



**Gender equality,  
health and wellbeing  
strategy**

**2017-19**

# Gender equality, health and wellbeing

## VICHEALTH'S STRATEGY TO PROMOTE GENDER EQUALITY FOR IMPROVED HEALTH AND WELLBEING

### VICHEALTH'S VISION FOR GENDER EQUALITY

A Victoria where everyone can realise their full potential for health and wellbeing, regardless of gender.

### AIM OF OUR WORK TO IMPROVE GENDER EQUALITY

To contribute to improved health and wellbeing for Victorian women and girls\*, by working with our partners to build support and enable action for gender equality in all aspects of their lives, resulting in health, social and economic benefits for the Victorian community as a whole.

### Our commitment

The VicHealth Action Agenda for Health Promotion (2016-19) recognises that gender equality<sup>†</sup> is a critical determinant of health and wellbeing and a fundamental human right that benefits us all.

Our efforts to increase gender equality currently focus on improving outcomes for women and girls.<sup>‡</sup> This reflects the significant harm to their mental and physical health that gender inequality can cause, and its role as the key driver of violence against women. *Gender equality, health and wellbeing: VicHealth's strategy to promote gender equality for improved health and wellbeing 2017–19* (the Strategy) recognises our experience over the past 15 years in primary prevention of violence against women, and our continuing role in building the evidence base and integrating our knowledge into statewide prevention efforts.

More broadly, we recognise that gender equality and the empowerment of women and girls are critical to the health and wellbeing of individuals, families, organisations, communities and society as a whole.

The World Health Organization defines gender equality as 'equal chances or opportunities for groups of women and men to access and control social, economic and political resources, including protection under the law'. VicHealth aligns with this definition for the purposes of this Strategy.

### Our approach

This Strategy outlines VicHealth's approach to improving gender equality for the remainder of the Action Agenda's three-year cycle, to June 2019. It builds on our strong partnerships with the health, sport, business, media, research, human rights, education, justice, arts and community sectors. We contribute to government and cross-sectoral action by delivering a range of programs and campaigns, and building the evidence base through research and evaluation.

The Strategy will contribute to improved health and wellbeing for Victorian women and girls, by working with our partners to build support and enable action for gender equality in all aspects of their lives. This will result in health, social and economic benefits for the Victorian community as a whole.

Within the scope of this Strategy, our actions to improve women's and girls' health can also have health and social benefits for men, boys and trans, intersex, gender diverse and non-binary Victorians. Across our broader body of work under the Action Agenda, gender is a key consideration. When designing initiatives for each of our strategic imperatives, we identify groups of people that have the greatest need, including by gender.

\* This Strategy uses 'women' to represent those who identify as women or girls. Similarly, 'men' refers to those who identify as men or boys.

† Underlined terms are defined on pages 17 to 18 (Key terms).

‡ VicHealth recognises that some people's gender identities do not fit into binary categories of male or female, or do not reflect the biological sex they were assigned at birth. This Strategy focuses on people who identify as a woman or girl, while recognising that trans, gender diverse, non-binary and some intersex people encounter greater barriers to equality.

## Our health equity lens

Equity is an approach that increases access to power and resources for groups without it, to achieve more equal outcomes (in this case women and girls, for gender equality). VicHealth's approach is set out in our *Health equity strategy 2017–19*, which aims to promote improved health and social outcomes for all Victorians.

VicHealth also recognises the diversity of Victorian women and the significant social and economic disadvantage experienced by a number of groups of women, including Aboriginal women; women from culturally diverse communities; women with disabilities; lesbian, bisexual, trans and intersex women; women with lower incomes or education levels; and women living in rural and regional areas. Action to address gender inequality must include these groups.

## Our policy context

This Strategy aligns with and complements a range of state, national and international policies, including:

- [Victorian public health and wellbeing plan 2015–2019](#)
- [Safe and strong: Victoria's gender equality strategy](#)
- [Free from violence: Victoria's strategy to prevent family violence and all forms of violence against women](#)
- [National plan to reduce violence against women and their children 2010–2022](#)
- [United Nations Sustainable Development Goals](#).

## Monitoring progress

We have established key health and social benefits that we aim to achieve through our action. We will track our progress and assess our impact by monitoring and evaluating our work, including identifying any unintended impacts – both positive and negative.

Measures include program monitoring and evaluation, and statewide and national population health surveys. VicHealth recognises that the benefits of some actions taken in 2017–19 might only become evident in years or decades ahead. However during the Strategy's 2017–19 timeframe, we can track the progress and effectiveness of specific actions, and observe any early changes in health, behaviour, attitudes and structures. We will share what we learn, to enhance design and delivery of other gender equality initiatives.

## Our action

VicHealth's work in 2017–19 will focus on the following four action areas:

### ACTION AREA

# 1

Invest in and support the adoption of evidence-based approaches to achieve gender equality.

### ACTION AREA

# 2

Harness the collective influence of our partners to build cross-sector action and leadership to advance gender equality.

### ACTION AREA

# 3

Be an exemplar and model the organisational approaches and practices that we ask of others.

### ACTION AREA

# 4

Contribute to state and national action to prevent violence against women.



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# Introduction

**Our work is about finding and delivering solutions that build the social, economic, political and cultural foundations that enable women and girls\* to participate fully and equally in all aspects of their lives.**

## **VicHealth's vision for gender equality in Victoria**

VicHealth's vision is a Victoria where everyone can realise their full potential for health and wellbeing, regardless of gender.

We envisage a Victoria in which young people grow up without gendered social norms<sup>†</sup> that limit their schooling, careers or everyday life. A Victoria where women and girls see people like themselves working in a wide range of jobs and leading our major institutions. Where women and girls are respected in their relationships and families, their workplaces, online and in the media. Where their achievements are celebrated and seen as vital to our state's success.

We want a Victoria in which women and girls live free from violence. Where community members and organisations understand how they can prevent violence, and where they actively work to empower and support women to reach their full potential.

VicHealth sees a Victoria that celebrates the diversity of women and girls – their cultural background, religion, age, gender identity, sexual orientation, ability, aboriginality, and other differences. A Victoria that ensures inclusion, by removing discrimination and other barriers that prevent women and girls from participating equally in society.

