

Victorian Health Promotion Foundation (VicHealth)

Submission to the Victorian Government
Gender Equality Strategy

March 2016

Executive Summary

Gender equality is defined as the equal treatment of women and men in laws and policies, and equal access to resources and services within families, communities and society. There is a strong established societal and economic case for achieving gender equality and moreover gender equality is understood as a core principle of a fair, respectful, safe and inclusive society.

In addition, gender inequality is an important health and wellbeing issue which has gained increasing prominence in Australia in recent times, in part due to its role in driving violence against women – a prevalent, serious and preventable health issue. However based on national data there are strong indications that the status of gender equality in Australia requires a strengthened and renewed focus from governments and community.

There is now a significant opportunity for the Victorian Gender Equality Strategy to provide a platform for Victorians to experience the benefits of improved gender equality. VicHealth has undertaken significant work around gender equality issues and recommends that the following three areas are prioritised in the Victorian Gender Equality Strategy: (1) Safety and violence against women; (2) Economic participation, and (3) Participation in sport and physical activity.

In the area of safety and violence against women (VAW), Victoria is leading the nation in regards to primary prevention. VicHealth and partners have led the development of programs, research and policy development, resulting in strong readiness for action across sectors and an early evidence base to guide future activity. There is now an opportunity to ensure the link between VAW and gender equality is embedded into Victorian Government policy and programming. Embedding this link in the Gender Equality Strategy is a means to ensure government policy, funding and programs are fit for purpose in reducing violence and also have a measureable impact on the prevalence of violence in the medium and long term.

In the area of economic (or workplace) participation, there have been significant advances in research and programming with a view to creating organisational environments that are more inclusive, welcoming and respectful of women and in which women can more readily participate and lead. The Gender Equality Strategy represents an opportunity to strengthen coordination and monitoring of activity as a means to improve the impact on women's economic participation and ultimately on their economic status throughout the lifespan.

In the area of participation in sport and physical activity, there have also been significant advances made in the development of research, policy and programs to create environments that are more inclusive, welcoming and respectful of women. The Gender Equality Strategy represents an opportunity to strengthen coordination and monitoring of activity as a means to improve impact on female participation in physical activity and ultimately on women's health outcomes.

In all of these priority areas, there have been advances in program and practice development however there is not as yet evidence that this activity has impacted on outcomes for women. The Gender Equality Strategy represents an opportunity to increase the investment, coordination and monitoring of whole-of-government gender equality activity. VicHealth recommends that the Gender Equality Strategy seek to secure significant and sustained investment as a key driver of success. In addition we recommend that the Gender Equality Strategy includes research, innovation and sustainability components as a means to deliver tangible outcomes for Victorian women and girls now and in future generations.

Recommendations

VicHealth recommends that the Victorian Government:

1. Considers formally recognising the significance of **gender equality as a health and wellbeing imperative** in the Gender Equality Strategy, by (a) Utilising proven public health strategies to address unequal relationships between women and men, and (b) Monitoring women's and men's health and wellbeing outcomes as a component of the Gender Equality Strategy performance framework.
2. Ensures **three priority issues** are addressed in the Gender Equality Strategy, namely:
 - Safety and violence against women
 - Economic participation
 - Participation in sport and physical activity.
3. Considers formally recognising the role of **gender inequality as a key driver of violence against women** in the Gender Equality Strategy, as a means to ensure this link is embedded in the development and evaluation of relevant programs and initiatives.
4. Ensures **sustained investment and centralised coordination** in reducing gender inequality. A significant, planned and ongoing investment is required to achieve gender equality. A whole-of-government commitment is required in order to achieve coordination of policy and activity at all levels of government, across government and non-government sectors, and across the spectrum of responses required to achieve gender equality.
5. Considers opportunities to **integrate research, innovation and sustainability components** into the Gender Equality Strategy, such as ongoing monitoring of Victorian community attitudes to gender equality, statewide and cross-governmental coordination activity and planned responses to backlash and resistance.

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1. Introduction

VicHealth commends the State Government's leadership in developing a Gender Equality Strategy for Victoria, and welcomes the opportunity to inform the strategy through this submission.

1.1 About VicHealth

The Victorian Health Promotion Foundation (VicHealth) was established by the Victorian Parliament in accordance with the *Tobacco Act 1987* with a mandate to promote good health. VicHealth is a pioneer in health promotion – the process of enabling people to increase control over and improve their health.

VicHealth is an independent statutory authority, operating under a Board that includes three Victorian Members of Parliament. Our funding comes from the Victorian Government via the Department of Health and Human Services, and we report to Parliament through the Minister for Health.

Our primary focus is promoting good health and preventing chronic disease. We work with individuals, communities, organisations and governments within Victoria, nationally and internationally, with VicHealth designated as the World Health Organization Collaborating Centre for Leadership in Health Promotion.

1.2 Overview of this submission

This submission responds to the Victorian Government's *A Victorian gender equality strategy consultation paper*. VicHealth has addressed, in particular, the consultation paper questions where we have expertise and knowledge to inform policy development, and on areas of gender equality policy where the demonstrated potential for impact is greatest.

