

27 November 2014

Kath Brackett
Manager Community Planning and
Development
Brimbank City Council
PO Box 70, Sunshine, VIC 3020

Dear Kath

**Response to the City of Brimbank-Draft Plan to Prevent Men's Violence against Women,
Towards Gender Equity (2014-2018)**

Cohealth supports the overall direction and intent of the plan and its hope to tackle the prevention of violence against women in an integrated and sustainable way through a focus on underlying causes of gender inequity, not just the management of their impact.

The work of Council, its partners, previous action plans and working groups demonstrates a long term commitment to prevention of violence and is to be congratulated. We are pleased to be a partner in these efforts and look forward to detailed action plans that share these responsibilities across Council areas and accountabilities.

cohealth would agree with the principles statement of the draft plan. As is evident in cohealth's own values statements, social justice and equity, inclusiveness, connectedness, and quality evidence are integral to a healthy community and responsive services.

The name of the plan highlights the importance of tackling men's violence towards women and specifically the underlying causes of this violence, such as gender inequity. The evidence shared in the plan shows that intimate partner violence is the leading contributor to preventable death, disability and illness in Victorian women aged 15–44^[1]. Research also links violence to its underlying causes:

Especially among men, traditional gender-role attitudes are associated with greater acceptance of violence against women. The relationship between allegiance to conservative gender norms and tolerance for violence has been documented among males in a wide variety of communities and countries, both Western and non- Western. The more that men have egalitarian gender attitudes, the better are their attitudes towards violence against women. Such men are more likely to see violence against women as unacceptable, to define a wider variety of acts as violence or abuse, to reject victim-blaming and to support the victim, and to hold accountable the person using violence (Flood and Pease 2006: 22).^[2]

Environments that are gender equitable go a long way to creating safe and violence free environments for all women, men and children. cohealth has been involved over some time with the progress of this draft plan through its varied partnerships and is pleased to see it reach this level of development.

[1] VicHealth, 2004, 'The Health Costs of Violence: Measuring the Burden of Disease Caused by Intimate Partner Violence', page 8. <http://www.vichealth.vic.gov.au/Publications/Freedom-from-violence/The-Health-Costs-of-Violence.aspx>

[2] Where Men Stand: Men's roles in ending violence against women, 2010, M Flood, page 20
<http://www.whiteribbon.org.au/uploads/media/WR-PR-Series-Flood-Report-No-2-Nov-2010-full-report-final.pdf>

Thank you for the opportunity to respond to the draft Strategy. Please refer to the following pages for a detailed response to relevant sections and for any further details please contact Joanne Richardson, Manager Prevention (West) on (03) 8398-4122 , 0447 292 528 or joanne.richardson@cohealth.org.au

Yours Sincerely

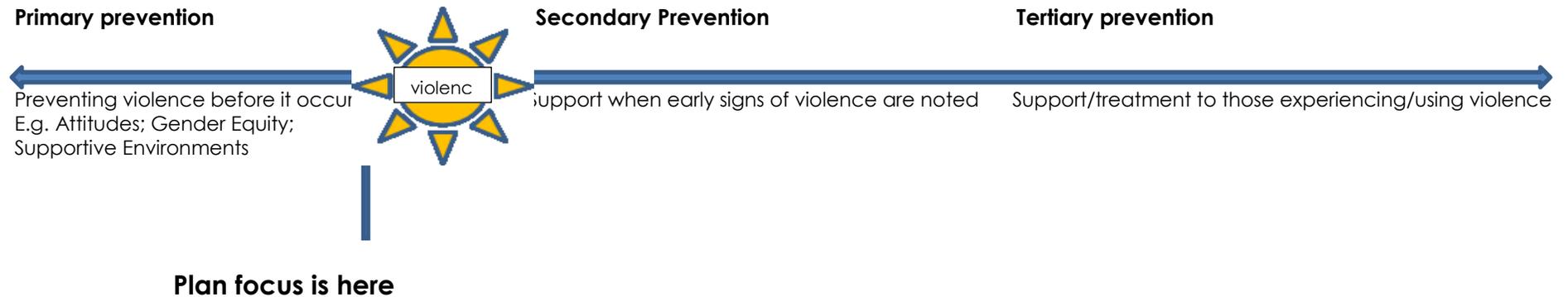
Lyn Morgain
Chief Executive

Specific feedback on sections of the Plan

SECTION: Priorities for Action – Diagram 1

The current Diagram 1 on Page 4 could be added to by explicitly stating that the focus of this plan is primary prevention. The continuum of prevention is described in the appendix of the plan, but could be carried forward to offer part of the context for the plan and illustrated closer to the front of the document.

The following diagram is offered as a guide.



SECTION: Priorities for Action – Aim 6

Within Priorities for Action, Aim Number 6 on Page 3 is to;

Explore training opportunities to support staff in responding to and understanding the causes of violence against women.