When we meet this goal, the benefits will be widespread. Dismantling rigid gender stereotypes and increasing inclusion and participation will benefit girls and women at all stages of their lives, as well as create a society where men's and boys' choices are not limited by gendered social norms. They will be able to move beyond outdated ideas of what it is to be a man, and will live in a community that supports them if they choose to be a primary caregiver, pursue a career in a field traditionally occupied by women, show vulnerability or seek help.

Businesses will also benefit from greater diversity in their workplaces, and Victoria's economy will be boosted as more women join the workforce. As well as saving lives and decreasing ill health, preventing violence against women will reduce costs to health and social services and the legal system.

There is an unprecedented opportunity in Victoria to achieve a shared vision for gender equality. The Victorian Government is acting on the recommendations of the Royal Commission into Family Violence, and developing strategies to improve gender equality and prevent violence against women and girls. Organisations working in women's health, sport, the media, education, business, human rights, local government and health services have made great strides in identifying areas of inequality, their causes and how to tackle them.

VicHealth is proud of our contribution to gender equality. This Strategy reinforces that commitment and identifies our role in promoting gender equality for better health and wellbeing in 2017–19 and beyond.

\* This Strategy uses 'women' to represent those who identify as women or girls. Similarly, 'men' refers to those who identify as men or boys.

† Underlined terms are defined on pages 17 to 18 (Key terms).

## THE WORLD HEALTH ORGANIZATION STATES THAT:

[g]ender equality in health means that women and men, across the life-course and in all their diversity, have the same conditions and opportunities to realise their full rights and potential to be healthy, contribute to health development and benefit from the results.<sup>2</sup>

### Defining gender and diverse gender identities

Safe and strong: Victoria's gender equality strategy defines gender as the 'socially-constructed differences between men and women, as distinct from 'sex', which refers to their biological differences'.<sup>1</sup> Gender includes the norms, roles and relationships that exist between women and men.<sup>2</sup>

The World Health Organization (WHO) defines gender equality as the 'equal chances or opportunities for groups of women and men to access and control social, economic and political resources, including protection under the law'.<sup>3</sup> VicHealth aligns with WHO's definitions for the purposes of this Strategy.

### Recognising diverse gender identities

It is important to recognise that some people's gender identities do not fit into the binary categories of woman/girl or man/boy, or do not reflect the biological sex they were assigned at birth. This Strategy focuses on those people who identify as a woman or girl, but also recognises that trans, gender diverse, non-binary and some intersex people encounter greater barriers to equality. This can include those related to higher levels of discrimination, harassment, violence and legal and social exclusion, and inadequate access to services and environments that can protect health and wellbeing.<sup>4</sup> Within this Strategy and across our wider body of work, we actively seek to identify and dismantle those barriers, so that all Victorians can reach their full health potential.

### Considering gender in all of VicHealth's work

Our decision to focus on women and girls in this Strategy is a response to evidence that they experience the greatest health burden as a result of inequalities between genders, and the social norms and structures that support them. This includes the role of gender inequality as the key driver of violence against women.<sup>\*</sup> Pages 8 and 9 outline this relationship further.

While this Strategy focuses on women's and girls' health and wellbeing, gender is an important consideration in all parts of our Action Agenda. We know that women, men, trans, intersex, non-binary and gender diverse Victorians each encounter different barriers to health, and can have risky health behaviours and poorer health in particular areas. For example, men are more likely to drink at risky levels, be obese, smoke, and suffer from coronary heart disease or cancer.<sup>5</sup>

We consider these differences in all of our work and programs. We design our initiatives by identifying groups of people who have the greatest need, including groups defined by gender. Using Fair foundations: The VicHealth framework for health equity, we look at which groups experience unfair and

\* Appendix 1 provides more evidence on violence against women.

avoidable differences in health, and we consider whether our programs will help to reduce these differences, or cause greater health inequities. Fair Foundations and our [health equity](#) approach are discussed further on page 8.

Within the scope of this Strategy, our actions to improve women's and girls' health can also benefit men, boys and trans, intersex, non-binary and gender diverse Victorians, as well as bring wider economic and social benefits for Victoria as a whole. For example, our work under this Strategy to challenge gender stereotypes and promote equal and respectful relationships also has the potential to benefit lesbian, gay, bisexual, trans, intersex, non-binary and gender diverse (LGBTI) Victorians in their private and public lives. Similarly, addressing gendered drivers of ill health such as problematic or rigid gendered social norms will benefit all Victorians, not only women and girls.

### **Our approach to improving gender equality for health**

VicHealth's contribution to government and cross-sectoral action on gender equality builds on our 30 years of leadership in health promotion and our track record in developing evidence-based practice.<sup>6</sup> Central to our success is our strong network of partners in health, sport, business, research, education, human rights, media, the arts and the broader community. Our role is to build the evidence base, and test and apply new approaches to create better health for all Victorians.

VicHealth builds the evidence base in a variety of ways:

- Investigator-driven research to identify and address gaps in knowledge about what works in increasing gender equality
- Commissioned research to source additional evidence and test promising new ideas, including program evaluations
- Knowledge translation to integrate these findings into policy and practice.

An important part of this work is building partnerships with the research sector and the policymakers and practitioners who will use the evidence, and who also contribute to the evidence base through their own work.

Gender equality has long been a core part of our work. Most notable is our role over the past 15 years in the [primary prevention](#) of violence against women. We sought to influence and equip Victorians to take preventive action by making clear that violence is preventable, that it is not a fact of life, and that it is within our reach to stop it from happening in the first place.

Our world-first research provided the evidence on which to base this work, resulting in a partnership with the Victorian Government to develop a statewide framework for action. Under that framework we designed and delivered programs that built respectful relationships between women and men.<sup>6</sup>

VicHealth is now working to ensure that the vast body of knowledge resulting from our research and programs informs the work of a growing number of organisations that are tackling family violence, including new state and national agencies whose specific role is prevention of violence against women.

This approach will be vital to our success in promoting gender equality in 2017–19. Our work will contribute to the Victorian Government's goals in gender equality, as well as the Australian Government's international commitments. In particular, we will support Australia's efforts to achieve the [United Nations Sustainable Development Goals](#) related to gender equality, health and wellbeing, economic growth and employment, and inclusive societies.

We will also support other countries' actions to achieve gender equality, by sharing our knowledge and building capacity in the global health promotion sector. Our expertise has been recognised internationally through our designation as the [World Health Organization Collaborating Centre for Leadership in Health Promotion](#).