This submission is organised into seven sections. Section 1 provides an introduction to VicHealth and an overview of this submission. Section 2 outlines the current state of gender equality; it contains a definition of gender equality, a rationale for advancing gender equality, data on the magnitude of gender-based disparities in Australia, and names three priority issues to be addressed in the Victorian gender equality strategy. These priority issues are discussed in further detail in subsequent sections of this submission: safety and violence against women in Section 3, economic participation in Section 4, and participation in sport and physical activity in Section 5. Section 6 provides an overview of key issues for consideration in developing a Gender Equality Strategy that is robust and meets the challenges of the coming decade. Section 7 provides a conclusion and recommendations.

2. The current state of gender equality

2.1 Definition of gender equality

Gender equality is in the spotlight as a global priority and numerous definitions are currently in use. Definitions of gender equality are often quite detailed and laden with language that is specific to specialist organisations and sectors. For example, definitions will explore the drivers of gender inequality, and gender as a social construct. These attempts to reflect the complexities and nuances of gender equality as a social issue are admirable, however they can also render definitions impenetrable and subsequently, negatively impact on community understanding and engagement.

VicHealth recommends the use of plain language to communicate complex concepts. Hence, in our extensive work to address unequal relationships between women and men and prevent violence against women, we draw on the World Health Organization's definitions of gender equality and gender equity:

Gender equality – equal treatment of women and men in laws and policies, and equal access to resources and services within families, communities and society; sometimes referred to as formal equality.

Gender equity – involves fairness and justice in the distribution of resources and responsibilities between men and women; sometimes referred to as substantive equality. It often requires women-specific programs and policies to end existing inequalities.¹

Of note is an insightful description of gender equality from UN Women:

Equality between women and men (gender equality): refers to the equal rights, responsibilities and opportunities of women and men and girls and boys. Equality does not mean that women and men will become the same but that women's and men's rights, responsibilities and opportunities will not depend on whether they are born male or female. Gender equality implies that the interests, needs and priorities of both women and men are taken into consideration, recognizing the diversity of different groups of women and men. Gender equality is not a women's issue but should concern and fully engage men as well as women. Equality between women and men is seen both as a human rights issue and as a precondition for, and indicator of, sustainable people-centered development.²

¹ World Health Organization, 2010, *Violence prevention: The evidence*, Geneva: WHO

² UN Women, *Concepts and definitions* www.un.org/womenwatch/osagi/conceptsanddefinitions.htm, accessed March 2016.

2.2 Why is gender equality important?

There is a strong established societal and economic case for achieving gender equality^{3, 4}. Gender equality is vital to the realisation of human rights for all. The overall objective of gender equality is a society in which women and men enjoy the same opportunities, rights and obligations in all spheres of life. Gender equality is a core principle of a fair, respectful, safe and inclusive society.

The promotion of gender equality and the empowerment of women and girls are also critical to improving the health and wellbeing of individuals, families, organisations, communities and society as a whole. Health is understood as more than freedom from disease – rather, it is a state of physical, mental and social wellbeing⁵.

The important influence of gender inequality on population health and wellbeing has gained increasing prominence in Australia in recent times, in part due to its role in driving violence against women – a prevalent, serious and preventable health issue. Research shows that as equality decreases in societies, the prevalence of violence against women increases⁶.

Violence against women is more damaging to the health of Victorian women aged 15 to 44 years than any other well-known risk factors for chronic disease, including high blood pressure, obesity and smoking⁷. VicHealth's prevention framework and research identified that a key driver of violence against women is unequal access to power and resources between women and men, and that the key strategy to reduce violence is promoting equal and respectful relationships between women and men at every level – individual/family, organisational, community, and societal⁸.

The latest international evidence shows that unequal power relationships between women and men are reinforced by rigid gender roles and stereotyped constructions of masculinity and femininity, implying that the improvement of gender equality will provide benefits to women but also to other groups in the community. In other words, changing unequal power relationships and the social norms surrounding them is likely to be beneficial for the health and wellbeing of women and girls and also that of men and boys.⁹

More broadly, the Global Gender Gap Index shows a strong correlation between a country's gender gap and its economic performance. Because women account for one-half of a country's potential talent base, a nation's competitiveness in the long term depends significantly on whether and how it educates and utilises its women. In order to maximise competitiveness and development potential, Australia should strive for gender equality—that is, should give women the same rights, responsibilities and opportunities as men. Enhancing gender equality has significant economic and productivity gains, which impact local, state, national and global economies. Research shows that

³ World Economic Forum, 2015, *The Global Gender Gap Index 2015*, <http://reports.weforum.org/global-gender-gap-report-2015/the-global-gender-gap-index-2015/>

⁴ United Nations Population Fund, www.unfpa.org/resources/frequently-asked-questions-about-gender-equality (accessed March 2015)

⁵ VicHealth 2015, *VicHealth Mental Wellbeing Strategy 2015-2019*. Victorian Health Promotion Foundation, Melbourne.

⁶ World Economic Forum, 2015, *The Global Gender Gap Index 2015*, <http://reports.weforum.org/global-gender-gap-report-2015/the-global-gender-gap-index-2015/>

⁷ VicHealth 2004, *The health costs of violence: Measuring the burden of disease caused by intimate partner violence*, Victorian Health Promotion Foundation, Melbourne.

