantage to ensure equal outcomes for all.

Family or intimate partner violence refers to violence that occurs between people in relationships, including current or past marriages, domestic partnerships, familial relations, or people who share accommodation such as flat mates and boarders. It can affect people of any age, and from any background, race, religion or culture.

Gender: Although these terms 'sex' and 'gender' are often used interchangeably, they have very different meanings. 'Sex' refers to the biological and physical characteristics that define maleness and femaleness. 'Gender' refers to the socially constructed roles, behaviours, activities, and attributes that any given society considers appropriate for men and women; gender defines masculinity and femininity (World Health Organisation, 2017).

Gender-based violence, or violence perpetrated by men against women, takes many forms. In addition to physical violence by intimate partners, known assailants or strangers, the definition of gender-based violence includes violence that results from unequal power relations based on gender differences.

Health: is defined as '…a complete state of physical, mental and social well-being, not merely the absence of disease or infirmity' (World Health Organisation, 2019)

Sexism: is discrimination based on gender and the attitudes, stereotypes, and the cultural elements that promote this discrimination. Given the historical and continued imbalance of power, where men as a class are privileged over women as a class, an important, but often overlooked component of sexism is that it involves prejudice plus power.

Sexual violence can occur between intimate partners, relations, acquaintances or between strangers. It takes many forms including sexual assault, sexual harassment, verbal abuse, leering, threats or indecent exposure.

Sexual harassment is any unwanted or unwelcome sexual behaviour, which makes a person feel offended, humiliated or intimidated. It is not interaction, flirtation or friendship which is mutual or consensual. Sexual harassment is a type of sex discrimination which disproportionately affects women. Despite being outlawed for over 25 years, sexual harassment remains a problem in Australia.

Violence against women is a term that encompasses all forms of gender-based violence.

Background

The rates of physical violence experienced by men and women are comparable. For both, the perpetrator is far more likely to be male, however the contextual settings differ and are influenced by class, race, culture, aboriginality, sexuality and gender identity, disability and a range of other factors. The intersections of these and other kinds of life experiences are known as intersectionality and are discussed in more detail in the body of this paper. On average one woman a week is murdered by her current or former partner, furthermore:

- 1 in 3 Australian women have experienced physical violence since the age of 15.
- 1 in 5 Australian women has experienced sexual violence.
- 1 in 6 Australian women has experienced physical or sexual violence by current or former partner.
- 1 in 4 Australian women has experienced emotional abuse by a current or former partner.
- Australian women are nearly three times more likely than men to experience violence from an intimate partner.
- Australian women are almost four times more likely than men to be hospitalised after being assaulted by their spouse or partner (Our Watch, 2019).

The differing contexts and perpetrators of violence against women and men often leads to the violence against women being considered a private issue. There is a failure to interrogate the reasons why some men see violence against their partners or ex-partners as an appropriate response or form of engagement. This is why, according to the United Nations Population Fund (UNFPA), gender-based violence is 'The most pervasive, yet least recognized human rights abuse in the world.

This Position Paper focuses on the primary prevention of violence perpetrated by men against women. The first edition of the Paper was published in 2014, and it has been reviewed and revised to bring it up to date in 2019. It does not represent in-depth research, rather it draws together what is known and publicly available in publications and online about the state of knowledge and practice of primary prevention. It identifies principles for good practice and factors for success for primary prevention programs and examines the status and the progress of the National Plan to Reduce Violence against Women 2010 - 2022 and associated state and territory plans. The paper is intended to be used as a resource for public education, debate and community activities related to the primary prevention of violence against women.

Executive summary

This position paper focuses on the primary prevention of violence perpetrated by men against women. It develops a position on primary prevention (as distinct from secondary and tertiary interventions). It also identifies examples of good practice across settings, and factors for success for primary prevention programs. The paper has been developed as a resource for public education, debate and community activities related to the primary prevention of violence against women. The first edition of the Paper was published in 2014, and it has been reviewed and revised to bring it up to date in 2019.

Intimate partner violence is prevalent, serious and preventable; it is also a crime. Among the poor health outcomes for women who experience intimate partner violence are premature death and injury, poor mental health, habits which are harmful to health such as smoking, misuse of alcohol and non-prescription drugs, use of tranquilisers, sleeping pills and anti-depressants and reproductive health problems.

The cost of violence against women to individuals, communities and the whole of society is staggering and unacceptable. The rates of physical violence experienced by men and women since the age of 15 are comparable. For both, the perpetrator is far more likely to be male, however the contextual settings strongly differ (Australian Institute of Health and Welfare, 2018). Violence against men more often occurs in public while violence against women more frequently occurs in the home. One in six Australian women has experienced physical or sexual violence by current or former partner (Australian Bureau of Statistics, 2017). Women who experience domestic violence report poorer mental and physical health throughout their lives (Loxton et al., 2017). On average, in Australia a woman is killed by a partner or ex-partner every week (Australian Institute of Criminology, 2017).

Gender based Violence

The term gender-based violence encompasses a range of abuses that result in, or are likely to result in physical, sexual or psychological harm or suffering to women, including threats of such acts, whether they occur in public or private life (United Nations, 1993). Research has established that rather than being a few isolated acts, violence against women is a pattern of behaviour that violates the human rights of women and girls, limits their participation in society and damages their health and well-being (García-Moreno et al., 2013).

In Australia nearly one in four women over the age of 15 years report being subjected to violence at some time and one in five have experienced sexual violence (Australian Bureau of Statistics, 2017). In 2016 it was estimated that intimate partner violence contributed 5.1% of the burden of disease for women aged 18 to 44 years. The cost to individuals and government of domestic violence is estimated to be in the vicinity of $21.7 billion per year (PricewaterhouseCoopers (PwC), 2015).

Prevention

Primary prevention is a public health approach that aims to prevent violence from occurring in the first place. It is advocated as an effective means of working towards the elimination of all forms of violence against women. Primary prevention must focus on changing the culture/s that operate to make gender-based violence acceptable. This is sometimes referred to as culture, or cultural change.

There is a strong association between sexist peer norms, low status of women and violence against women (Dyson and Flood, 2008, Flood, 2011, UN Division for the advancement of women, 2008, Victorian Health Promotion Foundation, 2010). Violence supportive attitudes and behaviour can be found almost anywhere, and recognised as lack of support for gender equality; belief in the inferior status of women in relation to men; sexual harassment and coercion; bullying, abusive or controlling behaviours, or group disrespect (demonstrated by rude, aggressive behaviour, consumption of pornography, sexualising women, group consumption of alcohol, and rape supportive attitudes).The goal of prevention is to make these attitudes and behaviours visible and change them through the promotion of gender equality and respectful relationships.

Primary prevention programs can be carried out in 'settings', or the places where people in communities live, work, play and age (Peersman, 2001). A settings approach makes it possible to target specific groups with appropriate programs – in (among others) sports clubs, schools, workplaces and faith settings, as well with specific population groups including children, young people, and people with physical and intellectual disabilities, Indigenous and culturally and linguistically diverse people. Some examples of settings approaches are further discussed in this position paper.

While primary prevention work is happening across Australia, in the past decade the scope of this work has been strongest in Victoria, initially led by the Victorian Health Promotion Foundation (VicHealth). VicHealth's ground-breaking paper, *Preventing Violence Before It Occurs: A framework and background paper to guide the primary prevention of violence against women in Victoria* was published in 2007. In 2015 Our Watch collaborated with VicHealth and ANROWS to develop a national framework. The result is *Change the Story: A shared framework for the primary prevention of violence against women and their children in Australia*. *Change the Story* identifies the drivers of violence against women, and provides evidence to guide strategic, co-ordinated prevention efforts across all levels of society. It identifies the drivers of violence against women as:

- Condoning violence
- Men's control of decision making
- Rigid gender roles and stereotypes of masculinity and femininity
- Male peer relations that emphasise aggression and disrespect towards women.

Change the Story, its companion publication *Putting the prevention of violence against women into practice: How to change the story*, provide specific, practical strategies to use in primary prevention work (Our Watch, 2017). As do *Counting on change: A guide to prevention monitoring* and *Changing the picture: preventing violence against Aboriginal and Torres Strait Islander women* (Our Watch, 2017 & 2018).

As greater numbers of organisations and ordinary people become involved in prevention programs the combined effect has the potential to create a groundswell of momentum that will lead to the kind of long-term cultural change that is required to create a society in which all people are equal, and respectful relationships and behaviours are the norm. Rather than focus on negatives, primary prevention must take a positive, community building, or strengths-based approach. A strengths-based approach calls for programs to be positive, inclusive and enabling. Such an approach makes visible and values the skills, knowledge, connections and potential in a community. It promotes capacity, connectedness and social capital (Glasgow Centre for Population Health, 2011).

Policy Context

National and State Plans: Australia has a *National Plan to Reduce Violence against Women and their Children 2010 – 2022* and all states and territories are signatory to the National Plan. The vision of the National Plan is that: 'Australian women and their children live free from violence in safe communities.' The target is to achieve 'a significant and sustained reduction in violence against women and their children' (Commonwealth of Australia, 2018). The Plan is broken into four stages, or Action Plans, each one delivered over three years. The first Action Plan (2010 – 2013) saw the introduction of Australia's National Research Organisation for Women's Safety (ANROWS) to build the evidence base, and the Foundation to Prevent Violence against Women and their Children (now known as Our Watch) to influence prevention practice. While no evaluation of the first Action Plan was available, national consultations were held and feedback was addressed. The second Action Plan (2013-2016) was evaluated and again, feedback was addressed. At the time of writing this discussion paper, the third Action Plan (2016 – 2019) is drawing to a close, and the final Action Plan (2019 – 2022) will commence. The National Plan remains relatively unchanged since it was initially conceived, although from the limited information available each stage has adapted to respond to feedback, and each stage becomes more clearly articulated as it comes into action.

As well as being signatories to the National Plan, each state and territory has some form of Plan, which were reviewed for the first edition of this discussion paper in 2014. In 2019 state plans are more clearly articulated and are available on all state and territory web sites. In the body of this discussion paper 2014 and 2019 plans are compared. Some focus more on prevention,

others on response; in some cases, there is also a lack of transparency and clarity about how the different plans are being implemented and progressing.

In 2015 the Victorian Government launched a Royal Commission into Family Violence. The Commission was asked to focus on preventing family violence, ensuring better support for victim/survivors and making perpetrators accountable. In 2016, the Royal Commission released its report, advocated for prevention to focus on the long term, involve all parts of Government working together and involving the whole community. The Victorian Government accepted all 227 recommendations from the Commission and is implementing them as part of its Plan *Ending Family Violence – Victoria's Plan for Change*, which stands out as the gold standard for primary prevention in Australia.

Our Watch (formerly the Foundation for the Prevention of Violence against Women and their Children) was established in 2013 under the National Plan to drive change in the culture, behaviours and power imbalances that lead to violence against women and their children. Our Watch's stated vision is an 'Australia where women and their children live free from all forms of violence'. Its purpose is to provide national leadership to prevent all forms of violence against women and their children. Building on *Change the Story* (mentioned above) Our Watch has developed an impressive repertoire to lead good practice.

Australia's National Research Organisation for Women's Safety (ANROWS) was established under the National Plan in 2013; when the last edition of this paper was published in 2014 it was known as the National Centre for Excellence. ANROWS role is to produce, disseminate and assist in applying evidence for policy and practice addressing violence against women and their children. Since its inception ANROWS has funded an impressive number of research projects and it is apparent that ANROWS has met the priorities articulated in the National Plan to build the evidence base. However, ANROWS' evidence base appears to be limited by the target of the National Plan to "achieve "a significant and sustained reduction in violence against women and their children" which can be seen as excluding primary prevention. A search of ANROWS' evidence data base reveals a paucity of up to date empirical evidence about primary prevention when compared with evidence about the experience, and perpetration of violence against women.