In 2017–19 we will continue to work collaboratively with local, state, federal and international governments, organisations and communities to strengthen efforts to improve gender equality, promote health and wellbeing, and create real and lasting change for all Victorians.

### **About VicHealth**

VicHealth is a pioneer in health promotion. We work with partners to discover, implement and share solutions to the health problems facing Victorians. We seek a Victoria where everyone enjoys better health and wellbeing.

The *VicHealth Action Agenda for Health Promotion* has defined five key goals for 2013–23, in areas with the largest potential to reduce disease and deliver the greatest measurable benefits for the health of all Victorians: promote healthy eating; encourage regular physical activity; prevent tobacco use; prevent harm from alcohol; and improve mental wellbeing. As a statutory body of the Victorian Government, our work across all five strategic imperatives contributes to the objectives of the [Victorian public health and wellbeing plan 2015–2019](#).

Our ambition is that one million more Victorians have better health and wellbeing by 2023. To achieve our ambition our actions need to focus on the underlying forces driving health and equity in Victoria. Under the 2016–19 Action Agenda update, VicHealth will focus efforts on three critical areas where the [social determinants of health](#) meet: gender, youth and community. This Strategy outlines how we will approach the gender theme for the remainder of the Action Agenda update's three-year cycle, to June 2019.

# The evidence on promoting gender equality for health and wellbeing

## Understanding the drivers of inequality

Gender inequalities are evident in women's and girls' exclusion from political and social decision-making and reduced access to economic and social resources, including employment and equal pay, when compared with men and boys.<sup>7,1,8</sup> There is evidence that gender inequalities contribute to poor physical and mental health in women and girls, as explored in the section **The link between gender equality and health and wellbeing** (page 9). **Indicators of gender inequality** (this page), discusses the health, economic and social benefits of gender equality.

The impacts of gender inequality can be exacerbated by additional barriers associated with intersectionalities, such as lower income, occupation type, lower education levels, gender identity, sexuality, race/ethnicity, aboriginality and rural/regional place of residence.<sup>9</sup> VicHealth describes the underlying drivers of health differences based on gender and other intersectionalities in Fair foundations: The VicHealth framework for health equity. This framework depicts the drivers as 'layers of influence': the socioeconomic, political and cultural context; daily living conditions; and individual health-related knowledge, attitudes and behaviours.<sup>9</sup>

Our commitment to health equity means that we consider the diversity of Victorian women and girls in our actions, and ensure that the focus and intensity of activity is in proportion to need. VicHealth's approach is set out in our *Health equity strategy 2017–19*.

This approach aligns with the ambition of Safe and strong: Victoria's gender equality strategy, the Victorian public health and wellbeing plan 2015–2019 and Free from violence: Victoria's strategy to prevent family violence and all forms of violence against women, to recognise and respond to the needs of all Victorians, and prevent further harm caused by the intersection of multiple barriers to good health.

## Indicators of gender inequality

- In 2016 Australia was ranked 46th out of 144 countries (down from 15th in 2006) for gender equality, primarily due to relatively low scores for workforce participation, wage equality and the number of women in Federal Parliament and ministerial positions.<sup>10</sup>
- More than a quarter of Australians think men make better political leaders than women.<sup>11</sup>
- The pay gap between women's and men's full-time weekly earnings is 17.3 per cent.<sup>12</sup>
- Women spend almost twice as much time doing unpaid work as men.<sup>13</sup>
- Societies with low levels of gender equality are likely to have higher levels of violence against women\*, as inequality sets the necessary social context for violence to occur.<sup>14,15</sup>
- More than one-third of Victorians hold low levels of support for equal relationships between women and men.<sup>16</sup>
- Young people aged 16 to 24 – particularly males – are more likely than older adults to have attitudes that justify, excuse, minimise or trivialise violence against women.<sup>17</sup>
- Only four out of 10 Victorian women feel safe walking alone after dark, compared to seven out of 10 men.<sup>15</sup>
- In 2016, only 13 per cent of Victorian women aged 15 years or over participated in a sports club or association, compared to 28 per cent of Victorian men in the same age group.<sup>18</sup>
- There is a range of indicators on the impact of intersectionalities in gender inequality.<sup>1</sup> For instance, while Australian-born women and men have similar employment rates, among recent migrants and temporary residents women's unemployment is twice as high as men's.<sup>19</sup> Women with disabilities are also less likely to be employed than are men with disabilities.<sup>20</sup>

\* Appendix 1 provides more evidence on violence against women.

## The link between gender equality and health and wellbeing

The important influence of gender equality on population health and wellbeing has gained increasing prominence in Australia in recent times. Research has shown that gender equality is linked with a number of health, economic and social benefits:

- Gender equality is associated with positive health outcomes in areas such as self-rated health,<sup>21</sup> alcohol consumption,<sup>22</sup> and female mortality rates.<sup>23</sup>
- Gender equality is associated with lower levels of depression among women and men.<sup>24,25,26</sup>
- Reductions in the gender wage gap are associated with lower depressive symptoms in women.<sup>27</sup>
- Women employed in more gender-equal companies are more likely to report having good mental and physical health compared to women in less equal companies.<sup>28,29</sup>
- Gender equality in intimate relationships is associated with lower coronary heart disease,<sup>30</sup> fatigue, physical/psychosomatic symptoms, and work–family conflict.<sup>31</sup>
- Gender inequality is a key driver of violence against women, which is more damaging to the health of Victorian women aged 15 to 44 than any other risk factors for chronic disease.<sup>32</sup>
- Gendered social norms and structures can limit men’s and boys’ behaviour or roles in activities such as parenting, choice of occupation and relationships.<sup>33,1,34</sup>
- Conforming to traditional constructions of masculinity is associated with poorer physical and mental health, greater risk-taking, and lower help-seeking among men.<sup>35,36,37</sup>
- Increased gender equality in the workplace can improve performance, reduce staff turnover and encourage creativity.<sup>38</sup>
- Closing the gap between women’s and men’s employment rates would increase Australia’s Gross Domestic Product (GDP) by 11 per cent.<sup>39</sup>

## Comprehensive approaches

Achieving gender equality is a complex process that requires sustained action in all ‘layers of influence’: the socioeconomic, political and cultural context; daily living conditions; and individual health-related knowledge, attitudes and behaviours. Action is also required across multiple settings, population groups and methodologies. Methodologies include research, monitoring and evaluation; direct participation programs; organisational and workforce development; community strengthening; communications and social marketing; advocacy; and legislative and policy reform.<sup>6</sup>

Social change will bring both planned and unplanned consequences at the individual, family, organisational, community and societal level. Research, monitoring and evaluation are essential to building our knowledge of what works, preventing unintended negative impacts, and measuring the health, economic and social effects of greater equality.<sup>9</sup>

# Policy context

There have been a number of significant shifts in state, national and international policy as part of government efforts to reduce gender inequalities.