⁸ VicHealth, 2007, *Preventing Violence before it Occurs: A Framework and Background Paper to Guide the Primary Prevention of Violence against Women in Victoria*, www.vichealth.vic.gov.au/media-and-resources/publications/preventing-violence-before-it-occurs

⁹ Our Watch, VicHealth and ANROWS, 2015, *Change the Story: A shared framework for the primary prevention of violence against women and their children in Australia*, [www.ourwatch.org.au/What-We-Do-\(1\)/National-Primary-Prevention-Framework](http://www.ourwatch.org.au/What-We-Do-(1)/National-Primary-Prevention-Framework)

increasing female participation in the workforce by 6% has the potential to add \$25 billion annually to the Australian economy.¹⁰

2.3 Australia’s gender equality scorecard

Despite our knowledge that gender equality improves health and societal outcomes, Australia still has some way to go in creating true gender equality. It is important to acknowledge that where gender inequality exists, it is generally women who are excluded or disadvantaged in relation to decision-making and access to economic and social resources. The pervasiveness of ideas about men having greater power and authority is illustrated in the 2013 National Community Attitudes towards Violence Against Women Survey (NCAS) which showed, for example, that more than a quarter of Australians think men make better political leaders, and one in five think men should take control in relationships and be the head of the household¹¹.

In 2015 Australia was ranked 36 (out of 145 countries) by the Global Gender Gap Index, a framework introduced by the World Economic Forum in 2006 to capture the magnitude of gender-based disparities and changing patterns of gender equality around the world.

Australia’s overall score was 0.733, on a continuum where 0.00 means inequality and 1.00 means equality. We are currently below similar countries such as New Zealand, the UK and the USA, and also behind developing countries such as the Philippines, Nicaragua and Burundi¹².

The relative gaps between women and men across four subindices provide further insights (Table 1). Australia is equal-first for educational attainment (with 25 other countries). We are ranked 32 for economic participation and opportunity, 61 for political empowerment, and 74 for health and survival. Gender-based disparities are most evident in politics with a score of 0.193.

Table 1: Australia’s gender equality scorecard

Australia’s scorecard		Rank	Score
GENDER GAP (overall)		36	0.733
Subindices	Education	1	1.000
	Economy	32	0.766
	Politics	61	0.193
	Health	74	0.974

¹⁰ Grattan Institute, 2012, *Game changers: Economic reform priorities for Australia*, <https://grattan.edu.au/report/game-changers-economic-reform-priorities-for-australia/>

¹¹ Webster, K., Pennay, P., Bricknall, R., Diemer, K., Flood, M., Powell, A., Politoff, V. and Ward, A. (2014) Australians’ attitudes to violence against women: Full technical report, Findings from the 2013 National Community Attitudes towards Violence Against Women Survey, Victorian Health Promotion Foundation, Melbourne, www.vichealth.vic.gov.au/media-and-resources/publications/2013-national-community-attitudes-towards-violence-against-women-survey

¹² World Economic Forum, 2015, *The Global Gender Gap Index 2015*, <http://reports.weforum.org/global-gender-gap-report-2015/the-global-gender-gap-index-2015/>

Australia's progress in closing the gender gap over the past decade has been slow. Our overall score has improved slightly (+0.17), due to improvements in two subindices: economy and politics. Australia has successfully closed the gender gap in relation to education, however the gender gap in health outcomes has increased (-0.002). Australia's current global ranking of 36 is twenty-one places below our 2006 position.

While global and national research are essential, there is currently a gap in the availability of data on Victoria's gender equality status. The development of a Victorian Gender Equality Strategy and accompanying performance monitoring framework may provide a timely opportunity to enable state-level reporting and documentation of gender equality outcomes.

2.4 Priority issues for achieving gender equality

“Equality between men and women exists when both sexes are able to share equally in the distribution of power and influence; have equal opportunities for financial independence through work or through setting up businesses; enjoy equal access to education and the opportunity to develop personal ambitions, interests and talents; share responsibility for the home and children and are completely free from coercion, intimidation and gender-based violence both at work and at home.”¹³

Gender inequality is a social condition with a social aetiology: gender-based disparities are caused by social, economic and political conditions, as well as historical and cultural factors. These include, for example, social norms such as the belief that women are best suited to care for children, practices such as differences in childrearing practices for boys and girls, and structures such as pay differences between men and women.¹⁴ The causes of gender equality are socially rooted, and the solutions to this complex social issue are too.

Victoria is currently ideally placed to create the nationwide cultural and systematic change needed to achieve gender equality - there is a burgeoning prevention evidence base and a high level of readiness and commitment across sectors. With the right planning and commitment, we are poised to lead the world on the issue.

VicHealth’s core business is promoting good health and preventing chronic disease, and we are committed to promoting fairness and opportunity for better health.¹⁵ We have recently adapted and applied the work of the World Health Organization Commission on the Social Determinants of Health to the Australian context, and produced an action-oriented framework to guide health promotion. *Fair Foundations: The VicHealth framework for health equity*¹⁶ outlines and describes the social determinants of health inequities and provides practical entry points for action. It is designed for application to any health issue and this includes gender equality.

VicHealth has undertaken significant work around gender equality issues, including the prevention of violence against women, women’s economic participation and women’s participation in sport and physical activity. From a more thematic perspective, we also have significant expertise in ending discrimination and disadvantage; creating fair, safe, respectful and inclusive environments; working in partnership; and translating complex concepts into programs and materials. VicHealth’s pioneering role over the past twenty-five years stands us in a strong and unique position to play a leading role in achieving gender equality in Victoria.

