

# EACH PREVENTION OF VIOLENCE AGAINST WOMEN AND THEIR CHILDREN

STRATEGY 2014 - 2015

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# PREVENTION OF VIOLENCE AGAINST WOMEN AND THEIR CHILDREN STRATEGY

## EXECUTIVE SUMMARY

Working towards the prevention of Violence against women and their children is one of the key priorities for **EACH social & community health**. **EACH's** commitment to work both externally and internally, with a range of stakeholders, to address the key determinants of Violence against women and their children is detailed in this strategy. **EACH's** PVAW Strategy recognises that the key determinants of Violence against women and their children by men are:

1. Inequality of power relationships between men and women
2. Gender role stereotyping of women
3. Lack of structural and legal sanctions against men who perpetrate Violence against women and their children.

**EACH's** approach to preventing Violence against women and their children is informed by the work of the National Foundation to Prevent Violence Against Women, VicHealth's Prevention of Violence against Women and their children Strategy which has influenced prevention approaches throughout Australia, and the partnership in the Eastern metropolitan region, Melbourne with the 'Together for Equity and Respect Strategy,' to which EACH is a signatory and which is recognised as leading practice nationwide. EACH will support regional and local activities aimed at the Prevention of Violence against women and their children in all the areas in which it delivers services.

Approximately one in three women in Australia are affected by violence in their lifetime and one in five experience sexual violence. The social, economic and health impact is extensive and is a leading contributor to preventable disease and premature death among Victorian women aged 15 – 44 (Vic Health 2004). Reported incidents of violence against women and their children cost the Australian economy approximately \$13.6 billion in 2009 (KPMG, 2009) with costs anticipated to rise unless preventable measures are taken. However, this economic cost is insignificant when considered against the trans-generational social cost of family violence. Evidence clearly demonstrates that children who witness or experience violence in the home are at high risk of severe emotional and psychological trauma as well as the potential to become perpetrators or victims themselves later in life due to inappropriate modelling and trauma effected development. Hence, family violence needs to be seen as a preventable trans-generational cause of mortality and disability within Australian society.

Australia wide data demonstrates that Violence against women and their children continues to increase with at least one woman a week killed by an intimate partner. Recent high profile cases of men murdering their children as an ultimate act of power illustrate the extreme dangers to the health and wellbeing of children. In the financial year of 2011 – 2012 the Victorian Police recorded 5,818 incidents of family violence in the Eastern Metropolitan Region. Whilst it is clear that Violence against women and their children remains significantly under-reported, data released through the Family Violence Incident Reports demonstrates a steady increase in the number of Family Violence Incidents reported over previous years. This increase is reflected in police reports throughout Australia and has led to an Australasian Policing Strategy for the Prevention and Reduction of Family Violence with all Australian police forces adopting protocols and procedures.

Research indicates that while Violence against women and their children affects all communities regardless of age, culture, social and economic status, some groups of women can be at increased risk. These include;

- Aboriginal and Torres Strait Islander women
- Women from Culturally and Linguistically diverse backgrounds
- Women with disabilities
- Women living in rural, regional and remote locations
- Younger women
- Women in mental health in patient care
- Pregnant women

While Violence against women and their children is prevalent and serious, the evidence tells us that it is preventable. **EACH's** PVAW strategy provides a mechanism to coordinate and integrate activities across the organisation to maximise efforts and to promote actions aimed at preventing Violence against women and their children before it occurs (primary prevention). **EACH** notes that the experience of violence is gendered with men's experience of violence being from acquaintances and strangers while women's experience of violence is from family members and in the context of an intimate relationship. The purpose of this strategy is to address the significant and widespread issue of men's violence against women and their children.