In Victoria, the approach and actions outlined in this Strategy align with and support the work of the Victorian Government and other statutory authorities. In particular, it aligns with recent Victorian Government policy changes related to gender equality, including the development of a gender equality strategy ([Safe and strong: Victoria's gender equality strategy](#)) and a primary prevention strategy ([Free from violence: Victoria's strategy to prevent family violence and all forms of violence against women](#)). The consequences of gender inequalities for health are also recognised in the [Victorian public health and wellbeing plan 2015–2019](#).

To ensure our work supports the activity set out in these strategies, VicHealth will continue to consult with the Victorian Government and practitioners to identify where we are best placed to add value to existing activity and lead new activity. By focusing on areas such as sports, [behavioural insights](#), and rigorous research and evaluation, we can make a unique contribution that complements the work of others.

We will also continue to support the Victorian Government's work in coordinating primary prevention of violence against women across the state, in accordance with the recommendations of the Royal Commission into Family Violence. VicHealth will ensure our approach reflects changes in policy by reviewing and adjusting our actions as required.

At the national level, this Strategy aligns with the Commonwealth Department of Social Services' [National plan to reduce violence against women and their children 2010–2022](#), particularly its focus on primary prevention and building the evidence base. Statutory bodies such as the Workplace Gender Equality Agency and the Australian Human Rights Commission also lead policy and programs in gender equality at the national level. This Strategy aligns with their work, as well as with legislation such as the *Sex Discrimination Act 1984* (Cth), *Fair Work Act 2009* (Cth) and *Disability Discrimination Act 1992* (Cth).

As mentioned on page 7, VicHealth's work to promote gender equality and health will contribute to Australia's achievement of the [United Nations Sustainable Development Goals](#), and also aligns with Australia's important international commitments related to gender, violence against women and human rights.

Further details on the policy context are provided in Appendix 2.

# VicHealth's action to promote gender equality

## Our role

### VICHEALTH'S VISION FOR GENDER EQUALITY

A Victoria where everyone can realise their full potential for health and wellbeing, regardless of gender.

### AIM OF OUR WORK TO IMPROVE GENDER EQUALITY

To contribute to improved health and wellbeing for Victorian women and girls\*, by working with our partners to build support and enable action for gender equality in all aspects of their lives, resulting in health, social and economic benefits for the Victorian community as a whole.

\* This Strategy uses 'women' to represent those who identify as women or girls. Similarly, 'men' refers to those who identify as men or boys.

## Our action

### Invest in and support the adoption of evidence-based approaches to achieve gender equality

#### ACTION 1.1

Design trials and strategies that use a behavioural insights lens to transform the drivers of gender inequality, including gender stereotypes, role modelling, social norms and unconscious bias. This will be delivered through VicHealth's second Leading Thinkers initiative, in which Professor Iris Bohnet and Dr Jeni Klugman – global experts in behavioural insights and gender equality – will lead a program of work in a number of settings, to test what works in transforming these drivers. Through this initiative, we will:

- build knowledge and capability in using behavioural insights to increase gender equality
- develop and deliver a series of world-first behavioural trials tackling the drivers of gender equality
- share with our partners what we learn about the design and delivery of the Leading Thinkers initiative and the behavioural trials
- explore opportunities to translate and share global best practice in gender equality with community-based organisations.

#### ACTION 1.2

Trial the use of equity-focused health impact assessments (EFHIA) to consider intersectionality when planning a gender equality program, resource or initiative.

#### ACTION 1.3

Create and disseminate evidence to inform policy and practice that promotes gender equality as a key strategy for improving the health and wellbeing of women and girls. This work will strengthen our understanding of gender equality as a social determinant of health, and build the capacity of different settings and sectors to take action on gender inequality.

#### ACTION 1.4

Commission an evidence review on the varying forms of resistance to social change that occurs as a result of increased gender equality (known as backlash), and on effective strategies that organisations can use to address them. This will help our partners plan for, manage and reduce the negative effects of backlash.

#### ACTION 1.5

Commission an evidence review to inform development of new ways to increase resilience, social connection and social cohesion for women and girls at critical life stages and in disadvantaged population groups.

#### ACTION 1.6

Develop and disseminate evidence-based actions to help create welcoming and inclusive environments for women and girls in sport, particularly those encountering multiple barriers to participation. This will be a resource for all levels of the sport sector to improve their practice in organisational leadership and to increase participation, and will link to key government and sector resources.

**ACTION  
AREA****2****Harness the collective influence of our partners to build cross-sector action and leadership to advance gender equality****ACTION 2.1**

Create new opportunities to increase women's and girls' participation in sport and increase their profile in sport, while improving sports policy and practice to create inclusive environments for women and girls. VicHealth will deliver Active women & girls for health & wellbeing in 2017–2020 in partnership with state, national and elite sporting organisations.

**ACTION 2.2**

Deliver social marketing activity that challenges gendered social norms around physical activity to increase women's efficacy to improve and maintain good health. The This Girl Can Victoria campaign will complement other initiatives being led by the Victorian and Commonwealth governments.

**ACTION 2.3**

Continue to work with partners to drive support and viewership of women playing sport at the elite level, challenge gender stereotypes and change attitudes towards women in the Victorian community. Drawing on strong partnerships with the sports sector, VicHealth will continue to raise the profile of women's sport through a range of initiatives and lend our support to our partners' campaigns.

**ACTION 2.4**

Continue to use our investment in local sporting clubs to get more women and girls involved in sport through our wide-reaching Active Club Grants. VicHealth is supporting clubs to create new opportunities specifically for women and girls, by providing small grants to establish new teams, activities, programs and competitions.

**ACTION 2.5**

Work with other non-health sector partners who have the potential to engage the public in conversation and debate on action for gender equality. This includes partnerships with local government, statutory authorities, the media, corporate organisations and small and medium-sized workplaces.