Priority issues for gender equality, as covered in subsequent sections of this submission, are:

- Safety and violence against women – Section 3
- Economic participation – Section 4
- Participation in sport and physical activity – Section 5.

¹³ United Nations Population Fund, www.unfpa.org/resources/frequently-asked-questions-about-gender-equality

¹⁴ Our Watch, ANROWS and VicHealth, 2015, Change the Story: A shared framework for the primary prevention of violence against women and their children in Australia, [www.ourwatch.org.au/What-We-Do-\(1\)/National-Primary-Prevention-Framework](http://www.ourwatch.org.au/What-We-Do-(1)/National-Primary-Prevention-Framework)

¹⁵ VicHealth 2013, VicHealth Action Agenda for Health Promotion, <https://www.vichealth.vic.gov.au/media-and-resources/publications/action-agenda-for-health-promotion>

¹⁶ VicHealth, 2015, *Fair Foundations: The VicHealth framework for health equity*, www.vichealth.vic.gov.au/media-and-resources/publications/the-vichealth-framework-for-health-equity

3. Priority issue: Safety and violence against women

Definition of violence against women

VicHealth's definition is aligned to the United Nations definition of violence against women, which includes family violence, intimate partner violence, sexual assault, sexual harassment and stalking¹⁷. International and local evidence demonstrates that there are significant overlaps in the underlying social determinants of all of these forms of violence, namely unequal power between women and men.

3.1 Rationale for safety and violence against women as a priority issue

It is critical to address the prevention of violence against women within Victoria's Gender Equality Strategy due to the inextricable link between gender inequality and violence against women. National and international research shows that gender inequality is a *key driver* of violence against women. Gender inequality also *results from* violence from women.

VicHealth has focused on violence against women because it is prevalent, serious and preventable.

More than one in three women in Australia (39 per cent) aged over 18 has experienced violence at the hands of a man since the age of 15.¹⁸ Violence against women is a contributor to ill health, particularly as a risk factor for two of the most common forms of mental illness, depression and anxiety. It is more damaging to the health of Victorian women aged 15 to 44 years than any other well-known risk factors for chronic disease, including high blood pressure, obesity and smoking.¹⁹

Violence against women and their children is costing Australia \$21.7 billion each year, with Governments carrying more than a third of the cost burden.²⁰ Significant cost savings can be achieved from investing in evidence-based prevention strategies at a population level to reduce violence against women.

For the past decade VicHealth has had a leadership role in the prevention of violence against women. VicHealth's *Preventing Violence before it Occurs: A Framework and Background Paper to Guide the Primary Prevention of Violence against Women in Victoria*, released in 2007, was a ground breaking, world-first model that solidified the best evidence at the time. In this framework VicHealth identified that a key driver of violence against women is unequal access to power and resources between women and men, and that the key strategy to reduce violence is to increase equal and respectful relationships between women and men. This included, for example, actions to address institutional and cultural support for gender inequality, to address masculine peer and

¹⁷ United Nations General Assembly 1993, *Declaration on the Elimination of Violence against Women*, United Nations, Geneva.

¹⁸ ABS (Australian Bureau of Statistics) 2013, *Personal Safety Survey, Australia, 2012*, cat. no. 4906.0, www.abs.gov.au/ausstats/abs@.nsf/mf/4906.0

¹⁹ VicHealth 2004, *The health costs of violence: Measuring the burden of disease caused by intimate partner violence*, Victorian Health Promotion Foundation, Melbourne.

²⁰ Pricewaterhouse Coopers, VicHealth and Our Watch 2015 *A High Price to Pay: the economic case for preventing violence against women* bit.ly/PwCAHighPriceToPay <accessed 9 Mar 2016>

organisational cultures and to address belief in rigid gender roles and identities²¹. Since then, work by international organisations such as the World Health Organisation, the European Commission and the UN has reinforced and built on that evidence base.

In 2015 in partnership with Our Watch and ANROWS, VicHealth reviewed and updated the evidence and launched a new national framework *Change the story: A shared framework for the primary prevention of violence against women and their children*. The new framework provides further clarity about unequal power between women and men as a driver of violence and also the actions that are required to address this at all levels of the community²².

In summary, all evidence to date indicates a strong and indisputable link between gender inequality and the prevalence of violence against women.

Lastly, violence against women is preventable. A significant range of Initiatives have been tested to see what works. With funding support from government and nongovernment agencies, activities to change attitudes, behaviours and practices have been trialled in schools, workplaces, sporting organisations, councils and communities. Evaluations of these projects have shown that prevention strategies have a proven effect on the drivers of violence and many programs are now ready for scale-up and expansion towards the reduction of violence against women.

In the section below we describe the achievements to date in addressing the link between gender inequality and violence against women through programming, and the considerations for future policy and strategy development.

3.2 Achievements

Significant achievements in preventing violence against women have occurred in Australia and particularly in Victoria.²³ Over the last decade VicHealth and partners have led the design and delivery of a range of initiatives to address unequal power relationships between men and women as a means to reduce violence against women using the seven key methodologies identified in public health literature as being effective to create population-level impact. These methodologies have proven effective in addressing other significant health and social issues, in particular where they have been executed simultaneously across the community and with a sustained base of investment (see Case Study in Section 6).