Because ANROWS does not have a substantial body of research that focuses on primary prevention, and there is no nationally consistent and explicitly funded approach to the evaluation of primary prevention activity, critical gaps in empirical knowledge about what works in primary prevention exist. Thus, the observations of the Victorian Royal Commission into Family Violence concerning the long-term nature of primary prevention, and importance of research and evaluation to further understanding about the complexity of the causes of violence against women, are not being addressed within the current capacity of the national structures which exist to address research, evaluation and practice.

2019 Recommendations

The first edition of this Position Paper made a number of recommendations to Federal, State and Territory Governments, to Our Watch (then the newly established Foundation for the Prevention of Violence against Women and their Children) and to primary prevention practitioners. The Australian Women's Health Network acknowledges the progress that has been made since 2014. The focus of this paper and the recommendations is primary prevention. Prevention is complex and there is no single, easy solution; it must focus on the long term and involve all parts of government and the community working together. These recommendations are designed to contribute to ensuring that the complexity and long-term nature of primary prevention is recognised and acknowledged in the funding of research, evaluation and practice.

Recommendations to National, State and Territory Governments

The Victorian Royal Commission into Family Violence conducted the most extensive investigation into family and all forms of violence against women, and paid special attention to primary prevention during its deliberations. Volume V1 of the Commission's Report focused specifically on primary prevention. This high-quality evidence provides a roadmap for National, State and Territory Prevention Plans. The Australian Women's Health Network therefore recommends all Australian Governments:

1. Ensure Prevention Plans are guided by the findings and recommendations of the Victorian Royal Commission.
2. Commit to ensuring long term funding for the implementation of evidence based, high quality primary prevention programs.
3. Commit to explicit, quarantined funding of a program to undertake high quality external evaluation of primary prevention programs, which address the need for a consistent approach to their implementation over time and between governments
4. Commit to a national primary prevention monitoring framework aligned with the *National Plan to Reduce Violence against Women 2010 – 2022* and *Change the story*, and *Counting on change: A guide to prevention monitoring* (2017).
5. Prioritise workforce development to ensure specialist prevention of violence against women practitioners across all sectors are provided with the appropriate skills to manage the complex settings in which they work. This includes managing backlash, stress and approaches to working appropriately with different groups and communities.

The National, State and Territory Plans to Prevent Violence against Women have had a relatively long-term duration. As noted by the Royal Commission into Family Violence, prevention must of necessity be a long-term project. The Australian Women's Health Network therefore recommends all Australian Governments:

6. Ensure the final National Action Plan (2019 – 2022) takes into account the long-term nature of primary prevention and ensures this is addressed after the term of the current plan.

Further, the Australian Women's Health Network recommends that all Australian Governments:

7. Ensure their Prevention of Violence against Women Prevention Plans similarly ensure that their plans continue beyond the terms of their current Plans, in line with the recommendations of the Victorian Royal Commission into Family Violence.

A lack of consistency in the objectives and delivery of the National, State and Territory Plans has been noted between government administrations over time in different States and Territories. The Australian Women's Health Network therefore recommends:

8. All National, State and Territory Plans be depoliticised, and bipartisan agreements are in place with regard to both response and prevention to ensure a consistent approach over time.

There appears to be a lack of transparency from Governments about progress with the implementation of the National, State and Territory Plans. For those working in the community on primary prevention this lack of transparency can hamper understanding and support for Plans. The Australian Women's Health Network therefore recommends:

9. Governments continue to monitor, measure and report publicly on the progress of their plans at each stage in order to foster confidence that prevention is being taken seriously and governments are working in partnership with the wider community.

In 2013, after the first National Action Plan was implemented, ANROWS was established to be responsible for building the evidence base, and Our Watch was established to support the implementation of primary prevention in practice throughout Australia. These organisation have successfully achieved and exceeded the goals set for each of them and provide excellent resources for responding to and working towards preventing violence against women. However, it is noticeable that in establishing these independent bodies federal government departments have been far less visibly involved in delivering the plan. The Australian Women's Health Network therefore recommends:

10. A whole of government approach be adopted across all Commonwealth Government Departments to support the implementation of the *National Plan to Reduce Violence against Women 2010 – 2022*. In line with the recommendations of the Victorian Royal Commission into Family Violence, this whole of government approach must include commitment and leadership at a ministerial level, oversight from senior government executives, a central family violence policy unit, and strong partnership and advisory structures with the non-government sector.

The review of the information about the outputs of ANROWS appears to show a limited amount of research from ANROWS concerning primary prevention. The result is a paucity of new empirical evidence concerning primary prevention. The Australian Women's Health Network therefore recommends:

11. The brief for ANROWS research be expanded to include primary prevention.

This position paper notes that all state and territory governments have committed to working with Our Watch towards prevention with the exception of NSW. The Australian Women's Health Network therefore recommends:

12. The NSW Government joins Our Watch as a matter of urgency and draws on their extensive knowledge and experience in the development of that state's prevention plans.

Recommendations to Primary Prevention Agencies

The Australian Women's Health Network is aware that despite the best efforts of primary prevention agencies, such as Our Watch and the Women's Health sectors, there is an urgent need for primary prevention practitioners to be well trained and resourced to manage the sometimes difficult terrain in community programs. Backlash has become an increasing problem and many practitioners experience burnout. The Australian Women's Health Network therefore recommends:

13. All practitioners use *Change the Story* framework and its companion practice guides in their work.

14. All empirical research and practice-based evidence be translated into language that practitioners on the ground can understand and apply in practice.

15. Specialist prevention of violence against women practitioners, across all sectors, are supported to develop the necessary knowledge and skills to manage the complex settings in which they work. This should include managing resistance, backlash and stress, and incorporating intersectionality within their practice.

16. Organisations that employ primary prevention practitioners, or who expect workers to carry out primary prevention functions, ensure appropriate support for practitioners.

17. The contributing workforce, such as those working in the primary health and schools sectors, are supported and skilled to understand the prevention of violence, as well as the role they play in prevention, early intervention and response support.

1. Introduction

Australia has a strong, independent and thriving women's health sector with skills and experience in health promotion and primary prevention. This position paper articulates the Australian Women's Health Network (AWHN) position on the primary prevention of violence against women for their improved health and well-being. The paper:

- proposes a position on primary prevention (as distinct from secondary and tertiary interventions)
- identifies good practice principles primary prevention programs and factors for success for programs, based on practice across different settings
- provides a review and analysis of the implications of the Commonwealth, State and Territory Plans to prevent violence against women
- presents a resource for public education, debate and community consultation activities related to primary prevention.

The position paper draws on Australian and international peer reviewed work based on empirical evidence, however, because prevention of violence against women is a relatively new field of research, it also draws on the extensive grey literature on the topic.[1] The paper starts with a discussion of gender, the social nature of violence against women and the kinds of behaviour and attitudes that support, foster or condone gender-based violence. In Section Two, the Paper focuses on the prevention of violence against women, in particular the public health approach, including primary prevention, the ecological model and *Change the Story*. Section Three discusses evaluation and identifies good practice principles for primary prevention. Section Four examines the policy context for preventing violence against women in Australia, analyses the national, state and territory prevention plans, and discusses recent initiatives. Finally, the paper draws on the findings to make recommendations for primary prevention policy and practice in Australia.

1 Grey literature is all that material which is not subject to peer review, i.e. peer reviewed journals and books (Alberani, Peitrangeli & Mazza, 1990). This may include reports, newsletters, pamphlets, web sites and other print and digital media sources.

1.1 Gender and power

Although these terms 'sex' and 'gender' are often used interchangeably, they have very different meanings. 'Sex' refers to the biological and physical characteristics that define maleness and femaleness. 'Gender' refers to the socially constructed roles, behaviours, activities, and attributes that any given society considers appropriate for men and women; gender defines masculinity and femininity (World Health Organisation, 2017). Rather than distinct binaries, that align with biological sex, masculinity and femininity can be performed in a multitude of ways that are constantly shifting and may be dependent on or influenced by time and culture. Gender can be conceived as a system of social power relations which permeates the structures, processes and practices of all aspects of public and private life (Australian Women's Health Network, 2012).

Mainstream social and cultural practices within societies strengthen notions that gender roles for women and men are natural biologically determined differences. Gender is deeply embedded in the legal, religious and cultural structures and norms that are taken-for-granted in the everyday arrangements of people's lives. Gender relations are multi-dimensional, interweaving relationships of power, economic arrangements, emotional relationships, systems of communication and meaning (Connell, 2003).

Power can be conceived in two main ways: as power-over and power-to. A hierarchical, power-over model[2] is characterised by three main features: that power is possessed, flows from above to below, and is primarily repressive (Sawicki, 1991). In this model, those who possess power oppress those who do not have it, and there are few options for the oppressed to remedy their oppression other than revolution. Another model of power[3] is that it is not a possession, but as something that circulates in networks between individuals (Weedon, 1999). In this model, power is neither positive nor negative, but simply exists. This understanding of power does not suggest that it cannot be used to oppress, but recognises the possibility of resistance, and of agency – the capacity for individuals to act to bring about change – that is not present in hierarchical notions of power.

From this standpoint, power can be seen as operating between individuals and groups who share a common understanding about unspoken social 'rules' for the conduct of gender relations and it may be used to enforce as well as to resist violence. The elimination of violence against women is predicated on the idea that deeply held cultural norms and values can be changed.

1.2 Violence against women

Globally, 30% of women have experienced physical and or sexual intimate partner violence (International Women's Development Agency, 2018). In Australia nearly one in four women over the age of 15 years report being subjected to violence at some time and one in five has experienced sexual violence (Australian Bureau of Statistics, 2017).

Gender-based violence is a complex social problem which grows from deeply-held beliefs, value systems, stereotypes and power relationships. In addition to the physical, emotional and social harms resulting from gender-based violence, there are also other multiple, serious, complex sequalae for its victims. It is not a new phenomenon; recognition of the extent of the problem is, however, relatively new. It is only in recent decades that meaningful measures have been developed to understand the true scope and impact of intimate partner violence (Australian Women's Health Network, 2013). For example, evidence of the scope, impact and human costs of violence against women was not established until 2004 when VicHealth published its report *The health costs of violence: Measuring the burden of disease caused by intimate partner violence.* In 2016 the burden of disease data concerning intimate partner violence was reviewed, and it was estimated to contribute 5.1% of the burden of disease for women aged 18 to 44 years. This is more than any other risk factor (Webster, 2016). The financial cost of violence against women is growing: the cost to individuals and government is estimated to be in the vicinity of $21.7 billion per year (PricewaterhouseCoopers (PwC), 2015).

The availability of measures to understand the health implications of violence against women, and the subsequent actions to address the problem through improved services and the development of prevention

2 This refer to a Marxist theory of power.

3 This refers to a feminist, post-structural theory of power.

programs, represents a quantum leap in knowledge and understanding about violence against women as a serious health issue and demonstrates that 'what gets measured gets done' (Australian Women's Health Network, 2012a). It is this knowledge and understanding that has underpinned the current groundswell of primary prevention activity.

The evidence demonstrates that, rather than being a few isolated acts, violence against women is a pattern of behaviour that violates the human rights of women and girls, limits their participation in society and damages their health and well-being (García-Moreno et al., 2013). The complexity of the problem means that both the response system and prevention efforts must be multi-sectoral and inter-disciplinary, and must operate in all the structures of government, community and interpersonal relations.

A troubling question is why violence against women is so prevalent? Despite a desire to explain the phenomenon by seeking a cause, no single cause adequately accounts for the perpetration of violence against women. It cannot be attributed solely to individual psychological factors or socioeconomic conditions (United National General Assembly, 2006). Explanations for violence that focus primarily on individual behaviours and personal histories, such as alcohol abuse or a history of exposure to violence, overlook the broader impact of systemic gender inequality and women's subordination (UN Women, 2012a).