**ACTION  
AREA****3****Be an exemplar and model the organisational approaches and practices that we ask of others****ACTION 3.1**

Make sure that our own workplace culture, policies, practices, flexible work arrangements and working environment demonstrate gender equality. We will do this by periodically reviewing those elements, increasing internal organisational capacity through training and other workforce development activities, and undertaking gender audits of our workplace.

**ACTION 3.2**

Wherever possible, VicHealth will also be a pilot site for the behavioural trials developed through the Leading Thinkers initiative (Action 1.1). This includes developing a simple gender equality checklist for use by our funded organisations.

**ACTION 3.3**

Contribute to cross-government action to deliver gender equality priorities. This will include participation in relevant government and sector working groups and taskforces.

## Contribute to state and national action to prevent violence against women

Many of the actions to promote gender equality under action areas 1, 2 and 3 will contribute to the primary prevention of violence against women, by addressing the broader social conditions that support violence against women.

We will continue to integrate our primary prevention learnings, and we will support evaluation and research in new and emerging areas of primary prevention practice, through the following actions:

### ACTION 4.1

Provide support and resources for state and national prevention agencies to lead primary prevention and deliver evidence-based action into the future.

### ACTION 4.2

Support primary prevention policy development in Victoria, by contributing to the implementation of Safe and strong and Free from violence, and by working in partnership with the Victorian Office for Prevention and Women's Equality.

### ACTION 4.3

Work with the Victorian Government to support the implementation and delivery of Respectful Relationships in Victorian schools.

### ACTION 4.4

Work in partnership with the Victorian Government to consolidate existing evidence on bystander behaviour (the factors that influence whether or not people act to identify, speak out or engage others in responding to incidents of sexism, discrimination or violence against women). As part of this, we will design a behavioural insights intervention that explores these influences on men and young people.

### ACTION 4.5

Explore new ways to develop young people's digital literacy regarding exposure to online pornography, so that they have skills to critique the representation of intimate relationships and gender-based violence in pornography. This aims to promote positive and respectful relationships and sexuality in real life, which will benefit young women's and men's mental health and resilience.

### ACTION 4.6

Investigate the relationship between alcohol and gender, including commissioning an evidence review to identify gaps in knowledge about interventions that prevent and respond to alcohol-related harm that can also impact the drivers of violence against women.

- Using the findings from the evidence review, work collaboratively with our partners to develop research priorities that support sectors to build the evidence on what works to address alcohol use and norms relating to both violence and gender.

# Measuring progress

Implementing the Strategy will help us achieve our goals in many of our strategic imperatives, particularly by contributing to two of VicHealth's targets for 2016–19:

- **180,000** more people physically active, playing sport and walking, with a focus on women and girls
- **80,000** more opportunities to build community resilience and positive social connections, with a focus on young people and women.

VicHealth aims to make a significant contribution to Victorian activity to create gender equality, which will bring the greatest benefits at the state level. VicHealth recognises that the benefits of some actions taken during the Strategy's 2017–19 timeframe might only become evident at a Victorian population level in the coming years or decades. However during 2017–19 we can track the progress and effectiveness of specific actions, and identify any early changes in health, behaviour, attitudes and structures.

We will use the mechanisms described in on page 16 to evaluate and monitor the specific actions of our Strategy, including:

- monitoring the health and wellbeing of Victorians through the [VicHealth Indicators Survey](#), the [Victorian Population Health Survey](#) (VPHS), reports using the outcomes framework of the [Victorian public health and wellbeing plan](#), the [National community attitudes towards violence against women survey](#) (NCAS), and other statewide and national surveys
- monitoring and evaluating our programs, including our specific projects and campaigns
- other data sources that measure the drivers and effects of gender inequality.

Insights gathered through these mechanisms can be shared widely, to strengthen the design and implementation of other local and international health promotion programs and activities.

## Outcomes framework

VicHealth has developed the outcomes framework in Table 1 to outline the changes we want to see as a result of our work, and how we will measure these changes. While specific objectives and targets for each action are established through our program designs and evaluations, this framework provides a high-level view of our aims for our gender equality work across the Strategy.

Where possible, the framework aligns with the outcomes frameworks in *Safe and strong, Free from violence*, and the *Victorian public health and wellbeing plan*, to ensure our goals complement the work of the Victorian Government. Measurement mechanisms are described on page 16, and it is expected that those identified in Table 1 will be supplemented with data from other sources. We aim to achieve equitable results across all of our outcomes, which is considered in the measures we design and use.

VicHealth will continue to work with the Department of Health and Human Services, the Office of Prevention and Women's Equality and our key partners to identify specific targets and measures for these outcomes, and to ensure our objectives align with those of the Victorian Government. An essential part of this will be ensuring our work supports and complements the actions of the Victorian Government and our partners, and that it uses our strengths and unique approaches to add the greatest value to work occurring across Victoria.

The wider benefits to men and boys, the economy and the community, will be monitored and evaluated through our statewide surveys, and other mechanisms used by the Victorian Government, other statutory authorities and research bodies.

A core part of our commitment to health equity is preventing or mitigating unintended negative impacts of our action, particularly where it exacerbates existing inequities. Where possible we monitor the equity impacts of our strategies across a range of social markers, to help us ensure our action to address gendered drivers of women's health and wellbeing do not unintentionally harm particular groups. This can include markers such as income, occupation type, education levels, gender identity, sexuality, race/ethnicity, aboriginality and place of residence.

We will also continue to seek new ways of measuring differences in the health status of these groups more broadly. For example, we will explore how to identify health and wellbeing differences between women, men, trans, gender diverse and non-binary Victorians through statewide and national population health surveys, to help measure whether increased health and wellbeing is shared by all genders, with improvements proportionate to need. This will assist us and our partners in identifying how to adjust strategies or where targeted approaches are required.