This work has led to some significant achievements and generated an early evidence base, and also highlighted the gaps in knowledge and the current opportunities to consolidate the evidence base in the near future.

An overview of these achievements and gaps is presented in Table 2. In summary:

²¹ VicHealth, 2007, *Preventing Violence before it Occurs: A Framework and Background Paper to Guide the Primary Prevention of Violence against Women in Victoria*, www.vichealth.vic.gov.au/media-and-resources/publications/preventing-violence-before-it-occurs

²² ²² Our Watch, ANROWS and VicHealth, 2015, *Change the Story: A shared framework for the primary prevention of violence against women and their children in Australia*, [www.ourwatch.org.au/What-We-Do-\(1\)/National-Primary-Prevention-Framework](http://www.ourwatch.org.au/What-We-Do-(1)/National-Primary-Prevention-Framework)

²³ VicHealth, 2015, *Preventing violence against women - An Australian timeline: 1970-2015*, www.vichealth.vic.gov.au/search/an-australian-timeline-1970-2015

- There are several streams of activity that have been initiated in primary prevention, involving sectors and resources that are separate to activity in secondary/tertiary prevention; however, there is not yet a sustained investment base for primary prevention activity.
- There is strong take-up across sectors in applying prevention principles to programming; however, there is not yet a coordinated monitoring framework to assess the impact of this programming against the prevalence of violence against women or the progress towards gender equality.
- There is a significant range of programs engaging individuals, organisations and communities in the reduction of violence against women; however, there is not yet a coordinated monitoring framework to assess the coverage, reach or access to prevention programs across Victorian communities nor the impact of programs on attitudes or behaviours.
- There is a significant range of resources and tools available for non-specialist sectors to engage in the reduction of violence against women; however there is not yet clear data to indicate take-up of these resources. In addition there is inconsistency in application of tools and implementation due to gaps in coordination of activity, limited availability of technical assistance, and gaps in statewide workforce development.

Furthermore, in the area of reducing violence against women there is now an opportunity to ensure the link between VAW and gender equality is embedded into State Government policy and programming. Embedding this link in the Gender Equality Strategy is a means to ensure government policy, funding and programs are fit for purpose in reducing violence and also have a measureable impact on the prevalence of violence in the medium and long term.

The *Change the Story* national framework provides a consistent and integrated roadmap to assist governments and other stakeholders to develop their own evidenced-based policies, strategies and programs to prevent violence against women. This framework provides an evidence-based mechanism to:

- (a) Strengthen recognition of the link between violence against women and gender equality, and ensuring all the layers and processes of gender inequality (Element 1 structures, norms and practices) are addressed in policy development.
- (b) Ensure all relevant actions are integrated and coordinated in policy development (Element 2 – 10 actions)
- (c) Ensure the required infrastructure is in place to enable delivery of policy and program outcomes (Element 4) and impact on population outcomes.

Table 2: Preventing violence against women: Achievements and opportunities for future action

Methodology	Achievements – VicHealth and partners (website links provided below)	Opportunities for future action
Direct participation programs	<ul style="list-style-type: none"> • Single setting design – e.g. Baby Makes 3 program in maternal and child health, Equal Footing in the workplace, Everyone Wins in sports. • Multi-setting design – e.g. Respect, Responsibility and Equality Program 2007–2015 and the Generating Equality and Respect Program. • Training and education – courses for workplace leaders, bystanders to sexism and cross-sector professionals. 	<ul style="list-style-type: none"> • Reach – Strategies and investment to increase access to direct participation programs across regions and population groups. • Consistency and coordination – Strategies and resources, such as standards and guidelines, to enable best practice across programs and settings. • Impact – Evaluation frameworks to monitor the cumulative impact of direct participation programs statewide. • Evaluation of multi-setting design – Currently being undertaken in relation to the Generating Equality and Respect Program (available in 2016).
Organisational and workforce development	<p>Organisational development – evidence reviews</p> <ul style="list-style-type: none"> • Workplace, schools/education, media. • Ethnic/CALD communities, bystanders. <p>Organisational development – programs and resources</p> <ul style="list-style-type: none"> • Local government, Cross-sector (including workplace, sports clubs/associations, schools/education, faith leaders, maternal and child health, community health). • Bystander action in sports and other sectors. <p>Workforce development</p> <ul style="list-style-type: none"> • Prevention training and capacity-building – e.g. PVAW Short Course, PVAW Leaders’ Course. • Communities of Practice and networks/hubs – e.g. Advanced Practitioners’ Forum, Partners in Prevention. 	<p>Organisational development – evidence reviews</p> <ul style="list-style-type: none"> • Sports and recreation, arts/entertainment. • Aboriginal communities, disability sector, youth sector. <p>Organisational development – programs and resources</p> <ul style="list-style-type: none"> • Standards/guidelines for consistent practice in organisational development within and across settings. • Coordination of activity to enable best practice and avoid duplication. <p>Workforce development</p> <ul style="list-style-type: none"> • Evidence review regarding skill development and capacity-building strategies. • Coordinated strategy to strengthen prevention skill base across specialist and non-specialist services.