Although violence against women is a centuries old phenomenon, it was not until 1993 that the issue of violence against women was accepted as a human rights violation by the United Nations and defined as:

…any act of gender-based violence that results in, or is likely to result in, physical, sexual or psychological harm or suffering to women, including threats of such acts, coercion or arbitrary deprivation of liberty, whether occurring in public or private life (UN General Assembly, 1993).

The perpetration of men's violence against women is understood to be a manifestation of historically unequal power relations between men and women (Wall, 2014). United Nations prevalence data from 56 countries suggests that in countries with high levels of gender inequality there are corresponding high levels of violence against women (UNIFEM, ND). Research in the European Union confirms these findings in a study with over 20,000 heterosexual couples. The study investigated the association between physical and psychological IPV against women, their partners' traditional roles, and partners' level of general violence. The study empirically confirmed the association between the influence of traditional gender roles and the level of men's violence against their partners (Herrero, Torres, Rodríguez, & Juarros-Basterretxea, 2017).

Gender inequality is only part of the picture. According to Our Watch, while violence against women is primarily driven by gender inequality it is reinforced or exacerbated by a number of other factors. Gender inequality exists when women and men do not have equal access to power, resources or opportunities, when their voices, ideas and work are not valued equally by society. Gender inequality provides the underlying social conditions for violence against women. It operates at many levels – from social and cultural norms (the dominant ideas about men and women in a society), to economic structures (such as the pay gap between men and women), to organisational, community, family and relationship practices.

Gender equality between women and men is recognised as a principle in international law, articulated in many United Nations documents from the 1948 Universal Declaration of Human Rights onwards. Gender equality is also enshrined in Australian law. Recognition of the social nature of violence against women is central to efforts to eliminate it.

Violence against women is not limited to any particular group or class in society, and gender intersects with other forms of difference to compound discrimination, which affects the experience of violence and abuse for individuals. This phenomenon is theorised as 'intersectionality'. In its Organisational Strategy to Strengthen our Intersectional Approach 2018-20:

"The Our Watch intersectional understanding of violence against women: acknowledges that while gender inequality is a necessary condition for violence against women, it is not the only or necessarily the most prominent factor in every context. Violence against women is often experienced in combination with other forms of structural inequality and discrimination. Examining how other forms of structural inequality and discrimination intersect with gender inequalities to exacerbate violence is necessary to effectively address the root causes of violence against all women, across the diversity of the Australian population."

1.3 The impact of violence against women

Violence against women has serious health and social consequences, and the figures concerning this are stark. Since the age of 15 years one third of all Australian women have experience some form of gender-based violence (Our Watch, 2019). Twenty one percent of women have experience physical assault and 20% have experienced sexual assault. One in four women has experienced violence by a current or former partner at some time in her life (Australian Bureau of Statistics, 2017). In addition, since the age of 18 years 53% of all Australian women have experienced sexual harassment in the form of inappropriate comments about their body or sex life, one quarter have experienced unwanted sexual touching and one in six have been stalked. One in five (20%) women have been sexually assaulted and 87% of these by a man known to them; 90% of these have not informed the police (Australian Bureau of Statistics, 2017). The cost of violence against women is growing: the cost to individuals and government is estimated to be in the vicinity of $21.7 billion per year (PricewaterhouseCoopers (PwC), 2015). In terms of the Burden of Disease in 2016 intimate partner violence was estimated to contribute 5.1% of the burden of disease in women aged 18 to 44 years. This is more than any other risk factor (Webster, 2016).

Intimate partner homicide also accounts for one fifth of all homicides in Australia. Female deaths account for four out of five of these homicides, typically these women are killed in the context of a long history of domestic violence (Victorian Health Promotion Foundation, 2010). There are also serious consequences for children, families and the wider community. The experience of growing up in a violent home can be devastating and increases children's risk of mental health, behavioural and learning difficulties. Boys who witness domestic violence are at a greater risk of becoming perpetrators as adults (Victorian Health Promotion Foundation, 2008a). However, this outcome is not inevitable and such experiences can be mitigated by other social, educational and psychological factors (Our Watch, 2015).

The direct health consequences of gender-based violence (GBV) to women, include depression, anxiety and phobias, suicidal behaviours, physical injury, a range of somatic disorders and a variety of reproductive health problems (Victorian Health Promotion Foundation, 2008b). Women who have been exposed to violence report poorer overall physical and mental health than those who have not, and there is evidence that the health impact of violence can persist throughout their lives (Loxton et al., 2013).

In addition to the immediate physical and mental health harm experienced by women there are also long-term effects:

Domestic violence has a long-term impact on its victims and survivors, including their income and financial stability, housing security, and parenting, and on their children's safety during contact with abusive ex-partners (Walsh (2008) cited in Victorian Health Promotion Foundation, 2008).

In addition to the serious human costs of violence against women the financial cost to the community are enormous. The cost of public and private services to victims, perpetrators and children, the costs in terms of lost productivity (including sick leave, 'presenteeism'[4], access to employment support services, replacing staff and lost unpaid work) (Victorian Health Promotion Foundation, 2008). Other costs include counselling, changing schools, child protection services, increased use of government services, juvenile and adult crime and homelessness (Victorian Health Promotion Foundation, 2004).

1.4 What is violence supportive behaviour?

As discussed above, gender-based violence is a complex social phenomenon that is supported and maintained in society as a result of a range of overt and covert actions that are normalised to the point where they are taken for granted and often pass unnoticed. The strong association between sexist peer norms, low status of women and violence against women must be addressed in any violence prevention project, and to do this, the attitudes and behaviours that foster or maintain the practice must be made visible and changed.

4 This term has been coined to describe distraction, lack of concentration and underperformance at work. In other words, being physically present at work but in all other ways absent.

Research with male perpetrators has identified a range of predisposing attitudes and behaviours. These include a general approval of interpersonal violence by men, acceptance of rape myths, belief that relations between men and women are adversarial, and generalised hostility towards women. This may include distorted ideas about social situations, such as taking a woman's lack of interest in sex as a personal insult, thinking that women dress deliberately to tease men, or that women actually enjoy rape once they are forced to submit (Hagemann-White, Kavemann, Kindler, Meysen, & Puchert, 2010). Adherence to any of these beliefs or values by a person of any gender contributes to a violence supportive environment.

Certain settings[5] appear to support sexual violence, for example, studies in university fraternities, military institutions and sporting organisations[6] suggest that attitudes that position men as needing to dominate in sexual relations, link masculinity with extreme forms of heterosexual performance, sexist, heterosexist and homophobic attitudes, use of pornography, and general norms of women's subordinate status all support a climate of violence against women (Boswell & Spade, 1996; Dyson & Flood, 2008; Sanday, 1996). For example, in sport, Rosen (2003) reported an association between 'group disrespect' (the presence of rude and aggressive behaviour, pornography consumption, sexualised discussion, and encouragement of group drinking) and the perpetration of intimate partner violence, at both individual and group levels.

Other factors in these settings that have been associated with some men becoming abusive or violent include:

- Male bonding: The codes of mateship and loyalty in tightly knit male groups may intensify sexism and encourage individuals to allow group loyalties to override their personal integrity.
- Settings which encourage male aggression: for example, contact sports that naturalise and glorify violence through valuing physical aggression and dominance, extreme competitiveness, physical toughness and insensitivity to others' pain.
- Sexualisation and subordination of women: some critics point to women's roles in sports, either as sexualised props for men's performance (for example, as cheerleaders or carers), or as supporters and carers, as being implicated in sexist norms.
- Celebrity status and entitlement: the high-profile status and celebrity treatment of professional athletes has been seen to potentially feed a sense of entitlement and lack of accountability for actions off the field.
- Drug abuse: excessive consumption of performance enhancing, and illicit drugs and alcohol has been identified as a potential risk factor for sexual assault.
- Groupie' culture: players' sexual involvement with women who seek out their sexual company, combined with a status of entitlement, may shape athletes' assumptions about women, sexuality, and consent (Benedict, 1998; S. Dyson & Flood, 2008; Melnick, 1992). These attitudes and behaviours can be seen in a wide range of other male dominated settings.

Context-specific mechanisms further shape the prevalence of violence-supportive attitudes and violent behaviour among men. One is *group socialisation*: for example, men who join the military or fraternities can be actively inducted into the existing norms and values of these organisations. Another mechanism is *self-selection*: men with pre-existing violence-supportive attitudes and behaviours and an orientation towards behaviours such as heavy drinking may join groups with similar norms (Dyson and Flood, 2008).

Research with men in US college settings has shown that they tend to overestimate the amount of sex their male peers have, and the degree to which their peers support coercive behaviour with women. At the same time, they underestimate the importance of consensual sex to their friends (Berkowitz, 2002; Casey & Lindhorst, 2009). In another study Berkowitz (2003) argued that a small but vocal minority of men who endorse rape supportive attitudes create the perception that sexual objectification and coercion of women are normal in male peer networks and create a climate of disrespect for women. Fabiano (2003) also found that most men reported privately that they placed high value on consent in sexual activity. This may suggest that the majority of men (or women) do not adhere privately to sexist or other violence supportive attitudes; however, their silence condones and therefore supports violence against women.

5 The term 'setting' is used in health promotion practice to describe the places where people live, work and play. A settings approach will be discussed in more detail below.

6 The majority of this research has occurred in the USA.

Other settings normalise violence supportive attitudes and behaviours in different ways. For example, faith-based communities may be sites where gender-based violence is inadvertently fostered or condoned. This may be based on custom and tradition rather than the teaching of a particular religion. For example, by emphasising women's subordinate status in comparison with that of men or blaming a woman for her husband's abusive behaviour because she is not suitably submissive. The report of a primary prevention program in faith-based communities in Melbourne argued that it is important for leaders in these communities to speak out against violence and promote equal and respectful gender relationships as part of their pastoral role (Holmes, 2012). The UN expert meeting on the role of faith communities in prevention acknowledged the sensitivity, complexity and diversity of engaging faith communities in prevention (Grape, 2012).

Workplaces are also sites where women may experience violence, or where violence supportive attitudes prevail, and gender hostility and sexual harassment in workplaces may be normalised. In an Australian study, over 60% of women surveyed reported experiencing some form of violence and 75% reported experiencing unwanted or unwelcome sexual behaviour at work (Chung, Zufferey, & Powell, 2012). This may involve explicitly sexual verbal and non-verbal behaviours, insulting behaviours that are based on gender, unwanted sexual attention and sexual coercion. In the workplace employers and managers have a responsibility to ensure the workplace is safe and non-discriminatory; those who do not do this are displaying violence supportive attitudes and behaviours (Chung et al., 2012). There is evidence that women in Australia experience gender-based discrimination in the workplace, as demonstrated by the gap in women's pay relative to men's and under-representation in positions of decision making and seniority (Chung et al., 2012). Workplaces that do not address this differential are exercising violence supportive practices.

Educational institutions are yet another site where violence supportive attitudes and behaviours may thrive. Young women (18 – 24 years) experience significantly higher rates of physical and sexual violence than women in older age groups (Australian Bureau of Statistics, 2012). Approximately one quarter of sexually active Australian students in years 10, 11 and 12 reported an experience of unwanted sex (Mitchell A, 2014).

Adolescence and young adulthood are times when young men are testing ways of enacting their masculinity, which can be highly contingent and situational depending on peer groups and role models. Blye (2003) described this as a process of young men jostling between competing forms of masculinity. For example, men may use sexist jokes as a kind of bonding exercise; it is through joking friendships that men are able to negotiate the tension they feel over a need for intimate friendships with other men. Sometimes the confused performances of masculinity described by Blye above can lead to overt sexism and consequently be violence supportive. Similar phenomena were also observed by Corboz, Flood, & Dyson (2015) in research with elite AFL players.