Table 1: VicHealth’s gender equality, health and wellbeing strategy outcomes framework

OUTCOME	ACTIONS	KEY MEASURES
Women and girls are resilient, healthy and well.	All actions	VicHealth Indicators Survey VPHS Program evaluations
All women and girls live free from gendered social norms and stereotypes that unfairly limit their behaviour and harm their health.	1.1, 1.3, 1.6, 2.1, 2.2, 2.3, 2.5, 3.2, 4.2, 4.3, 4.4, 4.5, 4.6	VicHealth Indicators Survey NCAS Program evaluations
More women and girls participate in key areas of public life, leading to greater gender equality in domains such as work, sport and leadership roles.	1.1, 1.3, 1.6, 2.1, 2.2, 2.3, 2.4, 2.5, 3.1	VicHealth Indicators Survey VPHS Program evaluations
All women and girls are visible, have an equal voice and occupy decision-making roles at work, at home, in sport, and in communities.	1.1, 1.3, 1.6, 2.1, 2.2, 2.3, 2.5, 3.1, 4.3	VicHealth Indicators Survey Program evaluations
All women and girls are recognised for their contribution in all aspects of society, particularly in the workplace and sport.	1.1, 1.3, 1.6, 2.1, 2.2, 2.3, 2.5, 3.1	Program evaluations
Victorians do not tolerate attitudes and behaviours that support gender inequality or violence against women, particularly in the workplace and sports settings.	1.1, 1.3, 1.4, 1.6, 2.1, 2.2, 2.3, 2.5, 3.1, 4.1, 4.2, 4.3, 4.4, 4.5	NCAS Program evaluations
All women and girls are free from violence and discrimination in their relationships, communities and workplaces.	1.1, 1.3, 1.6, 2.5, 3.1, 4.1, 4.2, 4.3, 4.4, 4.5, 4.6	VicHealth Indicators Survey NCAS Program evaluations
Victorian organisations and leaders model and promote a commitment to gender equality.	1.1, 1.3, 1.4, 1.6, 2.1, 2.3, 2.4, 2.5, 3.1, 3.2, 4.3, 4.4	Program evaluations
Health equity is considered in all VicHealth gender equality decisions and actions.	1.2, 3.1, 3.2, 3.3, 4.2	Internal evaluations and audits Program evaluations
VicHealth models gender equality best practice in the workplace.	1.1, 1.2, 3.1, 3.2, 3.3	Internal evaluations and audits
All women and girls enjoy improvements in health, with improvements proportionate to the diverse needs of different groups.	All actions	VicHealth Indicators Survey VPHS Program evaluations

## Monitoring and evaluation mechanisms

We will use the following mechanisms to monitor and evaluate the results of our work, throughout the Strategy's timeframe and beyond:

### VicHealth Indicators Survey

The [VicHealth Indicators Survey](#) is a Victorian community wellbeing survey that measures individual and community health and wellbeing, to inform decisions about public health priorities. Data is available by local government area and sociodemographic group. The survey is conducted every four years, with the most recent survey conducted in 2015.

Survey results can be used to track changes in the prevalence and distribution of population-level health issues such as subjective wellbeing, gender equality in relationships, perceptions of safety, mental wellbeing, physical activity, and alcohol use.

### Project monitoring and evaluation

At VicHealth, research complements all of our health promotion investments. We support a mix of investigator-led research, strategic research and evaluation research to build evidence for health promotion interventions. Monitoring and evaluation can be elements of specific projects, or separate components of a broader program.

As well as helping to measure our progress and refine our action, our monitoring and evaluation efforts enable VicHealth to contribute significantly to the wider health promotion evidence base.

### Statewide and national surveys

The [Victorian Population Health Survey](#) is an annual survey that collects information at the state, regional and local government area levels about the health, lifestyle and wellbeing of adult Victorians aged 18 years and over. Survey results are used to monitor progress against the *Victorian public health and wellbeing plan*.

The Victorian Government also conducts surveys on health and social outcomes for specific population groups, such as the [Department of Education and Training's surveys](#) on the health and wellbeing of children, adolescents and students. These surveys provide valuable data that can contribute to our monitoring and evaluation efforts. The [Victorian public health and wellbeing outcomes framework data dictionary](#) provides technical details on a range of other data sources that can measure health inequalities.

The National Community Attitudes towards Violence Against Women Survey was conducted by VicHealth in 2009 and 2013. It provides a snapshot of community attitudes to violence and identifies trends over time that can help shape future prevention activity. It is currently supported by the Commonwealth Department of Social Services as part of the [National plan to reduce violence against women and their children 2010–2022](#). The 2017 survey is being conducted by ANROWS (Australia's National Research Organisation for Women's Safety), with findings to be released in 2018.<sup>40</sup>

### Other data sources

Across each outcome, evidence obtained through the above mechanisms may be supplemented by data from state and national reporting on health and wellbeing, participation rates, community attitudes, and incidence of violence and discrimination. Sources may include the Australian Bureau of Statistics, Australian Institute of Health and Welfare, Worksafe, Victorian Equal Opportunity and Human Rights Commission, Workplace Gender Equality Agency and ANROWS, among others.

# Key terms

## Behavioural insights

Behavioural insights approaches aim to embed a more realistic model of human behaviour into policy and service design. It uses a deep understanding of human psychology to look at how people make choices in everyday life, to try to close the gap between intention and behaviour.

## Bystander behaviour

People's action to identify, speak out or engage others in responding to incidents of sexism, discrimination or violence.

## Equity-focused digital assessment (EFHIA)

A process that assesses an initiative to determine potential socially produced differences in its effects on the health of the population, and specific groups within that population. It also assesses whether these effects are remediable and unfair.<sup>41</sup>

## Digital literacy

The skills needed to find, evaluate, create and disseminate digital information. Digital literacy includes critical thinking skills to understand the social implications of that information.

## Gender

The 'socially-constructed differences between men and women, as distinct from 'sex', which refers to their biological differences'.<sup>1</sup> Gender includes the norms, roles and relationships that exist between women and men.<sup>2</sup>

## Gender audit

In the workplace, an assessment of how organisational policies and practices might be inadvertently harming women or men, or diminishing gender equality.<sup>42</sup> An audit can assess salaries, conditions, recruitment, promotion practices, mentoring and development.