Methodology	Achievements – VicHealth and partners (website links provided below)	Opportunities for future action
Community strengthening	<ul style="list-style-type: none"> • Community mobilisation strategies – e.g. Not1More Community Walk/Event, Gippsland Aboriginal COMMUNITY Walk Against Family Violence. • Place-based approaches – e.g. Generating Equality and Respect Program. • Priority population groups – e.g. <i>The AMES Roadmap: Understanding and taking action to prevent VAW in CALD communities</i>²⁴. 	<ul style="list-style-type: none"> • Reach – Strategies and investment to increase access to community strengthening programs across regions and population groups. • Consistency and coordination – Strategies and resources, such as standards and guidelines, to enable best practice across regions and communities. • Impact – Evaluation frameworks to monitor the cumulative impact of community mobilisation statewide.
Communications and social marketing	<p>Evidence reviews</p> <ul style="list-style-type: none"> • Review of communication components of social marketing/public education campaigns focusing on violence against women. • Victorian print media coverage of violence against women: A longitudinal study. 	<ul style="list-style-type: none"> • Updated evidence – Contemporary evidence reviews addressing new and emerging communication mediums. • Consistency and coordination – Standards and guidelines to enable delivery of communication/social marketing initiatives as a component of direct participation programs, organisational development and policy and legislative reform. • Impact – Evaluation frameworks to monitor the cumulative impact of communications and awareness-raising on attitudes to violence and public support for policy and programming.
Advocacy	<ul style="list-style-type: none"> • Strengthening the voices of survivors in public dialogue – e.g. Media Advocates Project 2007–2015. • Strengthening the visibility of research in public dialogue – e.g. opinion piece by Luke Ablett on VicHealth’s NCAS report. • Strengthening the visibility of the drivers of violence in public dialogue – e.g. opinion piece by Jerril Rechter. 	<ul style="list-style-type: none"> • Consistency and coordination – Strategies and resources, such as standards and guidelines, to strengthen advocacy across regions and communities.

²⁴ Due for release in 2016

Methodology	Achievements – VicHealth and partners	Gaps and opportunities
Legislative and policy reform	<ul style="list-style-type: none"> • Planning framework to guide prevention policy and planning in Victoria – e.g. Preventing violence before it occurs 2007, Change the Story: A shared framework for the primary prevention of violence against women and their children in Australia • Application of planning framework to grants/program design and funding – e.g. Victorian Department of Justice Reducing Violence Against Women and their Children program 2012–2015. 	<ul style="list-style-type: none"> • Policy and regulatory frameworks to address the emerging challenges in relation to reducing VAW – e.g. sexualisation of children, pornography, discriminatory portrayals of girls and young women in advertising.
Research, monitoring and evaluation	<ul style="list-style-type: none"> • Evidence of the prevalence, dynamics and impact of VAW – e.g. Burden of disease study 2004, community attitudes surveys 2006, 2009, 2014, youth attitudes survey. • Evidence of the scope of primary prevention – e.g. Preventing violence before it occurs framework 2007, More than ready bystander survey 2012. • Development of evaluation guides for programs and projects – e.g. Respect Responsibility and Equality Program report 2012, Trends in evaluation: Preventing violence against women practice papers 2012, A concise guide for evaluation primary prevention projects. 	<ul style="list-style-type: none"> • Cross-disciplinary models to predict the cost reductions arising from investment in primary prevention. • Whole-of-government framework for monitoring that links datasets with justice, health and other government portfolios. • Meta-evaluation framework to monitor progress in primary prevention corresponding to cross-sector indicators and community-level outcomes. • Linking and coordination of family violence index/indicators and gender equality indicators at the population level. • Evidence base relating to the dynamics and impact of the emerging challenges in relation to reducing VAW – e.g. sexualisation of children, pornography, discriminatory portrayals of girls and young women in advertising. • Map investment by geographic area to measure and monitor effectiveness.

3.3 VicHealth's future focus

Following VicHealth's investment and leadership in programs to prevent violence against women over the last ten years, it's time for primary prevention activity to be scaled up and expanded across Australia.

We have formalised partnerships with key agencies (such as Our Watch) and will continue to work closely other leading agencies to consolidate and integrate our work to help improve the health and wellbeing of women and their children across the community and across the country.

VicHealth is currently considering its future role in primary prevention, which will take into account the recommendations of the Victorian Royal Commission into Family Violence. We will continue to lead new, high quality research in the area of preventing violence against women beyond 2016, including investigating fresh areas for activity which can deepen our understanding and underpin further solutions to this important health issue.

For more information about our future focus, see [VicHealth's Integration Approach: Preventing Violence against Women](#).

4. Priority issue: Economic participation

Definition of economic participation

Economic participation refers to workforce participation or employment. Employment does not only mean access to paid work. The workplace environment, culture and conditions, along with the nature of the employment, job security, appropriate levels of pay and job satisfaction also influence health.

4.1 Rationale for women's economic participation as a priority issue

It is critical that we focus our efforts on closing the divide in women's participation in the formal economy in order to grow economies, and enhance prosperity and health and wellbeing for all.

The Global Gender Gap Index shows that while progress has been made in closing the gender gap, there is still much work to be done; currently Australia is ranked 32 in the world for gender-based disparities in economic participation and opportunity (see Table 1). The following statistics highlight some of the gender-based disparities evident in Australian workplaces:

- Women earn less than men; a pay gap of 24% exists, which equates to an average annual base salary difference of \$27,254²⁵
- Part-time is dominated by women; three in four part-time positions are held by women²⁶ and;
- Top levels of management are heavily male-dominated; of the top 500 companies listed on the Australian Stock Exchange in 2012, only 12 of them had female Chief Executive Officers²⁷.