In summary, violence supportive attitudes and behaviour can be found in any setting, and recognised as lack of support for gender equality, belief in the inferior status of women in relation to men, sexual harassment and coercion, bullying, abusive or controlling behaviours, group disrespect (demonstrated by rude, aggressive behaviour, consumption of pornography, sexualising women, group consumption of alcohol, and rape supportive attitudes). While many of the attitudes and behaviours discussed in this section have been identified by researchers in specific settings, they also occur in other settings so should not only be limited to the setting in which they are discussed.

Violence supportive attitudes and norms are also shaped by other social influences including popular media. A wide range of studies have documented relationships between tolerance for physical or sexual violence and exposure to particular imagery in pornography, television, film, advertising and electronic games (Flood & Pease, 2006).

2. Prevention of gender-based violence

2.1 A public health model for prevention

Public Health has been defined as an organised response to the protection and promotion of human health (Peersman, 2001). It is concerned with the health of entire populations, which may be a local neighbourhood or an entire country. Public health programs are delivered through education, promoting health lifestyles, and disease and injury prevention. This is in contrast to the medical approach to health which focuses on treating individuals after they become sick or injured. Public Health embraces a definition of health which has been recognised since 1958 as '…a complete state of physical, mental and social well-being, not merely the absence of disease or infirmity' (World Health Organisation, 2013).

Public Health has developed a three-level model of prevention to address a range of health issues that affect both populations and individuals. In this model, *Tertiary prevention* aims to work with people who are already affected by disease to improve function, minimize the impact of the disease and delay complications and repeat events associated with it. *Secondary prevention* aims to reduce the progression of disease through early detection, such as screening and pre-symptomatic stages, early detection and early intervention associated with the onset of disease.

Primary prevention aims to limit the incidence of disease by addressing the causes or determinants of potential ill-health. This may be by reducing exposure to risk factors as well as by promoting protective factors, such as the emergence of pre-disposing social or environmental conditions that can cause disease (National Public Health Partnership, 2006). In the disease prevention model described here there is some overlap between secondary and primary prevention, for example, when the cause of the problem cannot be eliminated the focus turns to modifying behaviour using a combined approach.

The public health model for early intervention and prevention has been adapted for preventing violence against women. Thus, primary prevention is explained as preventing violence from occurring in the first place; secondary prevention as providing early intervention, for example, with perpetrators; and tertiary prevention as providing safety and support for victims after violence has occurred (Dyson & Flood, 2008; Flood, 2011; Martin et al., 2009; World Health Organisation, 2002).

2.2 The Social Determinants of Health

An understanding of the social determinants of health is critical for primary prevention programs. These are the conditions in which people are born, grow, live, work and age (World Health Organisation, 2013) that are shaped by the distribution of money, power and resources at global, national and local levels as well as by gender and accompanying abuses of these. This is also sometimes also known as the 'social hierarchy' (Australian Women's Health Network, 2012).

The Ottawa Charter for Health Promotion identifies the fundamental conditions and resources for health as including peace, shelter, education, food, income, a stable eco-system, sustainable resources, social justice and equality (World Health Organisation, 1986). The social conditions that influence violence against women include: the ways in which gender roles and relationships are constructed and defined; how power and material resources are distributed; social norms about violence and violence against women; and access to resources and systems of support (Women's Health West, 2012).

Well-being describes a concept of health in which equity, freedom from violence and discrimination, and access to the resources necessary to live a full and satisfying life are paramount (World Health Organisation, 1986a). Women who experience intimate partner violence also experience inequalities on a range of social health measures. For example, as a result of violence they may experience lack of access to secure housing, as well as insecure work and income support.

Thus, violence against women not only affects health but also well-being.

A gendered analysis can expose the ways in which the social determinants of health affect women and men differently (including those from marginalised or disadvantaged communities). Such an analysis must form the basis of primary prevention programs to eliminate gender-based violence.

2.3 Primary Prevention of Violence against Women

The work of primary prevention of violence against women is about changing the attitudes and behaviours that lead to some men abusing power by socially, emotionally or physically controlling or being violent against women. These are the factors that give rise to, or create the conditions that, lead to gender-based violence and abuse. These conditions include the structural barriers of gender inequality and gender role socialisation, and the social norms that ignore, condone or support violence against women (Quadara & Wall, 2012).

According to the report from the UN Expert Group meeting in 2012, primary prevention remains a poorly understood concept across sectors and between stakeholders. It is often conflated with early intervention or the response to existing violence, or else limited to awareness raising or social marketing campaigns (UN Women, 2012). Education programs or sessions are frequently used in primary prevention, however, short, one-off education programs that are not linked with a comprehensive program do not meet the criteria for being primary prevention.

Health promotion is a public health discipline which strives to address the social, political and economic determinants of health in order to achieve a complete state of physical, mental and social well-being for individuals and communities, and to empower people to take charge of their own health. It provides an alternative to medicalised understandings of health, and goes beyond addressing individual lifestyle strategies (Peersman, 2001). For health promotion, health is seen as a resource for everyday life, not the objective of living, it is a positive concept which emphasises social and personal resources, as well as physical capacities (World Health Organisation, 1986).

Culture has been described as a way of making sense of the world through shared understandings and constructed meanings – about the cultivated stories, myths, symbols and rituals that make sense of what groups have done, are doing and will do (Giddens, 1979). Because culture is continually emergent, negotiated and in play, change is possible. The strategies that are used to bring about culture change may include education, community mobilisation, social marketing, one-off events (such as White Ribbon day or International Women's Day breakfasts and other community events), structural and policy changes and a myriad of other approaches. It is important to note that any one of these strategies implemented on a stand-alone basis do not meet the criteria for being primary prevention.

To be defined as primary prevention the strategies must challenge the attitudes and behaviours that are violence supportive whilst changing the structural supports that maintain gender inequality. Education programs, awareness-raising and community mobilisation are all important, but on their own these do not constitute primary prevention, which requires a comprehensive, multi-level, integrated approach. Primary prevention should actively address multiple and intersecting forms of discrimination and disadvantage that place women and girls at risk of violence (UN Women, 2012; Our Watch, 2016). Primary prevention of gender-based violence must focus on changing the culture/s that operate to make gender-based violence acceptable.

Primary prevention programs can be carried out in 'settings', or the places where people in communities live, work, play and age (Peersman, 2001). A settings approach makes it possible to target specific groups with appropriate programs – in (among others) sports clubs, schools, workplaces and faith settings, as well with specific population groups including children, young people, and people with physical and intellectual disabilities, Indigenous and culturally and linguistically diverse people.

In the 2014 edition of this position paper, VicHealth was leading the way in primary prevention, and Our Watch had only been established under the Second Federal Action Plan late in 2013. Since then Our Watch (discussed in more detail in Section Three, below), has taken the lead nationally in the practice of primary prevention. Our Watch was established to drive nationwide change in the culture, behaviours and power imbalances that lead to violence against women. As of 2019 all states and territories except for NSW had partnered with Our Watch {Gleeson, 2019 #2380}.

2.4 The Ecological Model

The social/ecological model[7] has been advocated for primary prevention. It has also been proposed for both understanding violence and for prevention activities, however, in this Paper it will only be discussed in relation to primary prevention. The model proposes that rather than being a simple phenomenon, violence is the result of the complex interplay of individual, relationship, social, cultural and environmental factors. The model works at three levels: individual/relationship, community/organisational and societal, each of which is interdependent with the other.

The Ecological Model suggests that the problem of violence against women is essentially one of culture and environment, rather than one of deficits in individuals. Solutions involve changing social norms and behaviours and require the active involvement of all levels of the community. Application of this model posits that violence is a function of the abuse of power and control, and aims to bring about social change to create an ethical setting where individuals are not exploited, power is not abused, and all members of a community are involved (Maton, 2000). It has been argued that this model has the capacity for social transformation in individual and community values and norms. Change depends on interventions occurring at multiple levels ranging from individuals through to society, and from society down to the individual (Dyson and Flood, 2008).

In this model:

The **societal level** seeks to understand the cultural values and beliefs that shape the other two levels of the social ecology and change institutional and cultural support for, and weak sanctions against, gender equality and rigid gender roles. The role of governments is emphasised in providing an 'enabling' environment through policy and legislative reform to promote gender equality and women's empowerment.

The **community/organisation level** works on the formal and informal social structures that impact on individuals such as norms concerning gender equality, masculine peer norms and organisational values.

The **individual/relationship level** focuses on developmental and personal factors that shape responses to stressors in the environment such as rigid gender roles, weak support for gender equality, attitudes of masculine entitlement and superiority, and male dominance and control of wealth in relationships, as well as on promoting respectful relationships (Victorian Health Promotion Foundation, 2007).

2.5 A National Framework to guide Primary Prevention Practice

While primary prevention work is happening across Australia, in the past decade the scope of this work has been strongest in Victoria, initially led by the Victorian Health Promotion Foundation (VicHealth). Since the publication of the first edition of this position paper in 2013, Our Watch in collaboration with VicHealth and ANROWS developed a national primary prevention framework *Change the Story: A shared framework for the primary prevention of violence against women and their children in Australia. Change the Story* identifies the drivers of violence against women, and provides evidence to guide strategic, co-ordinated prevention efforts across all levels of society. It identifies the drivers of violence against women as:

- Condoning violence
- Men's control of decision making
- Rigid gender role and stereotypes of masculinity and femininity
- Male peer relations that emphasis aggression and disrespect towards women.

It also states essential actions to address the gendered drivers of violence against women are:

- To challenge condoning of violence against women;
- To promote women's independence and decision making in public life and relationships;
- To foster positive personal identities and challenge gender stereotypes;
- To strengthen equal and respectful relationships.
- To promote and normalise gender equality in public and private life.

7 Commonly called the ecological model, the term will be simplified and used in this way throughout this paper.

Change the Story and its companion publication *Putting the prevention of violence against women into practice: How to change the story* provide specific, practical strategies to use in primary prevention work (Our Watch, 2017).

2.6 Good practice in primary prevention

In 2006 the UN Secretary General reported to the General Assembly on the In-Depth Study on All Forms of Violence against Women. The report articulated general principles, based on international evidence, for good practice in prevention. These principles can be applied to all programs and are mapped here against the levels of the ecological model:

Societal level: prioritising the prevention of violence against women in all policies and programs; allocating specific resources within all sectors for prevention activities, and seeking political support for sustained, long-term investment in prevention (United National General Assembly, 2006). Community and media programs should also be supported by Government laws and policies that promote gender equality (World Health Organisation, 2009).

Community/Organisation Level: developing prevention strategies that address the root causes of violence against women, particularly the persistence of gender-based stereotypes; outlining clear objectives, defining what prevention strategies are seeking to change and how; and putting in place a process of monitoring and evaluation. Working with a cross-section of stakeholders, including government bodies, NGOs, workers' and employers' organisations and local community leaders, to build inclusive and effective strategies; and promoting women's safety, including by altering physical environments where necessary.

Individual/relationship level: for example, engaging the wider community, including men and boys in the prevention of male violence against women; ensuring that the ways women are disadvantaged by gender inequality at all levels, and recognising and understanding the intersection of gender and other multiple forms of discrimination (United National General Assembly, 2006).

Prevention programs need to be developed using a consistent, evidence-based framework. When planning a prevention initiative, it is vital to consider how this work can complement and reinforce other related actions occurring across other levels of the socio ecological model. In this way multiple settings and sectors can work coherently to build the necessary momentum to effect long term cultural change. For example, an education program in a sports club or school may have a primary focus on the individual/relationship level of the social ecology, but it can draw upon examples of respect in the wider community by using 'teachable moments'[8] from the media or current affairs to encourage participants to think more broadly than their own immediate lives and relationships.

As discussed above, how other forms of structural inequalities and discrimination intersect with gender inequalities for people and communities affects the experience of violence against women. In addition to gender, experiences can be influenced by the intersection of such factors as class, race, culture, aboriginality, sexuality and gender identity, disability to name a few. All prevention initiatives must use an intersectional approach. According to Our Watch:

Intersectionality is about taking an approach that considers the complexity of a person's lived experience. It considers the multiple forms of discrimination that can be experienced as they relate to a person's identity (or many identities), and how systems and structures interact to reinforce the discrimination. The tick box exercise of filling out a form is a good example of the assumptions inherent in our systems (2018).