This strategy recognises that effective responses to end violence against women and their children need to address the underlying determinants of that violence, that is: power inequity, gender role stereotyping and lack of effective sanctions. In order to redress these social drivers of violence, Vic Health recommends the promotion of equal and respectful relationships between men and women – a theme that is strongly embedded in this strategy's vision and goals. The inclusion of additional strategies which seek to strengthen the structural and legal sanctions against perpetrators reflect the fact that **EACH** works directly with survivors of violence (eg through Family Violence Counselling and Victims of Crime Assistance Program), as well as with perpetrators and is therefore in a position to use its influence across the whole spectrum of prevention. **EACH** is able to increase the knowledge and awareness of its own staff, develop policies which support employees affected by violence as well as being well placed to work directly with the justice system and specialist providers to have an impact on the social determinants of violence at every level.

The purpose of this strategy is to provide a strategic framework and key actions for the prevention of Violence against women and their children across all programs and services and within the communities in which **EACH** works.

## **EACH'S PREVENTION OF VIOLENCE AGAINST WOMEN AND THEIR CHILDREN IS BASED ON OUR:**

**VISION:** A healthy and inclusive Community

**MISSION:** **EACH works to enhance and promote health, wellbeing and social inclusion across a range of communities prioritising people with the highest need**

**VALUES:** Equity Respect, Integrity, Care, Responsiveness

**PRINCIPLES:** Social Justice, Holistic Care, Responsibility, Collaboration

EACH (IN PURPLE) AND PVAW STRATEGIC DIRECTION	ACTIONS	WHO IS INVOLVED AND TIMELINES	PROGRESS
<b>PRIMARY PREVENTION</b>			
This area is guided by the Together For Equality and Respect Action Plan which EACH and all Community Health Services in the Eastern Metro area have agreed to support. EACH has representation on both the evaluation working group and the Leadership Group.			
<b>1.2 Develop partnerships with other sectors to promote collaborative action for health and wellbeing</b>	<ul style="list-style-type: none"> <li>All EACH services will develop an understanding of and support frameworks and actions for the prevention of violence against women and their children operating at a local, regional or state wide level</li> <li>Share learnings from gender equity audit, training and development of Family Violence Protocol through Together For Equality and Respect, Family Violence Partnerships and networks and Integrated Family Services to consider how to enhance a coordinated approach to Violence against Women and their children within and externally to EACH, considering primary, secondary and tertiary prevention / intervention strategies</li> </ul>	All Managers and Team Leaders  General Manager Primary Care, Child and Family Services and FRC, General Manager Counselling Services, Health Promoting Health Service working group  June 2015	
<b>1.2 Develop partnerships with other sectors to promote collaborative action for health and wellbeing</b>	<ul style="list-style-type: none"> <li>Review EACH policies, procedures and practices applying the lens of Gender Equity</li> </ul>	HR, Health Promoting Services Working Group, General Manager Primary Care	

<p><b>1.4 Influence policy makers through informed advocacy</b></p> <p><b>EACH will actively participate in the Together For Equality and Respect (TFER) leadership group to work towards the achievement of the Strategic Directions and Objectives, in particular:</b></p> <p><b>REGIONAL OBJECTIVE 1: To increase the number of organisations in the EMR with Gender Equitable policies, procedures and practices</b></p>	<p>Arrange Gender Equity training for staff – using Vic Health Framework commencing with Combined Managers Meeting</p> <ul style="list-style-type: none"> <li>• Work with Knox City Council and partners to reorient the Knox Accord to End Violence against women and their children to adopt a gender equity approach. (NB Would become the Knox Accord to Prevent Violence against Women and their children)</li> <li>• Facilitate the distribution of social marketing messages developed by Together for Equality and Respect via signatories from the Knox Accord (email list currently 2900+), to all EACH staff and through EACH partners and alliances</li> <li>• Share the learnings from the TFER Strategy and Action Plan with all EACH sites</li> <li>• Map Primary Prevention activities undertaken by all areas of EACH throughout Australia and add activities to action plan</li> <li>• Submit an annual report on activities towards the objective to the executive</li> </ul>	<p>March 2015</p> <p>HR, Health Promoting Services Working Group, General Manager Primary Care, Child and Family Services and FRC</p> <p>Dec 2014</p> <p>KSHC Manager and HP manager</p> <p>KSHC Manager and HP manager HPHS working group</p> <p>HPHS Working Group</p> <p>Dec 2014</p>	
<p><b>4.1 Promote the ongoing development of staff skills and their engagement with the work of each and support sector workforce development</b></p>	<ul style="list-style-type: none"> <li>• Provide professional development across EACH to enhance skills and expertise in understanding and practice of Gender Equity and responding to Family Violence</li> </ul>	<p>HR, General Manager Primary Care, Child and Family Services and FRC, and all GMs</p> <p>June 2015</p>	
<p><b>2.4 Measure outcomes and effectiveness and improve our methods accordingly</b></p>	<ul style="list-style-type: none"> <li>• Through participation in the TFER Leadership Group and the evaluation working group, coordinate the Evaluation Framework</li> <li>• Work with the TFER Evaluation Working Group and TFER partners to develop tools and indicators and build evaluation capacity of</li> <li>• Partner agencies</li> <li>• Develop evaluation framework for EACH utilising KPIs and tools as developed by regional TFER Evaluation working Group</li> </ul>	<p>HR, Health Promoting Services Working Group, General Manager Primary Care, Child and Family Services and FRC</p> <p>Health Promotion Evaluation officer (KSCH), HPHS Working Group</p> <p>June 2015</p>	