We know that when more women work, economies grow.²⁸ Research shows that increasing female participation in the workforce by 6% has the potential to add \$25 billion annually to the Australian economy.²⁹ Women's economic participation promotes agricultural productivity, enterprise development at the micro, small and medium enterprise levels, as well as enhances business management and returns on investment. In addition to boosting economic growth, investing in women produces a multiplier effect – across the world, women reinvest a large portion of their income in their families and communities. Women also play key roles in creating peaceful and stable societies –important factors for economic growth.³⁰

²⁵ Workplace Gender Equality Agency, 2015, *Australia's gender equality scorecard*, www.wgea.gov.au

²⁶ Workplace Gender Equality Agency, 2015, *Australia's gender equality scorecard*, www.wgea.gov.au

²⁷ Australian Bureau of Statistics, *Gender Indicators*, www.abs.gov.au/ausstats/abs@.nsf/Lookup/by%20Subject/4125.0~Feb%202015~Main%20Features~Leadership%20roles~610

²⁸ Organization for Economic Cooperation and Development (OECD), *Gender Equality in Education, Employment and Entrepreneurship: Final Report to the MCM 2012*. www.oecd.org/employment/50423364.pdf - See more at: <http://www.unwomen.org/en/what-we-do/economic-empowerment/facts-and-figures#notes>

²⁹ Grattan Institute, 2012, *Game changers: Economic reform priorities for Australia*, <https://grattan.edu.au/report/game-changers-economic-reform-priorities-for-australia/>

³⁰ US Department of State, *Promoting Women's Economic Participation*, www.state.gov/s/gwi/econ/

Women's economic equality is not only good for national and global economies, it is good for individual businesses. Companies greatly benefit from increasing leadership opportunities for women, which is shown to increase organizational effectiveness. It is estimated that companies with three or more women in senior management functions score higher in all dimensions of organisational effectiveness.^{31, 32} There are also indirect benefits for organisations, such as being identified as an 'employer of choice' that shows social responsibility and provides community leadership.³³

There is also strong community support and expectations around women's economic participation. A recent survey conducted by VicHealth shows that the Victorian community expects organisations to do more to promote respect and gender equality and to play a leadership role in this area. The vast majority (98.7%) expect employers to ensure that women are provided with the same opportunities as men and to ensure that none of their female employees are treated unfairly or harassed (98%). More than nine in 10 (94.3%) also agreed that employers should take a leadership role in educating their workforce about respectful relationships between men and women.³⁴

A compelling opportunity exists to promote equality, health and wellbeing through the promotion of economic equality exists. Economic participation and especially employment affects health, and conversely the workplace is recognised as an important setting for health promotion and chronic disease prevention. Many Victorian adults spend up to one-third of their day at work, so protecting and promoting health in the workplace is important to the community's overall health and wellbeing, and crucial to a fully functioning economy. Through workplaces, policymakers and health practitioners have the potential to reach a substantial proportion of the population who may not otherwise respond to health messages, may not use the primary healthcare system, or may be hard to reach through other community-based strategies.

Levels of economic participation can be influenced by individual factors and circumstances however they are also strongly influenced by work environments, cultures and conditions. For example, women's patterns of workforce participation are understood in part to be a result of features of the current workplace environment that form barriers or enablers to their full participation.^{35, 36} VicHealth has long recognised the economic determinants of health, alongside political, cultural, environmental and social factors that create pathways to health or to illness.³⁷ A specific focus on economic participation was introduced in 1999 when we launched the Mental Health Promotion Plan for Victoria. This plan identified a focus on "access to economic resources" which included access to work and meaningful engagement, access to education, access to adequate housing, and

³¹ McKinsey & Company, 2014, *Women Matter 2014*, www.mckinsey.com/global-themes/women-matter

³² UN Women, *Facts and Figures: Economic Empowerment*, www.unwomen.org/en/what-we-do/economic-empowerment/facts-and-figures#notes

³³ Powell, A., Sandy, L. and Findling, J. (2015). *Promising Practices in Workplace and Organisational Approaches for the Prevention of Violence Against Women*. Report prepared for Our Watch. Melbourne: RMIT University

³⁴ VicHealth 2012, *More than Ready: Bystander action to prevent violence against women in the Victorian community*, www.vichealth.vic.gov.au/media-and-resources/publications/bystander-research-project

³⁵ VicHealth, 2011, *Preventing Violence Against Women in the workplace: An evidence review*, www.vichealth.vic.gov.au/media-and-resources/publications/creating-healthy-workplaces-publications

³⁶ PricewaterhouseCoopers, 2007, *Women's Economic Participation: Enablers, Barriers, Responses*, www.pwc.com/gx/en/women-at-pwc/assets/pwc_genesis_park_report.pdf

³⁷ VicHealth 20015, *The Story of VicHealth: A world first in health promotion* www.vichealth.vic.gov.au/media-and-resources/publications/the-story-of-vichealth

access to adequate financial resources.³⁸ More recently workplaces have been recognised as a key setting to promote wellbeing and resilience amongst young people³⁹.