Many small and medium sized programs are currently in progress in communities across Australia; as these programs develop a growing body of knowledge is emerging from practice. The combined effect of this will create a groundswell of momentum and lead to the kind of long-term cultural change that is required for the ultimate elimination of violence against women and the creation of a society in which all people are equal, and respectful relationships and behaviours are the norm.

8 Teachable moments are those times when a significant event occurs that can be used to 'educate' groups or individuals. For example, incidents of blatant disrespect or of gender inequality in the media or current affairs can be used as the basis for facilitated discussion to focus on what could have been done differently. Teachable moments are suggested as a strategy for Soccer's Coaching Boy's into Men program.

2.6.1 Principles for community mobilisation

In addition to the comprehensive principles for prevention discussed above, other sources have articulated principles for community mobilisation and prevention education.

The World Health Organisation (2007) identified principles for conducting community based primary prevention education. These include: the use of participatory methods for effectively engaging participants; fostering an enabling social environment to increase the likelihood that positive behaviour change will be sustained; employing and training facilitators with high quality skills; providing long term follow-up to support and sustain changes brought about by the program; and combining education with wider advocacy and community mobilisation activities.

A community mobilisation approach that reaches each level of the ecology has been advocated by (Michau, 2005). These include:

A proactive approach: primary prevention assumes that it is not enough to provide services for women experiencing violence, or to promote prevention without challenging communities to examine the assumptions which perpetuate it. The root causes of violence against women must be addressed through gender-based analysis of why violence occurs – such as the imbalance of power between women and men and rigid gender roles.

A holistic approach: violence prevention should be relevant and recognise the multifaceted and interconnected relationships between individuals and institutions. The complex histories, cultures and relationships that shape a community must be acknowledged and accommodated. To generate momentum for change a wide cross section of community members must be engaged, not just women or one sector, such as police or the health care system.

A process of social change: changing attitudes, values and norms is a process, not a one-off event. Projects should be based on an understanding about a systematic process of change, implemented by skilled facilitators who can guide a community on a journey of change.

Repeated exposure to ideas: individuals should be exposed to regular reinforcing messages from a range of sources over a sustained period of time. This means a co-ordinated approach across sectors with faith, school, sports, and arts communities, the media, and workplaces all communicating the same messages about violence against women being unacceptable under any circumstances, and respect and equality being desirable in relationships.

Community ownership: organisations can play a role in facilitating change, but it is in the hearts and minds of the individuals and groups in a community where change must occur. Therefore, it is those individuals and groups who must engage with and lead change.

2.6.2 Principles for prevention education

Prevention education programs are directed at children, young people and adults in a range of settings. Research in the USA noted a paucity of evidence concerning prevention education programs with young people that demonstrate disrupting sexually violent behaviours. Tharp et al. argue that programs have forgone 'the standards of evidence and the principles of prevention to move a program more quickly into practice' (Tharp et al., 2011, p. 3384). To identify principles for prevention, these authors turned to prevention programs in areas such as delinquency, substance abuse, sexual risk and school failure, which they claim have demonstrated effectiveness. The principles identified include that programs should be comprehensive, use varied teaching methods, be theoretically driven, promote positive relationships, be appropriately timed in development, socio-culturally relevant, and employ well trained staff to ensure adequate implementation and are of sufficient 'dosage' to create behaviour change (Tharp et al., 2011).

In its *Respectful Relationships: Education in Schools* Evidence Paper Our Watch noted:

The recent inclusion of Respectful Relationships Education in the Australian Curriculum represents an unprecedented opportunity to create positive change for a whole generation of young people and across the education sector. It coincides with announcements from several states and territories to strengthen their education systems' capacity to address and prevent gender-based violence...

[The paper] …suggests the following definition best reflects evidence-based understandings to date:

Respectful Relationships Education is the holistic approach to school-based, primary prevention of gender-based violence. It uses the education system as a catalyst for generational and cultural change by engaging schools, as both education institutions and workplaces, to comprehensively address the drivers of gender-based violence and create a future free from such violence.

The paper goes on to distil existing international and national evidence into seven core elements for good practice Respectful Relationships Education:

1. Address drivers of gender-based violence
2. Have a long term vision, approach and funding
3. Take a whole school approach
4. Establish mechanisms for collaboration and coordinated effort
5. Ensure integrated evaluation and continual improvement
6. Provide resources and support for teachers
7. Use age-appropriate, interactive and participatory curriculum. *(2015)*

In Australia work has also been done on developing principles for violence prevention. For example, the Social Justice and Social Change Research Centre at the University of Western Sydney identified six standards for education programs to prevent sexual assault, which extend to both community and school-based programs (Carmody et al., 2009). The same year VicHealth also developed principles for respectful relationships education (Flood, Fergus, & Heenan, 2009). Rather than go into detail about each authors' principles, here they are synthesised, as they are remarkably similar. Both reports suggest that programs must:

- be comprehensive
- be theoretically driven and address cultural and developmental concerns
- engage educators who are well trained and skilled in prevention education techniques, and use a positive, enabling approach
- use participatory approaches to effectively engage participants, and
- be subject to rigorous evaluation.

Research has demonstrated that to be effective, programs with school aged students should be part of a whole school approach[9] that promotes an ethos of equality, respect and non-violence throughout the school community, supported by policies (Dyson, 2008; Dyson, Barrett, & Platt, 2011; Flood et al., 2009). School programs should also be supported by community interventions that work to effect change in individuals and whole communities by addressing gender norms, and media interventions such as public awareness campaigns that challenge gender norms and attitudes through awareness raising activities.

Didactic approaches are unlikely to be effective in education programs. A number of alternative approaches to education shift the power focus away from the educator towards empowering learners. Critical pedagogy, founded by Paolo Freire, is concerned with the idea of a just society in which people have economic, political and cultural control over their lives (Aliakbari & Faraji, 2011). According to Freire (2005) traditional education works on a model that assumes information can be 'banked' by educators who hold 'knowledge' into students who are empty vessels and recipients of information; in this model, teachers are authorities and students (regardless of their age) are obedient to their authority (Freire, 2005). Individual learning styles differ, and varied approaches are appropriate to maximise learning in any group. Much learning is non-formal and essentially a social process. 'Learning is not just a psychological process but is intimately related to the world and affected by it. People take on the knowledge, values, beliefs and attitudes of the society in which we live' (Jarvis, 1987, p. 11). Action learning is one form of critical pedagogy that is about learning from concrete experience and critical reflection, through group discussion, trial and error, discovery and learning from one another. It is a process by which groups of people work towards change on real issues or problems (Zuber-Skenitt, 2001).

Based on the principles for primary prevention programs identified above for community, and education programs, the following questions are proposed to guide practitioners planning a program to assess whether it meets the criteria for being primary prevention:

9 A whole school approach is advocated as part of health promoting schools. This involves not only working with students and on the curriculum, but also addressing the health issue in school policies, the overall ethos and environment in the school and by engaging the wider school community including staff members, parents, students and relevant local community agencies.

- Does it address sexist norms and promote gender equality?
- Is it comprehensive, contextualised and relevant to the setting and the individuals in it?
- Does it focus on structural as well as individual contributors to the problem?
- Does it have a clear program logic that is theoretically and empirically informed?
- Does it emphasise a positive, strengths-based developmental process?
- Is it (or will it be) evaluated?

2.6.3 Principles for awareness raising campaigns

Awareness raising campaigns are an important component of a comprehensive primary prevention approach. However, single component campaigns have been shown to be ineffective at addressing the drivers of violence against women and must be implemented in a sustained way, across platforms and in conjunction with other approaches (Our Watch 2015).

It identifies communication and marketing and civil society advocacy as key awareness raising techniques.

Communication and social marketing

These techniques use a range of communication media to raise awareness of violence against women and their children and challenge contributing attitudes, behaviours and social norms across a variety of media such as television, radio and print/online media as well as social media, community forums and community arts...

Communications and social marketing strategies should be based on rigorous and relevant research and testing with relevant audiences to ensure effectiveness and avoid unintended consequences such as reinforcing stereotypes...

Civil society advocacy

Civil society advocacy ...involves building collective momentum to raise awareness of the issue of violence against women and their children and to encourage governments, organisations, corporations and communities to take action to prevent it. Civil society advocacy, particularly women's organisations, has proven essential to enduring and effective policy development to prevent violence against women and their children.

Awareness raising should take a top down, bottom up approach, fostering communication and information exchange in order to improve mutual understanding as well as mobilising communities and the whole society to bring about the necessary change in attitudes and behaviour (European Institute for Gender Equality, 2013). They should have a strong basis in human rights and gender analysis; clear, appropriate, comprehensive definitions of violence; take a women/victim-centred approach; hold men/perpetrators accountable for the violence they inflict; emphasise equality and anti-discriminatory practice and recognise the diversity of women and men.

2.6.4 A Strengths-based approach

A strength-based approach calls for programs to be positive, inclusive and enabling. Health promotion theory suggests that to be effective, programs must be 'salutogenic' (Antonovsky, 1996). Traditional, disease focused approaches to health use a 'pathogenic' model sit at one end of a continuum of approaches to health and well-being while salutogenesis sits at the other. Salutogenesis proposes that health can be an asset (or strength) held by individuals and groups which can promote positive well-being (Glasgow Centre for Population Health, 2011). In this approach, one type of intervention aims to strengthen resources such as self-management, community networks, and another aims to create meaning – interventions to increase perceptions of control (Harrop, Addis, Elliott, & Williams, 2006). A strengths-based approach makes visible and values the skills, knowledge, connections and potential in a community. It promotes capacity, connectedness and social capital (Glasgow Centre for Population Health, 2011). In primary prevention programs, it is important that it is positive, strengths-based and that participants are engaged as partners in the change process, not as potential victims or perpetrators. This means not focussing too much on the negative aspects of abuse and disrespect but focusing on promoting equal and respectful relations between women and men. It also means recruiting women and men as partners in prevention so that they take responsibility for identifying changes and making them happen.

2.6.5 Challenges to Primary Prevention

It is important to recognise that primary prevention in the field of preventing violence against women is a new and emerging field and practitioners may face challenges as they learn from experience. One of these challenges is to maintain a focus on primary prevention rather than be drawn into tertiary, secondary prevention. Because tertiary work is more visible and tangible, funding bodies may try to combine response and prevention in one program. The response sector has historically struggled to provide safety and support for women who are victims of violence and it is vital that resources should not be taken from these services, and that they should not have to compete with for limited funding with the primary prevention sector.

Prevention requires specific skills which are different to those required for crisis response, and it is important that the workforce for each has a clear understanding of its roles and responsibilities and works together co-operatively. While the reason for running primary prevention programs is to eliminate violence against women, the focus of programs must be on the underlying causes. That is, the power imbalance, gender inequality between men and women and associated cultures of disrespect and abuse. These are the factors that give rise to, or create the conditions that lead to, gender-based violence. These conditions include the structural barriers of gender inequality and gender role socialisation, and the social norms that ignore, condone or support violence against women.

To achieve the goal of preventing and eliminating violence against women it is imperative that funding for evidence based primary prevention programs and research is not only maintained, but also expanded as new knowledge and understanding emerges.

2.7. Evaluating primary prevention programs

In the context of social programs, evaluation is a means of documenting what has happened, identifying what worked, what didn't work, assessing short and medium-term outcomes and longer term impact. Process evaluation tells the 'story' behind the program as it develops. Outcome evaluation focuses on the effects of the program; the extent to which its goals and objectives were met, and any unexpected outcomes. Impact evaluation reports on the long-term results of a program, analysing, for example, the long-term maintenance of change resulting from a program.