This action could be strengthened by using similar prevention language as is used throughout the rest of the document (for example in the Draft's Glossary, terms such as tertiary prevention are discussed as ... *providing support and treatment for women and their children affected by violence. Strategies are implemented after violence has occurred and include referrals to support services such as crisis accommodation and counseling...*)

Instead of using words like 'respond' to the causes of violence against women, this action could be re-written as:

Explore training opportunities for staff to understand the causes of violence in order to create service programs that can reduce the incidence of violence against women

SECTION: The impact of violence against women on children

This section could be strengthened by increased clarity. For example a rephrasing of this section may read as:

Children's exposure to violence against women is associated with a number of mental health, behavioural and learning difficulties in the short term, and increases the risk of developing mental health problems later in life (VicHealth, 2011)^[3]. The scope of this plan includes preventing violence against women through promoting gender equity. Ultimately, children's health and wellbeing are protected through the prevention of violence against women.

Council commits to continue working in partnership with early childhood service providers in Brimbank to protect children from the effects of violence against women.

SECTION: Role of Local Government in enhancing gender equity to prevent violence against women

Cohealth supports the assertions about local government's role in primary prevention efforts. Local governments are role models, model workplaces, networkers and community developers, placing them uniquely in relation to primary prevention efforts.

As noted in the plan, many of the attitudes and behaviours that contribute to gender inequity and violence against women occur across a range of community settings such as public spaces,

^[3] Vichealth, 2011, Preventing Violence Before it Occurs, cited throughout;
http://www.vichealth.vic.gov.au/~/_/media/ProgramsandProjects/DiscriminationandViolence/PreventingViolence/framework%20web.aspx

schools, workplaces, community organisations and sports clubs – settings over which local governments have significant influence.

SECTION: Promoting gender equity

Cohealth endorses the proposition that ending gender-based violence means changing cultural concepts about masculinity, and that processes used must actively engage men, including policy makers, parents, spouses or young boys.

SECTION: TABLE OF PRIORITIES AND ACTIONS

Within the table of priorities and actions, column one is accidentally titled both Priorities on page 7 and Objectives from page 7 onwards.

SECTION: Research and Advocacy

Within the Research and Advocacy section, there does not appear to be an indicator to show whether gender equity has been embedded into plans, policies, programs and services or not (Priority 1, Action 3). A measure may be the number of plans, policies, programs or services have been amended or created and show gender equity has a key consideration.

Priority 2 on page 7 is:

Undertake research, evaluation and monitoring of policy and programs to ensure continuous improvement.

And a key action to do this is:

Ensure Council data collection is sex disaggregated, where possible.

We are not sure that “where possible” gives strong enough direction. An alternative could be to make sex disaggregation the default rather than an option:

Ensure Council data collection is sex disaggregated at all times, unless good reason is given for it not to be.

Sex disaggregation is an active process requiring understanding, commitment, planning and advocacy. ^[4] Possibly council could consider training in sourcing and creating sex disaggregated data and actively utilizing the Municipal Association of Victoria Gender Equity tools. This could ensure that the reasons for sex disaggregation of data are understood.

SECTION: Community Partnerships

In Priority 3, page 8:

^[4] United Nations, Developing Gendered Statistics, ND, http://siteresources.worldbank.org/EXTGENDERSTATS/Resources/3237335-1291150268507/Module1_What_is_gender_statistics_and_gender_analysis.pdf

Establish effective partnerships across government and nongovernment agencies to promote gender equity and prevent violence against women.

Under the action of:

Contribute to the implementation of regional plans: Western Region Preventing Violence Together Action Plan (incorporating the United Project). Gender Equitable, Safe and Inclusive Communities Project.

It is worth reframing the description of roles to acknowledge that the lead on regional Prevention of Violence against Women (PVAW) plans is Women's Health West and 14 partner agencies.

Also in Priority 3, page 8, under the action of:

Work with community organisations to deliver gender equity and preventing violence against women initiatives in Brimbank.

The partner name of WRHC, can be replaced by the name Cohealth and this amendment made throughout the plan where relevant.

SECTION: Organizational planning, policy and practice

a) In Priority 5, page 9;

Undertake a gender analysis of Council policy, planning, programs and services.

One of the actions is:

Explore opportunities to incorporate a gender component within the Council's grant program/s.

The measure chosen to evaluate this action is:

Grant applications describe their intended impact on women and girls.

However there is a mismatch between the action and its evaluative measure. A rephrasing of the measure could be:

The number of grant programs identified that will include a gender component.

b) Under Priority 6, page 10:

Explore training opportunities to support staff in responding to and understanding the causes of violence against women.

Actions are described as:

Seek training opportunities regarding gender equity and preventing violence against women such as: Risk assessment for direct service staff. (Should say Family Violence Risk Assessment) or Bystander training.

While of some value for improving confidence in responding to family violence, both these sources of training are alone not directly related to gender equity awareness or actions. Gender Equity or Gender Analysis training may be important to source as well as commitments to coverage of gender equity actions at key staff times such as inductions, role reviews or performance reviews.