## Gender diverse, non-binary and trans

Gender diverse and non-binary refers to people who do not identify as a woman or a man (see 'gender identity' below). Some people may identify as agender (having no gender), bigender (both a woman and a man) or non-binary (neither a woman nor a man). Transgender (often shortened to 'trans') refers to a person whose gender identity, gender expression or behaviour does not align with their sex assigned at birth.<sup>1, 43</sup>

## Gender equality

For the purposes of this Strategy, gender equality refers to 'the equal chances or opportunities for groups of women and men to access and control social, economic and political resources, including protection under the law'.<sup>3</sup>

## Gender equality in health

A state where women and men, in all their diversity and at all stages of their lives, have the same conditions and opportunities to realise their full rights and potential to be healthy, contribute to health development, and benefit from the results.<sup>2</sup>

## Gender identity

The way in which a person understands, identifies or expresses their masculine or feminine characteristics within a particular sociocultural context. A person's gender identity can be the same or different from their sex assigned at birth. It includes identities such as cisgender (where a person's gender identity is in line with the social expectations of their sex assigned at birth), trans, gender diverse and non-binary.<sup>43</sup>

## Health equity

The notion that everyone should have a fair opportunity to attain their full health potential, and that no one should be disadvantaged from achieving this potential if it can be avoided.<sup>44</sup>

## **Intersectionality**

People's experiences are shaped by the intersection of a number of social conditions, such as gender, ethnicity, ability, sexuality, gender identity, religion, aboriginality, age, education, occupation type and income. Each of these factors, or identity attributes, influences and has an impact on our lives and our experiences. Social structures and systems, and the way they intersect, play a large role in creating social conditions that result in power and privilege or discrimination and oppression, thus shaping the ways in which people experience inequality, disadvantage and violence.<sup>9,45</sup>

## **Intersex**

A term that refers to people who are born with genetic, hormonal or physical sex characteristics that are not typically 'male' or 'female'. Intersex people have a diversity of bodies and identities.<sup>46</sup>

## **Layers of influence**

The drivers of health difference that allocate power and resources based on social position. The three layers are: socioeconomic, political and cultural context; daily living conditions; and individual health-related knowledge, attitudes and behaviours.<sup>9</sup>

## **Population health**

As an outcome, it refers to the health of a group of individuals (for example, Victorians), including the distribution of health within that group. As an approach, it aims to reduce the incidence of preventable illness and mortality.

## **Primary prevention**

Programs, policies and other activities that seek to prevent violence before it occurs, by addressing its key drivers. In contrast, secondary prevention is aimed at individuals and groups who show early signs of perpetrating violent behaviour or of being subject to violence. Tertiary prevention provides support and treatment to those affected by, or who use, violence.

## **Setting**

The place or social context where people engage in daily activities in which environmental, organisational and personal factors interact to affect health and wellbeing. Examples of settings include schools, workplaces, sports clubs, transport, health services, communities and local government.<sup>47</sup>

## **Social determinants of health**

The conditions in which people are born, grow, live, work and age. These are shaped by the distribution of money, power and resources at global, national and local levels.<sup>48</sup> Examples include education, income, working conditions, unemployment, housing, early childhood development and social exclusion.

## **Social norms**

The informal rules that govern the behaviour of individuals in groups, communities, cultures and societies. They are the behaviours that are socially acceptable and expected in that environment.

## **Unconscious bias**

In recruitment, unconscious bias occurs when unintentional assumptions are made about job applicants based on factors such as their gender, age, culture, religion or other background.

## **Unintended impacts**

Health, economic or social impacts of action that were not identified during the planning process. They can be both positive and negative, with negative effects including increasing inequity in other areas, or increasing stigma.<sup>9</sup>

## **Violence against women**

Any act of gender-based violence that causes or could cause physical, sexual or psychological harm or suffering to women, including threats of harm or coercion, in public or in private life. This definition encompasses all forms of violence that women experience and that are gender-based (including physical, sexual, emotional, cultural/spiritual, financial, and others).<sup>15</sup>

# Appendix 1: Preventing violence against women

Over the past 15 years, VicHealth has used a public health approach to invest in the primary prevention of violence against women. This seeks to prevent violence *before* it occurs, by addressing the drivers of violence against women.

## Prevalence and costs of violence against women

- In Australia, violence against women is highly prevalent, with two in every five women (41%) having experienced violence since the age of 15 years.
  - » Around one in three (34%) have experienced physical violence.
  - » Almost one in five (19%) have experienced sexual violence.<sup>49</sup>
- In Australia, intimate partner violence perpetrated by men is the highest contributor to the disease burden for women aged 18 to 44 years – more than any other risk factor, such as tobacco use, high cholesterol or use of illicit drugs.<sup>50</sup>
- Violence against women costs Australia \$21.7 billion a year.<sup>51</sup>

## The drivers of violence against women

Societies with low levels of gender equality are likely to have higher levels of violence against women.<sup>14</sup> Gender inequality sets the necessary social context in which violence against women occurs, and is maintained and perpetuated in all spheres of life, through:

- structures that reinforce an unequal distribution of economic, social and political power and resources between women and men (for example, pay differences between women and men)
- social norms that prescribe and limit the type of conduct, roles, interests and contributions expected from women and men (for example, assumptions that women are best suited to caring for children)
- practices, behaviours and choices made on a daily basis that reinforce these gendered structures and norms (for example, differences in child-rearing practices for boys and girls).<sup>15</sup>

Together these factors create environments in which women and men are not considered to be equal, and violence against women is condoned. Drivers of gender inequality that are most consistently associated with high levels of violence against women are:

- men's control of decision-making, and limits to women's independence in public life and relationships
- rigid gender roles and stereotyped constructions of masculinity and femininity
- male peer relations that emphasise aggression and disrespect towards women
- condoning of violence against women.

## Action to prevent violence against women

The key strategy to reduce this violence is to promote equal and respectful relationships between girls and boys, and women and men, at every level: individual/family, organisational, community and societal.<sup>6</sup>

There is growing evidence of the effectiveness of a range of approaches to influencing social norms, structures and organisational policies and practices, and addressing the gendered drivers of violence against women. These include direct participation programs; organisational and workforce development; community strengthening; social marketing and communications; advocacy; legislative and policy reform; and research, monitoring and evaluation.<sup>6,15</sup> Action must be taken in a range of settings, including local government, health, sport, business, media, research, education, the arts and community.

In 2015, in partnership with Our Watch and ANROWS, VicHealth published [Change the story: A shared framework for the primary prevention of violence against women and their children in Australia](#). [Change the story](#) contributes to the [National plan to reduce violence against women and their children 2010–2022](#), [Safe and strong: Victoria's gender equality strategy](#) and [Free from violence: Victoria's strategy to prevent family violence and all forms of violence against women](#).

[Change the story](#) identifies five essential and five supporting actions that address the drivers of violence against women and factors that reinforce violence against women<sup>15</sup>:

### Essential actions to address the gendered drivers of violence against women:

- Challenge the condoning of violence against women.
- Promote women's independence and decision-making in public life and relationships.
- Foster positive personal identities and challenge gender stereotypes and roles.
- Strengthen positive, equal and respectful relations between and among women and men, girls and boys.
- Promote and normalise gender equality in public and private life.