The work of primary prevention is not an exact science and evaluating the effectiveness of prevention programs can be difficult. Criteria for effectiveness depends on the findings of a well conducted, rigorous evaluation which focuses on outcomes in terms of not only knowledge and attitudes, but also on sustained behaviour change. The kind of high-level measures that are often identified for primary prevention, for example, changes in community attitudes, are almost impossible to link to particular programs. Few studies have had the capacity to follow participants in a program longitudinally to understand what changes and which programs work (Casey & Lindhorst, 2009; Quadara & Wall, 2012; World Health Organisation, 2002).

Evaluation is a developing science and the increased demand for evidence-based programs has increased pressure on the community sector to include evaluation as part of program plans; which rarely includes adequate funding for independent external evaluation. Earlier generations of evaluation focused on the evaluator as 'objective scientist' who stands outside of a program to judge its worth or describe strengths or weaknesses. VicHealth has developed a capacity building approach to the evaluation of primary prevention programs. This will support community organisations to include internal evaluation (Flood, 2013; Kwok, 2013).

Evaluation capacity building has been defined as efforts to equip community sector practitioners with the skills to conduct evaluations and to integrate evaluation findings into practice (Flood, 2013). This approach was used in the five projects of the Respect, Responsibility and Equality programs funded by VicHealth between 2008 and 2011. According to Kwok (2013) primary prevention practice effects change incrementally and evaluation of programs should also be incremental. She identifies three key points which have emerged from the capacity building approach to evaluation:

- **First**, primary prevention evaluations must be *process* oriented – based on the understanding that the work is aimed at determinants level change. Primary prevention is about a means not an end and evaluations must be means directed.

- **Second**, evaluations must be prepared to explain the link between the program initiatives and the potential to influence determinants level change (that is, gender equality and respectful behaviours). They should be able to demonstrate that changes have occurred through realistic and measurable indicators.
- **Third**, evaluations are about practice that holds promise for longer term change. Promising practice is not necessarily practice that achieves a reduction in the problem, rather it is practice that is shown to potentially influence the root causes of the problem, in this case, the social norms that make violence against women acceptable in the first place (Kwok, 2013).

2.8 Knowledge transfer and exchange

Practitioners have an important body of knowledge born of experience; this is often anecdotal and contextual. Skilled social researchers (and evaluators) have the ability to create new knowledge to inform practice. When researchers and practitioners bring their bodies of knowledge and skills together, important empirical evidence can be created. How this is developed and communicated has become known as knowledge transfer and exchange.

Knowledge transfer and exchange is a process which brings together researchers and the individuals, groups and communities which have a stake in participating in, or using research or evaluation findings to exchange ideas, evidence and expertise. In other words, research informs (evidence based) practice and practice in turn informs research to ensure a continuous cycle. It is a critical part of the research process and can take the form of:

- building links to ensure that research informs and is informed by policy and practice
- developing and maintaining relationships between researchers and those who have a stake in informing or using the results of the research
- disseminating research outcomes in ways that are accessible and comprehensible to the relevant stakeholders

Anecdotally there are many projects in progress and completed, but almost no peer reviewed academic literature[10] that analyses or reports on outcomes. The use of grey literature in this Paper testifies to the lack of peer reviewed evidence to inform primary prevention practice. Program reports are important, and largely inform practice in primary prevention, but there remains a gap in high quality evidence to inform practice largely because evaluation is not well funded. Although a plethora of prevention programs have been funded over the past decade the lack of effective knowledge development, transfer and exchange is a major flaw that must be addressed.

10 Peer reviewed academic literatureis the gold standard for evidence and thus informs practice

3. Policy Context

Section Three provides an overview of the National, State and Territory Plans to Prevent Violence against Women, and compares the status as known in 2014 (when the first edition of this Discussion Paper was published), and what was identified from various web sites about progress in 2019. All of the Plans discussed below detailed strategies or action plans, however, the main focus of the summary here is on the extent to which the plans meet the criteria for primary prevention. Information concerning plans was sourced from web searches. In 2014 some were readily available on the relevant Government Department's web site, others were harder to find. In 2019 more information was available both on the Commonwealth and State government web sites, although some was not up to date. At the end of the summaries these prevention plans are then discussed.

Section three then includes discussion about Victoria's Royal Commission into Family Violence, and the development of Our Watch (known as the Foundation for the Prevention of Violence against Women in 2014) and ANROWS (known as the National Centre for Excellence in 2014), which were only in the very early stages of development when the AWHN Position Paper was first published.

3.1 National Plan to Reduce Violence Against Women and their Children 2010 – 2022

The National Plan to Reduce Violence against Women and Their Children 2010 – 2022 (The Plan) is agreed to by the Coalition of Australian Governments (COAG) and each State and Territory Government has committed to work towards achieving the National Plan. In this section the National Plan is outlined.

The National Plan targets two main types of violence: domestic and family violence and sexual assault. The central goals of the National Plan are to reduce violence against women and their children and to improve how governments work together, increase support for women and their children, and create innovative and targeted ways to bring about change. The National Plan sets out six national outcomes for all governments to deliver over a 12-year period. Four three year action plans are in place.

The vision of the National Plan is that: "Australian women and their children live free from violence in safe communities." The target is to achieve "significant and sustained reduction in violence against women and their children." (Commonwealth of Australia, 2018). The indicators for achieving this target include:

- Reduced prevalence of domestic violence and sexual assault.
- Increased proportion of women who feel safe in their communities.
- Reduced deaths related to domestic violence and sexual assault.
- Reduced proportion of children exposed to the experience of domestic violence.

3.1.1 First Action Plan (2010–2013) – Building a Strong Foundation

Under the first Action Plan Australia's ANROWS was established to drive research efforts over the life of the National Plan. It was also agreed that the ABS would conduct the Personal Safety Survey (PSS) every four year to provide data about the prevalence of violence against women in Australia, and that VicHealth would conduct the National Community Safety Survey (NCAS) every four years to provide data about community attitudes towards violence against women.

No evaluation report was found for the First Action Plan; however, according to the web site national consultations were held to evaluate progress on the First Action Plan (Senate Submission 57: attachment 3, 2014). According to the Senate submission the following feedback on the First Action Plan included:

- The importance of continuing to build the evidence base, along with the need for nationally consistent data collection and application.
- The continued need to translate evidence into policy and practice.
- Collecting, evaluating and disseminating evidence about what works to improve policy and program responses to violence.
- The importance of collecting data on diverse groups of women, including Indigenous women, culturally and linguistically diverse women, and women with disability.

3.1.2 Second Action Plan (2013–2016) – Moving Ahead

The Second Action Plan took stock of what worked in the first three years and consolidated the evidence base for the effectiveness of the strategies and actions implemented to date. In this phase, governments planned to move ahead with advancing cultural change and reducing the numbers of women reporting violence.

A process evaluation of the Second Action Plan was carried out; the scope of the evaluation covered:

- The work undertaken by governments against the five priorities and the 26 actions outlined in the Second Action Plan.
- Review of the extent to which National Plan flagship programs have contributed to the improvement of service responses for women who have experienced violence and in building the evidence base.
- Measurement of the contribution of the Second Action Plan in progressing the six National Outcomes of the National Plan.
- Identification of emerging issues and areas requiring increased focus in the Third Action Plan (KPMG, 2017).

Overall the evaluation found that most of the priorities and actions had been implemented as intended. Key findings included:

- Priorities five (continuing to build the evidence base) and one (driving whole of community action), were viewed as being the most successful in terms of the progress with and effectiveness of the actions undertaken.
- Priority four (improving perpetrator interventions) was the area that was considered to have been the least effective.
- Priority two (understanding the diverse experiences of violence) was seen by stakeholders consulted as not taking into account the needs of high-risk groups like Aboriginal and Torres Strait Islander women, women from culturally and linguistically diverse backgrounds and women with a disability (KPMG, 2017).

3.1.3 Third Action Plan (2016–2019) – Promising Results

The Third Action Plan planned to deliver solid and continuing progress in best practice policies, with governments using data of far greater detail, accuracy and depth due to the improvements made in data collection and analysis. The long-term initiatives put into place during the first two Action Plans were expected to deliver results. The involvement of groups across the community was expected to make more people receptive, supportive and involved in strategies to reduce violence against women. In turn, this will enable governments to draw on greater community awareness and support. 2019 represents the end of the Third Action Plan and the start of the Fourth Plan; as yet it is too early for the Third Action Plan to have been evaluated.

Priorities under the Third Action Plan included:

- Prevention and early intervention.
- Aboriginal and Torres Strait Islander women and their children
- Greater support and choice
- Sexual violence
- Responding to children living with violence
- Keeping perpetrators accountable across all systems.

3.1.4 Fourth Action Plan (2019–2022) – Turning the Corner

The Fourth Action Plan is expected to see the delivery of tangible results in terms of reduced prevalence of domestic violence and sexual assault, reduced proportions of children witnessing violence, and an increased proportion of women who feel safe in their communities.

The four key priorities of the Fourth Action Plan are:

- Improving outcomes for Aboriginal and Torres Strait Islander Children at risk of entering or in contact with child protection systems.
- Improving prevention and early intervention through joint service planning and investment.
- Improving outcomes for children in out-of-home care by enhancing placement stability through reunification and other permanent care options.
- Improving organisations' ability to keep children and young people safe from abuse.

3.2 State and Territory Plans

As discussed at the start of this section, here we present a summary of what is known about State and Territory Plans and compare what was published in 2014 when this Discussion Paper was first published, with what is known in 2019, when the revised edition is prepared. To seek current information about State Plans links were followed from the Commonwealth National Plan web site. When these links were not informative, web searches of State/Territory Government sites were carried out. The information in the table below is current to the best of our ability at the time of writing.

State	Policy/Strategy – Goals/outcomes 2014	Goals/outcomes 2019 -2022
Queensland	All people, regardless of gender, age, sexual orientation or personal circumstance, are safe to live free from domestic and family violence in Queensland. No mention of primary prevention was found in 2014, the focus was on tertiary strategies. Schools program *Social and Emotional Learning in Queensland* to 'support children to develop positive behaviour and constructive social relationships' mooted but no details were found. Although Queensland is a signatory to the National Plan and was active in a range of secondary and tertiary programs, a search of the Queensland Government web site revealed no annual reports for the current strategy, which expired in 2014.	Queensland Violence against Women Prevention Plan (2016-2022) Proposes primary, secondary and tertiary prevention action on all forms of violence against women in the priorities of: Respect: focussing on shifting community attitudes and behaviours that support or excuse violence against women. Safety: decreasing the risk of violence for women, particularly those who face multiple and complex forms of disadvantage and reducing the impact of violence through services that meet women's needs. Justice: for women who have experienced gendered violence, holding perpetrators to account and preventing reoffending (Queensland Government, 2019)
Australian Capital Territory	*Our Responsibility: Ending Violence against Women and Children* 2011-2017 Women and children are safe because an anti-violence culture exists in the ACT. Increase safety and security for women and children in public spaces. Promote and support public discussions about violence against women and children. Build respectful relationships initiatives, identify gaps and new target groups for education. The Plan met the criteria for primary prevention; it recognised that violence against women is a human rights issue and an impediment to equality. It addressed all levels of the social ecology.	ACT Women's Plan 2016-2026 Focuses on gender equality, it thus meets the criteria for primary prevention whilst also addressing the importance of response services. The *ACT Plan* is underpinned and guided by the following key principles: Equality - of opportunity, access, security and independence. Non-discrimination - freedom from any form of discrimination, including assignment of stereotypical gender-based roles. Intersectionality - key to understanding and responding to the needs of all women and girls is an understanding of the intersection of gender with other factors such as race, culture, disability, sexuality, experience of violence and economic status; and how women can face multiple and compounding levels of discrimination and vulnerability as a consequence. Everyone's responsibility- the necessity to work with women and men, across government, with non-government organisations, business and community to achieve gender equality. Diversity – every woman is valued for her uniqueness. Safety – all women and girls have the right to safety and to live without fear (ACT Government, 2016).