## SECONDARY PREVENTION

This section aims to articulate the role of EACH in supporting measures aimed at early intervention to prevent Violence against women and their children and their children.

<p><b>1.2 Develop partnerships with other sectors to promote collaborative action for health and wellbeing</b></p> <p><b>1.4 Influence policy makers through informed advocacy</b></p> <p><b>Increase awareness of PVAW strategies particularly targeting men across EACH and within EACH catchment communities</b></p>	<ul style="list-style-type: none"> <li>• Nominate a male Executive sponsor to drive the work with men in the organisation who have identified as White Ribbon Ambassadors and the White Ribbon Support group and develop a whole of EACH action strategy for White ribbon Week November 2014</li> <li>• White Ribbon Support Group report annually on activities to the Executive</li> </ul>	<p>CEO</p>	
<p><b>3.1 Seek and develop opportunities to work closely with communities where we have skills and capacity to add value</b></p> <p><b>Support secondary prevention work being done at a regional and local level such as work in primary and secondary schools</b></p>	<ul style="list-style-type: none"> <li>• Work in partnership with local and regional service providers to develop and support local, regional and state wide secondary prevention activities</li> </ul>	<p>Program Managers and Team Leaders</p>	

## TERTIARY PREVENTION

This section aims to encapsulate the work throughout EACH to improve responses to women, children and men who are or have been affected by family violence.

<p><b>2.2 Develop efficient and effective responses through innovation and early adoption of new service models</b></p> <p><b>3.2 Coordinate services with government and non-government service providers in order to deliver a comprehensive response to the needs of communities</b></p>	<ul style="list-style-type: none"> <li>• Develop and pilot a Family Violence Protocol including professional development, shared definitions, understanding of indicators and service responses, to guide staff responses to (mainly) women and their children who experience family violence and (mainly) men who use violence against family members</li> <li>• Utilise learnings from pilot of Family Violence Protocol to build staff skills and expertise in responding to Family Violence</li> <li>• Develop agreements with agencies which provide responses to men who are violent within their family to support EACH staff through secondary consultation and simplified referral processes</li> <li>• Establish protocols with specialist (secondary and tertiary) Family Violence Support Agencies to facilitate referral, coordination and advocacy on behalf of women and their children affected by violence</li> <li>• Work with regional Family Violence Partnerships and other relevant networks throughout Australia to establish protocols with the Police and Court systems across all EACH jurisdictions to support women and their children affected by family violence</li> <li>• Share KSCH referral tool/ staff guide developed in PVAW organisational capacity building project (2010-13) with broader organisation</li> <li>• Share learning's from KSCH Capacity building research project (report launched 2013) with broader organisation</li> </ul>	<p>General Manager Primary Care, Child and Family Services and FRC, Program Manager Child Adult and Family Services</p> <p>Service Access System manager</p> <p>HR, Managers and Team Leaders</p> <p>Relevant Managers and Team Leaders Dec 2014</p> <p>Managers and Team Leaders</p> <p>KSCH Manager</p>	
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<p><b>3.1 Empower service users, consumer groups and communities</b></p>	<ul style="list-style-type: none"> <li>• Consult with women and their children who have experienced violence on the efficacy of current responses, utilising the Eastern Metropolitan Advocates group</li> <li>• Consult with men who have used violence against family members through the Men's Behaviour Change Groups and staff who facilitate those groups on the efficacy of current responses</li> <li>• Use recommendations from these consultations to develop an ongoing plan</li> </ul>	<p>General Manager Primary Care, Child and Family Services and FRC, General Manager Counselling Services</p> <p>March 2015</p>	
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## DEFINITIONS