### Supporting actions to address the reinforcing factors:

- Challenge the normalisation of violence as an expression of masculinity or male dominance.
- Prevent exposure to violence, and support those affected, to reduce its consequences.
- Address the intersections between social norms relating to alcohol and gender.
- Reduce backlash by engaging men and boys in gender equality, building relationship skills and social connections.
- Promote broader social equality and address structural discrimination and disadvantage.

## Appendix 2: Policy context

There have been a number of significant shifts in state, national and international policy as part of government efforts to reduce gender inequalities. Major policies that are relevant to VicHealth's work include:

### Victorian Government policy

#### Victorian Public Health and Wellbeing Plan 2015–2019

The [Victorian public health and wellbeing plan](#) identifies the Victorian Government's main priorities for 2015–19 to improve the health and wellbeing of all Victorians. Its vision is 'a Victoria free of the avoidable burden of disease and injury, so that all Victorians can enjoy the highest attainable standards of health, wellbeing, and participation at every age'.<sup>52</sup>

The Plan names the health and wellbeing priorities for 2015–19 as healthier eating and active living; tobacco-free living; reducing harmful alcohol and drug use; improving mental health; preventing violence and injury; and improving sexual and reproductive health. It considers gender in all these priorities, recognising how gender roles, norms, expectations and behaviour affect people's ability to protect and promote their health.

#### Royal Commission into Family Violence

In 2015 the Victorian Government established a [Royal Commission into Family Violence](#). The Royal Commission was a critical opportunity for Victoria to confront family violence and begin the process of long-term change. This included a commitment to taking concrete steps to reduce levels of violence against women by addressing the key drivers of violence and improving gender equality. The Commission released its report in 2016, making 227 recommendations to tackle family violence, including the need for a significant and sustained focus on primary prevention.<sup>53</sup>

The Victorian Government accepted all 227 recommendations and committed to undertake primary prevention reforms and initiatives including:

- developing a 10-year family violence action plan – [Ending family violence: Victoria's plan for change](#) – which outlines how the Victorian Government will act on the recommendations of the Royal Commission
- developing a gender equality strategy – [Safe and strong: Victoria's gender equality strategy](#), and developing a primary prevention strategy – [Free from violence: Victoria's strategy to prevent family violence and all forms of violence against women](#)

- develop a Gender Equality Act
- establish a new agency dedicated to preventing family violence before it starts
- consider family violence and alcohol-related harms in the review of the *Liquor Control Reform Act 1998* (Vic).

### Free from violence: Victoria's strategy to prevent family violence and all forms of violence against women

*Free from violence* sets out what the Victorian Government will do to prevent violence against women, in the settings where inequality and violent behaviour are shaped. The strategy aims to build the social structures, norms and practices that prevent violence.

### Safe and strong: A Victorian gender equality strategy

*Safe and strong* is a plan for sustained action to bring about the changes in attitudes and behaviour required to prevent violence against women and to improve gender equality. It identifies key settings for action: education and training; work and economic security; health, safety and wellbeing; leadership and representation; sport and recreation; and media, arts and culture.

*Safe and strong* recognises that gender equality cannot be achieved by government alone. Individuals, families, communities, workplaces, businesses, sporting associations, the media and the arts all hold responsibility 'to build a culture of respect and equality for all individuals'.<sup>1</sup>

### Other Victorian Government policies and initiatives

The Victorian Government has a number of programs and policies relevant to gender equality. In the health portfolio, initiatives such as the Victorian Women's Health Program aim to improve the health and wellbeing of all Victorian women, especially those at risk of ill health. More specifically, policies such as Victorian women's sexual and reproductive health: Key priorities 2017–20 set out ways to address health issues that significantly impact on women and girls' ability to participate fully and equally in all aspects of their lives. While VicHealth's actions under this Strategy do not directly focus on health services or sexual and reproductive health, we fully endorse the State Government's approach, and align with the preventive elements relevant to our Strategy.

### Commonwealth Government policy

At the national level, the Commonwealth Department of Social Services' National plan to reduce violence against women and their children 2010–2022 focuses on primary prevention, supporting women who have experienced violence, stopping men from committing violence, and building the evidence base. Under the National Plan, the Commonwealth Government develops three-yearly action plans. The Third action plan 2016–2019 has the following priorities: 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; and keeping perpetrators accountable across all systems.<sup>54</sup>

Statutory bodies such as the Workplace Gender Equality Agency and the Australian Human Rights Commission also lead policy and programs in gender equality. This Strategy aligns with their work in relevant areas, as well as related legislation such as the *Sex Discrimination Act 1984* (Cth), *Fair Work Act 2009* (Cth) and *Disability Discrimination Act 1992* (Cth).

### International policy

The United Nations Sustainable Development Goals came into force in 2016 as part of the 2030 Agenda for Sustainable Development. Seventeen goals were identified for Member States (including Australia) to reach, with the aims of ending all forms of poverty, fighting inequalities and tackling climate change.

VicHealth's work under this Strategy will help Australia meet the following Sustainable Development Goals (SDGs):

- **SDG 5: Achieve gender equality and empower all women and girls** – across the Goal's targets to address discrimination, violence, recognition and value of women's work, participation in leadership, and development of policies and legislation that promote gender equality.
- **SDG 3: Ensure healthy lives and promote wellbeing for all at all ages** – particularly its targets to prevent non-communicable diseases and promote mental health and wellbeing.
- **SDG 8: Promote inclusive and sustainable economic growth, employment and decent work for all** – as it relates to women's rates of employment, equal pay, and safe and secure working environments.
- **SDG 16: Promote just, peaceful and inclusive societies** – particularly its targets to reduce violence and increase inclusion in decision-making.

This Strategy also aligns with Australia's important international commitments on gender, violence against women and human rights, such as the Convention on the Elimination of All Forms of Discrimination against Women (CEDAW), Nairobi Forward-Looking Strategies for the Advancement of Women, Declaration on the Elimination of Violence against Women, Beijing Declaration and Platform for Action and the Vienna Declaration and Platform for Action, among others.

VicHealth has been designated as the World Health Organization Collaborating Centre for Leadership in Health Promotion. In this role, we provide technical support, share our knowledge and help build capacity in countries in the Western Pacific Region and globally. As part of this Strategy, we will continue to provide technical advice and disseminate information on promoting gender equality to countries in the Western Pacific and beyond.

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