State	Policy/Strategy – Goals/outcomes 2014	Goals/outcomes 2019 -2022
New South Wales	2014 Prevention goals: Increase community awareness that violence is not acceptable Sustained, evaluated prevention strategies targeting the whole community and particular 'at risk' communities » Mainstream preventative strategies across key government agencies. » Primary prevention embedded in the plan. » Stresses an integrated approach. » Has immediate, medium and long term goals. » Alludes to the ecological model.	Domestic and Family Violence Prevention and Early Intervention Strategy 2017-2021 Approaches aiming to reduce or prevent new instances of violence across whole populations before they occur, by addressing underlying causes. They address the underlying causes of domestic and family violence by: increasing knowledge, awareness and understanding of the nature and causes of domestic and family violence; and influencing attitudes to bring about behavioural change. Key focus areas for prevention include: » Awareness building » Promoting healthy relationships » Influencing social norms » Key focus areas for early intervention include: » Identification » Early engagement to change behaviour » Referral pathways (NSW Ministry of Health, 2016)
Victoria:	*Action plan to address violence against women & children: everyone has a responsibility to act* Addressed prevention, early intervention and response through an integrated system". Education to change attitudes and behaviours and to promote respectful non-violent relationships and engaging organisations and communities to promote gender equity and stop violence Fostering relationships, organisations, communities and cultures that are gender equitable and non-violent.	Ending Family Violence: Victoria's plan for change (2016 – 2026) Victoria's strategy to prevent family violence and all forms of violence against women. This strategy was recommended by the Victorian Government Royal Commission into Family Violence, launched in 2015. In 2016, the Royal Commission released its report and made 227 recommendations concerning responding to and preventing family and all forms of violence against women. Free from Violence: Victoria's plan for change (2018-2021) The scope of this Plan is primary prevention – preventing violence before it starts by focusing on settings where inequality and violent behaviour are shaped. An effective primary prevention approach reduces pressure on other parts of the system responding to family violence and violence against women, including early intervention and crisis response. The First action plan 2018-2021 of Free from violence details the actions the Victorian Government will take towards ending family violence and fear of violence for good. These actions establish the key structures needed to support long-term change in the prevention of family violence. *Free from Violence* fulfils Recommendation 187 of the Royal Commission. In 2018 a *Prevention of Family Violence Bill 2018* was introduced to the Victorian parliament, fulfilling recommendation 188 of the Royal Commission. The Bill established Respect Victoria as a Statutory Authority; Respect Victoria is an organisation dedicated to preventing all forms of family violence. *Building from Strength: 10 year industry plan for family violence prevent and response* (Note: a working link was not available at the time of publishing) Provides a vision of how to equip a range of different workforces with the expertise and resources to support Victorians impacted by family violence, and prevent it from occurring in the first place. 10-year plan for Victoria's future family violence workforce, in response to a key recommendation of the Royal Commission into Family Violence.

State	Policy/Strategy – Goals/outcomes 2014	Goals/outcomes 2019 -2022
South Australia:	*A Right to Safety: the next phase of South Australia's Women's Safety strategy 2011 – 2022* Prevention section has three main areas of focus: » Promoting communities not to tolerate violence against women » Promoting respectful relationships and » Promoting gender equality. Uses the VicHealth *Framework for primary prevention* and meets the criteria for primary prevention. Ecological approach not specified, however, the three outcomes address the individual, relationship, community and societal levels of the ecology.	Committed to Safety: A Framework for Addressing Domestic, Family and Sexual Violence in South Australia (2019) A *Right to Safety* has been superseded by this Framework. The Framework features three pillars of response: » • Primary prevention » • Service and support » • Justice (legislative, statutory and community). » It is underpinned by two enablers: » • Data and evidence base » • Monitoring impact and oversight. Featured actions cover all three pillars, and the actions are broken down in to short, medium and long-term. Other actions focus on specific population groups (young people, Aboriginal and Torres Strait Islander people, women with disabilities, culturally and linguistically diverse people, older women and people living in regional and remote communities). The Framework will be complemented by an additional policy framework, currently being developed that will focus on women's employment and leadership in South Australia.
Western Australia	*Family and domestic violence prevention strategy to 2022* Prevention and early intervention states 'individual attitudes and behaviours within the community reflect that family and domestic violence in any form is not acceptable'. Encourage schools and other educational institutions to implement Respectful Relationships Education Programs through integration into the mainstream curriculum. Continue to raise awareness and support attitudinal change towards family and domestic violence through a range of social marketing campaigns targeted at diverse communities. Build capacity and engagement with media outlets to promote appropriate and respectful reporting of family and domestic violence (Government of Western Australia, 2012). This strategy does not specify the use of or define primary prevention or the ecological model; it has no mention of gender equality, and therefore, does not address the root causes of violence against women. Because it lacks these qualities, this plan, whist it addresses some components does not for the purposes of this paper meet the criteria for primary prevention.	WA Family and Domestic Violence Strategy to 2022: Creating safer communities The Plan works together with the National Plan. The stated outcomes for the Strategy are: 1. Prevention and early intervention: Individual attitudes and behaviours within the community reflect that family and domestic violence in any form is not acceptable. 2. Safety for Victims: adult and child victims are safe and kept free from harm through timely and accessible services. 3. Accountability: perpetrators are held accountable for their actions and are actively supported to cease their violent behaviour. WA is in the final year of its Second Phase (2016-2019), In Phrase Three, Achieving Change (2019-2022) the reforms from the previous phases will be consolidated to last beyond the life of the Prevention Strategy (Government of Western Australia, 2012) Freedom from Fear: Working towards the elimination of family and domestic violence in Western Australia 2015 To support implementation of the Prevention Strategy this Action Plan outlines the key actions required to work towards improvements in prevention, early intervention and responses to perpetrators of violence. One of the priorities of the Action Plan is "target communities and populations at greatest risk" which includes a commitment to work towards improved safety for Aboriginal people, families and communities, focusing on the Kimberley region in the first instance. Safer Families, Safer Communities: Kimberley Family Violence Regional Plan 2015-2020 This Plan focuses on Aboriginal families and communities in the Kimberley region as a priority and outlines a whole of community response.

State	Policy/Strategy – Goals/outcomes 2014	Goals/outcomes 2019 -2022
Tasmania:	In 2014 the Tasmanian Plan was strongly aligned with the National Plan. At the time the report noted that Tasmania rejected Outcomes 5 and 6 from the National Plan as being secondary and tertiary responses that should be addressed through the criminal justice system. The implementation plan stated that it would address social norms and practices relating to violence, gender roles and relations and access to resources and systems of support, and provides actions, and indicators for change for each stated action. Each of the actions in the implementation plan address the broader factors that underpin the phenomenon of gender-based violence. Clearly defined primary prevention and the ecological model although no evidence was found of it being applied in practice.	Safe Homes, Safe Families: Tasmania's Family Violence Action Plan 2015-2020 Tasmania's Plan calls for a "co-ordinated, whole-of-government action plan to respond to family violence. Communities, Sport and Recreation are leading the following actions: » Take a lead role in supporting the Council of Australian Government's national campaign to reduce violence against women and their children » Join Our Watch » Roll out White Ribbon's Workplace Accreditation Program; » Support children affected by family violence in non-government schools » Aboriginal Family Safety Initiative » Practice guide to support service providers and practitioners respond to family violence" (Government of Tasmania ND).
Northern Territory	No specific plan was found in 2014, links with the National Plan, VicHealth resources and AWHN National Women's Health Strategy were available on the NT Government web site.	The Northern Territory Domestic and Family Violence Reduction Strategy 2014-2017 'Safety is Everyone's Right' Domestic, Family & Sexual Violence Reduction Framework 2018–2028 'Safe, respected and free from violence' The 'Safety is Everyone's Right' Strategy has been superseded by this Framework. It states the Strategy aligns with the National Plan to Prevent Violence against Women and their Children and is underpinned and guided by the following principles: » Women and children's safety and wellbeing is at the centre » Shared responsibility, partnerships and local responses » Evidence and needs-based and outcomes-focused » Accessibility, equity and responsiveness » Focus on long term social and cultural change » Challenging systemic racism and inequality » Shared awareness and understanding of domestic, family and sexual violence

3.2.1 Commentary on Prevention Plans

The National Plan remains relatively unchanged since it was initially conceived, although from the limited information available each stage has adapted to respond to feedback about some details on what has been lacking in the previous stage. It is also apparent that each stage becomes more clearly articulated as it comes into action. An evaluation was not available in 2014, however, it is now clear that consultations were held after Phase One (although no report is available online), and Phase Two was evaluated and the report is available. It is apparent that ANROWS has met the priorities articulated in the National Plan to build the evidence base. However, the empirical evidence base about primary prevention is not included in the evidence base at a comparable rate. This is in line with the stated goal of the National Plan 'to reduce' the incidence of violence against women. The aim of primary prevention is to eliminate violence against women, a goal likely to take much longer than ten years.

With regard to the State Plans, there have been some changes since the review in 2014. More sophisticated, clearly articulated Plans are now available on all State and Territory Web sites. Some focus more on prevention, others on response. Both are essential, and must go hand in hand, but in the long term a vision for a society in which gendered violence is eliminated is essential.

Primary prevention – that is, changing the factors that drive violence against women – is not just about reducing the levels of violence against women, it is about eliminating it altogether. To achieve this, multilateral co-operation and collaboration is essential, regardless of party-political association. Anecdotally it is apparent that changes in government at all levels can lead to changes in approaches to responses to violence against women, and in particular to primary prevention. These changes can set back community efforts to bring about the kinds of change required to eliminate gender-based violence.

A report from the UN Expert Group meeting in 2012, found that primary prevention remains a poorly understood concept across sectors and between stakeholders. It is often conflated with early intervention or the response to existing violence, or else limited to awareness raising or social marketing campaigns (UN Women, 2012). Any future evaluation of the National and State Plans should address the lack of a consistent approach to the implementation of primary prevention over time and between governments.

3.3 Victoria's Royal Commission into Family Violence

In 2015 the Victorian Government launched a Royal Commission into Family Violence. The Commission was asked to focus on preventing family violence, ensuring better support for victim/survivors and making perpetrators accountable. In 2016, the Royal Commission released its report and made 227 recommendations concerning response and prevention. The Commission made it clear that prevention is complex and there is no single, easy solution. It advocated for prevention to focus on the long term, involve all parts of Government working together and to involve the whole community.

The Commission noted that prevention must focus on the attitudes and social conditions that give rise to it in the first place by dismantling harmful attitudes towards women, promoting gender equality and encouraging respectful relationships. It also noted that because family violence takes many forms, that prevention programs should be addressed to the community as a whole as well as to particular population groups and places. Educating young people about respectful relationships was also seen as a priority.

The Commission also drew attention to the small amount of government funding that was committed to prevention, for example, that prevention activities are often only funded for short periods. According to the Commission report, expertise in primary prevention programs and initiatives has been developed under the leadership of organisations such as VicHealth, women's health services and Our Watch.

The Royal Commission recommended that the Victorian Government implement a state-wide prevention strategy within 12 months of the delivery of its Report that is aligned to the Government's Gender Equality Strategy. And, as discussed in the table above, these recommendations have been complied with.

3.4 Our Watch

Our Watch (formerly the Foundation for the Prevention of Violence against Women and their Children) was established in 2013 under the National Plan to drive change in the culture, behaviours and power imbalances that lead to violence against women and their children. Our Watch's stated vision is an 'Australia where women and their children live free from all forms of violence'; its purpose is to provide national leadership to prevent all forms of violence against women and their children.

In 2015 Our Watch collaborated with VicHealth and ANROWS to develop a new Framework for prevention, known as *Change the Story: a shared framework for the primary prevention of violence against women and their children in Australia*. *Change the Story* builds on the VicHealth Framework (Victorian Health Promotion Foundation, 2007). It identifies the drivers of violence against women, and provides evidence to guide strategic, co-ordinated prevention efforts across all levels of society.