- **Violence against women and their children -**

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

- **Gender Equity -**

The unequal distribution of power between men and women. Gender equity is the most significant contributing factor to levels of safety and wellbeing experiences by women, common across all societies and cultures. (Vic Health 2007)

- **Gender Based Violence -**

Violence that is directed against a women because she is a women ort that affects women disproportionately. (UNHCHR 1979)

- **Primary Prevention -**

Seeks to prevent violence before it occurs. Primary prevention strategies can focus on changing behaviour and /or building knowledge and skills of individuals. They can focus on structural, cultural and societal contexts in which violence occurs. Additionally strategies that address underlying causes of Violence against women and their children (such as gender inequity and poverty) are also primary prevention strategies. (Vic Health 2007)

- **Secondary Prevention -**

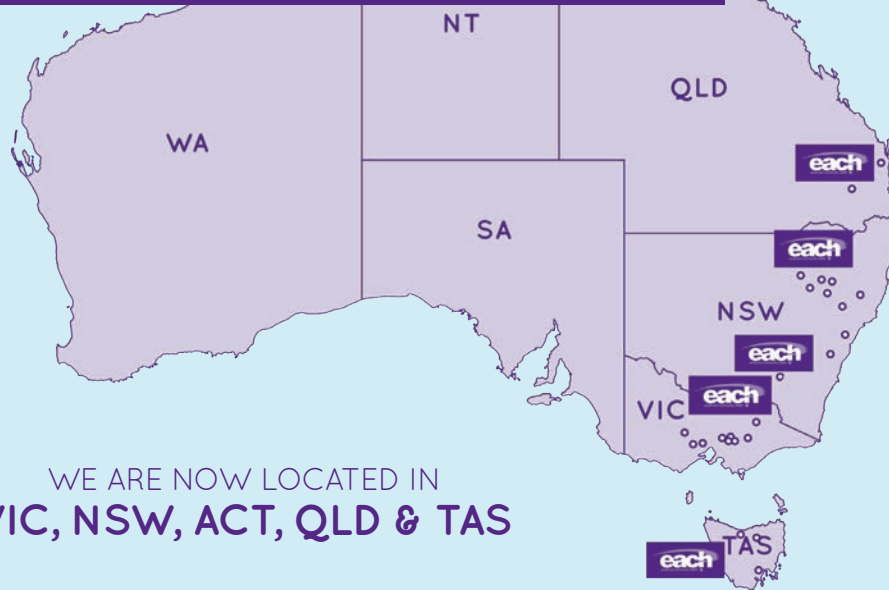
Targeted at individuals and groups who exhibit early signs of perpetrating violent behaviour or of being subject to violence. Secondary prevention strategies can be aimed to changing behaviours or increasing skills of individuals and groups. (Vic Health 2007)

- **Tertiary Prevention -**

The provision of support or treatment to women and their children who are affected by violence or to men who use violence. Strategies are implemented after violence occurs.( Vic Health 2007)



# OUR NATIONAL OFFICES



WE ARE NOW LOCATED IN  
VIC, NSW, ACT, QLD & TAS

# OUR MELBOURNE OFFICES





CONTACT US

 [each.com.au](http://each.com.au)

 1300 00 EACH