Change the Story identifies the drivers of violence against women as:

- Condoning violence
- Men's control of decision making
- Rigid gender role and stereotypes of masculinity and femininity
- Male peer relations that emphasis aggression and disrespect towards women.

It also states essential actions to address the gendered drivers of violence against women are:

- To challenge condoning of violence against women
- To promote women's independence and decision making in public life and relationships
- To foster positive personal identities and challenge gender stereotypes
- To strengthen equal and respectful relationships
- To promote and normalise gender equality in public and private life.

Change the Story advocates identifying specific, practical strategies to use in prevention work. Building on *Change the Story*, Our Watch has developed an impressive repertoire in the practice of prevention. In collaboration with ANROWS, Our Watch developed the *Counting on change: A guide to prevention monitoring* (2017) for measuring population-level progress towards the prevention of violence against women and their children. It has also committed to whole of organisation evaluation and published projects evaluations, progress reports, evaluation tools and a series of evidence papers and literature reviews.

3.5 ANROWS

Australia's National Research Organisation for Women's Safety (ANROWS) is a not-for-profit independent national research organisation. It was established under the National Plan in 2013 to produce, disseminate and assist in applying evidence for policy and practice addressing violence against women and their children. ANROWS is the only such research organisation in Australia.

ANROWS' mission is to deliver relevant and translatable research evidence which drives policy and practice leading to a reduction in the levels of violence against women and their children.

- Goal 1: Deliver high quality, innovative and relevant research.
- Goal 2: Ensure the effective dissemination and application of research findings.
- Goal 3: Build, maintain and promote collaborative relationships with and between stakeholders.
- Goal 4: Be an efficient, effective and accountable organisation.

Since its inception ANROWS has funded an impressive number of research projects and has an online database available in its web site that includes both ANROWS and other information relevant to its mission and goals. A search of the database for "prevention" and "primary prevention" revealed few up to date research papers or reports relevant to the practice of primary prevention (ANROWS, 2019).

Because ANROWS does not have a substantial body of research that focuses on primary prevention and there is no nationally consistent and explicitly funded approach to the evaluation of primary prevention activity, critical gaps in empirical knowledge about what works in primary prevention exist. Thus, the observations of the Victorian Royal Commission into Family Violence concerning the long-term nature of primary prevention and importance of research and evaluation to further understanding about the complexity of the causes of violence against women are not being addressed within the capacity of the current national structures in place to address research and practice.

4. Recommendations for a way forward

Recommendations to National, State and Territory Governments

The Victorian Royal Commission into Family Violence conducted the most extensive investigation into family and all forms of violence against women, and paid special attention to primary prevention during its deliberations. Volume V1 of the Commission's Report focused specifically on primary prevention. This high-quality evidence provides a roadmap for National, State and Territory Prevention Plans. The Australian Women's Health Network therefore recommends all Australian Governments:

1. Ensure Prevention Plans are guided by the findings and recommendations of the Victorian Royal Commission.
2. Commit to ensuring long term funding for the implementation of evidence based, high quality primary prevention programs.
3. Commit to explicit, quarantined funding of a program to undertake high quality external evaluation of primary prevention programs, which address the need for a consistent approach to their implementation over time and between governments.
4. Commit to a national primary prevention monitoring framework aligned with the *National Plan to Reduce Violence against Women 2010 – 2022* and *Change the story,* and *Counting on change: A guide to prevention monitoring* (2017).
5. Prioritise workforce development to ensure specialist prevention of violence against women practitioners across all sectors are provided with the appropriate skills to manage the complex settings in which they work. This includes managing backlash, stress and approaches to working appropriately with different groups and communities.

The National, State and Territory Plans to Prevent Violence against Women have had a relatively long-term duration. As noted by the Royal Commission into Family Violence, prevention must of necessity be a long-term project. The Australian Women's Health Network therefore recommends all Australian Governments:

6. Ensure the final National Action Plan (2019 – 2022) takes into account the long-term nature of primary prevention and ensures this is addressed after the term of the current plan.

Further, the Australian Women's Health Network recommends that all Australian Governments:

7. Ensure their Prevention of Violence against Women Prevention Plans similarly ensure that their plans continue beyond the terms of their current Plans, in line with the recommendations of the Victorian Royal Commission into Family Violence.

A lack of consistency in the objectives and delivery of the National, State and Territory Plans has been noted between government administrations over time in different States and Territories. The Australian Women's Health Network therefore recommends:

8. All National, State and Territory Plans be depoliticised, and bipartisan agreements are in place with regard to both response and prevention to ensure a consistent approach over time.

There appears to be a lack of transparency from Governments about progress with the implementation of the National, State and Territory Plans. For those working in the community on primary prevention this lack of transparency can hamper understanding and support for Plans. The Australian Women's Health Network therefore recommends:

9. Governments continue to monitor, measure and report publicly on the progress of their plans at each stage in order to foster confidence that prevention is being taken seriously and governments are working in partnership with the wider community.

In 2013, after the first National Action Plan was implemented, ANROWS was established to be responsible for building the evidence base, and Our Watch was established to support the implementation of primary prevention in practice throughout Australia. These organisation have successfully achieved and exceeded the goals set for each of them and provide excellent resources for responding to and working towards preventing violence against women. However, it

is noticeable that in establishing these independent bodies federal government departments have been far less visibly involved in delivering the plan. The Australian Women's Health Network therefore recommends:

10. A whole of government approach be adopted across all Commonwealth Government Departments to support the implementation of the National Plan to Reduce Violence against Women 2010 – 2022. In line with the recommendations of the Victorian Royal Commission into Family Violence, this whole of government approach must include commitment and leadership at a ministerial level, oversight from senior government executives, a central family violence policy unit, and strong partnership and advisory structures with the non-government sector.

The review of the information about the outputs of ANROWS appears to show a limited amount of research from ANROWS concerning primary prevention. The result is a paucity of new empirical evidence concerning primary prevention. The Australian Women's Health Network therefore recommends:

11. The brief for ANROWS research be expanded to include primary prevention.

This position paper notes that all state and territory governments have committed to working with Our Watch towards prevention with the exception of NSW. The Australian Women's Health Network therefore recommends:

12. The NSW Government joins Our Watch as a matter of urgency and draws on their extensive knowledge and experience in the development of that state's prevention plans.

Recommendations to Primary Prevention Agencies

The Australian Women's Health Network is aware that despite the best efforts of primary prevention agencies, such as Our Watch and the Women's Health sectors, there is an urgent need for primary prevention practitioners to be well trained and resourced to manage the sometimes difficult terrain in community programs. Backlash has become an increasing problem and many practitioners experience burnout. The Australian Women's Health Network therefore recommends:

13. All practitioners use Change the Story framework and its companion practice guides in their work.
14. All empirical research and practice-based evidence be translated into language that practitioners on the ground can understand and apply in practice.
15. Specialist prevention of violence against women practitioners, across all sectors, are supported to develop the necessary knowledge and skills to manage the complex settings in which they work. This should include managing resistance, backlash and stress, and incorporating intersectionality within their practice.
16. Organisations that employ primary prevention practitioners, or who expect workers to carry out primary prevention functions, ensure appropriate support for practitioners.
17. The contributing workforce, such as those working in the primary health and schools sectors, are supported and skilled to understand the prevention of violence, as well as the role they play in prevention, early intervention and response support.

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APPENDIX

Appendix

This Appendix lists the sixteen recommendations made in the first edition of this Position Paper, to provide some insight into the progress that has been made since its release in 2014.

Recommendations to Federal, State and Territory Governments (2014)

Based on the findings of this position paper the Australian Women's Health Network recommends that Governments:

1. Recognise that no single initiative will prevent violence against women. Dedicated funding must be provided to the primary prevention sector to ensure activities can be delivered across the range of settings where people live, work and play to continue and expand the work of preventing and eliminating all forms of violence against women.
2. Continue to provide specific funding for the tertiary response sector at a level to ensure women who are subjected to intimate partner violence and sexual assault have adequate and appropriate services available to provide them with safety and support.

This position paper has highlighted the importance of a collaborative, coordinated integrated approach to address violence against women. We believe that a national body is required to ensure the successful implementation of the recommendations contained on this paper. We therefore recommend that:

3. Responses to violence against women be guided by a national advisory structure of all relevant stakeholders. This would include governments, the Foundation, ANROWS, AWAVA, women's health and other community organisations. The national advisory body would be responsible for developing a collaborative multi-year workplan between member stakeholders.

Further, we recommend that:

4. All community projects funded by the Commonwealth Government are evaluated (using either an external evaluation approach or a capacity building internal evaluation approach as discussed on page 29 of this position paper) and that reports of these evaluations are made freely available to the primary prevention sector to build the evidence base and to ensure ongoing learning. The multi-year workplan discussed in Recommendation 3 should also be accompanied by an appropriately funded, substantive meta-evaluation of whole of population change.

It is the role of government to ensure gender equity is enshrined in all Commonwealth and State laws, policies and practices. We therefore recommend:

5. All government policies should be reviewed regularly using a gender lens and when necessary updated to ensure that gender equality is enshrined in all its practices.
6. A communication strategy should be undertaken to promote gender equality laws and policies to ensure they are understood and adhered to by government, business and non-government sector organisations.
7. Governments and political parties at all levels should comply with and model gender equality in all appointments and committees.

It is commendable that Australia has a long term prevention plan in place; however, preventing violence against women is both an urgent and long term task that should not be subject to changes of government. The AWHN therefore recommends:

8. That Governments should publish regular updates on the progress of Commonwealth, state and territory prevention of violence against women plans. Reports from community programs funded under these plans should also be made available to ensure effective knowledge exchange occurs to inform ongoing practice.

There is a considerable focus on educating young people in equal and respectful relationships in the Commonwealth plan to prevent violence against women. The AWHN therefore recommends:

9. Respectful relationships education programs be incorporated into all schools' curricula from kindergarten through year 12.
10. All school programs are developed using the good practice principles detailed on page 24 of this position paper, using a whole school (health promoting) approach.
11. Long term funding be provided to continue improving and expanding primary prevention approaches across settings. This should include a long term commitment to evaluation.

Recommendations to the Foundation to Prevent Violence against Women and their Children (now Our Watch)

Based on the published roles and functions of the Foundation detailed on pages 34 & 35 of this position paper, the AWHN recommends:

12. Awareness raising programs developed and conducted by the Foundation should be evidence based and draw on the good practice principles for community programs identified on page 24 of this position paper.
13. The Foundation develops a nationally agreed framework (including detailed definition of, and principles for primary prevention) to guide program development and implementation. This should be used to assess applications at all levels for funding primary prevention programs. Criteria for assessing primary prevention are suggested on page 24 of this position paper.

The media can play an important role in the primary prevention of violence against women. The EVAs [11] in Victoria has established that collaborations between NGO and media representatives can be productive. We therefore further recommend:

14. The Foundation works collaboratively with media outlets regardless of the platform to develop voluntary standards for reporting and advertising that reflects gender equality and respectful representations of women and men.

Recommendations to Primary Prevention Practitioners

Two key bodies stand out as having the knowledge and experience in both the social determinants of health and primary prevention, VicHealth and the women's health sector Australia wide. VicHealth has provided the evidence base upon which programs can be developed and the women's health sector has well developed skills in health promotion and primary prevention. The AWHN therefore recommends:

15. At a minimum, primary prevention programs should promote gender equality and respectful relationships, as well as challenging violence supportive behaviours, environments and structures that are the social determinants of violence against women.
16. Primary prevention programs be planned using the good practice principles identified in section 2.6 of this position paper.
17. Because gender inequality and the social determinants of health are critical factors underpinning violence against women, a gendered lens should be applied to the planning of primary prevention programs to ensure the underlying factors of gender and power are incorporated into all program plans.

11 The Eliminating Violence Against Women Media Awards