There is a clear rationale to improve workplace environments for women in regards to violence and safety, as Australian research shows that a significant proportion of women experience violence in their workplace from known colleagues and peers; more than 60 per cent of women report experiencing some form of violence at work and 75 per cent report experiencing unwanted or unwelcome sexual behaviour at work⁴⁰. One in three women have experienced sexual harassment at work, but only one in five of these women made a formal report, despite employers being legally obligated to provide a safe working environment.⁴¹ Furthermore, casual and precariously employed women are at greatly elevated risk of sexual harassment at work compared to women employed in permanent full-time jobs.⁴² We also know that working women are a population group at greatest risk of experiencing job stress, and hence there is a strong rationale to improve workplace environments for women in regards to mental health and wellbeing.⁴³

Gender-based disparity in economic participation has consequences for women, families and society and the economy more broadly. On this basis and also the potential of the workplace as a setting to promote health, VicHealth has invested in programs to improve the capacity of workplaces to provide more welcoming, inclusive and safe environments for women. Creating more equal and respectful relationships between men and women and increasing women's representation and leadership in the workplace will advance women's economic participation and also serve as an important catalyst for preventing violence against women and improving mental health and wellbeing in broader society.⁴⁴

In the section below we describe some of the key programs and achievements in the area of improving workplace environments for women, and point to the key emerging considerations for policy and strategy development in this area.

³⁸ VicHealth, 2005, *A Plan for Action 2005–2007: Promoting Mental Health and Wellbeing*, www.vichealth.vic.gov.au/search/a-plan-for-action-2005-to-2007

³⁹ VicHealth 2015, *VicHealth Mental Wellbeing Strategy 2015-2019*, Victorian Health Promotion Foundation, Melbourne.

⁴⁰ VicHealth, 2012, *Preventing violence against women in the workplace (An evidence review: summary report)*, www.vichealth.vic.gov.au/workplace

⁴¹ Powell, A., Sandy, L. and Findling, J. (2015). *Promising Practices in Workplace and Organisational Approaches for the Prevention of Violence Against Women*. Report prepared for Our Watch. Melbourne: RMIT University

⁴² VicHealth, 2011, *Creating Healthy Workplaces: Reducing workplace stress, An evidence review*, www.vichealth.vic.gov.au/media-and-resources/publications/creating-healthy-workplaces-publications

⁴³ VicHealth, 2011, *Creating Healthy Workplaces: Reducing workplace stress, An evidence review*, www.vichealth.vic.gov.au/media-and-resources/publications/creating-healthy-workplaces-publications

⁴⁴ Powell, A., Sandy, L. and Findling, J. (2015). *Promising Practices in Workplace and Organisational Approaches for the Prevention of Violence Against Women*. Report prepared for Our Watch. Melbourne: RMIT University

4.2 Achievements

VicHealth and partners have led the design and delivery of a range of initiatives to improve economic participation in the Victorian community more broadly, and specifically with women. This work has led to some significant achievements and generated an early evidence base, and also highlighted the gaps in knowledge and opportunities to consolidate the evidence base in the near future.

VicHealth's key programs and achievements in the area of improving workplace environments for women are summarised below.

VicHealth program: [Creating Healthy Workplaces – including Y Respect Gender Project](#)

This program (2012-2015) tested interventions in workplaces in order to find practical solutions for promoting good health and preventing chronic disease, with a focus on job stress, violence against women, race-based discrimination, prolonged sitting and alcohol-related harm. The \$3m initiative was delivered in partnership with eighteen organisations including government, non-government, business and industry.

This included the pilot project '*Y Respect Gender*' which reached over 8,000 Victorians and generated valuable insights on how to start the process of cultural change in the workplace and communicate the role of gender inequality and gender stereotypes in driving violence against women.

The program overall has made a significant contribution to the Australian evidence base including the following outputs:

- A series of five reviews of international evidence to identify the best ways to promote workplace health
- A mid-project evaluation sharing early insights into what works when creating organisational change to promote good health and enhance economic participation
- A series of five pilot project reports due for release late March 2016.

VicHealth program: [Generating Equality and Respect](#)

Drawing from VicHealth's decade of research and activity in preventing violence against women, Generating Equality and Respect is a world first three-and-a-half-year program funded by VicHealth and led by a strong and collaborative partnership between Monash City Council, MonashLink Community Health Service and VicHealth.

The program is trialling a site-based, saturation approach to primary prevention, with one community receiving many mutually-reinforcing program activities across many settings. Within this approach there is a significant focus on creating more gender equitable organisational environments.

The program is piloting an innovative model for the primary prevention of violence against women that is transferable and informs practice. The Generating Equality and Respect program report is due for release mid-2016.

VicHealth research: [More than ready: Bystander action to prevent violence against women](#)

The first of its kind in Australia, this program of research aims to improve our understanding of community and organisational capacity for bystander action to prevent violence against women in Victoria, especially through workplaces.

VicHealth training course: [Leadership for Preventing Violence Against Women](#)

This 3-hour workshop is specially tailored for senior management teams and equips them to build environments within organisations, workplaces and across communities that foster and maintain safe, equal and respectful gender relations.

VicHealth training course: ['Don't walk past' – Bystander Training in the workplace](#)

This 3-hour workshop builds the capacity of individuals and their workplaces to take bystander action to help prevent violence against women through promoting healthy and safe workplace culture. The course explores social norms, language, attitudes and behaviours which contribute to a culture that accepts violence against women, including sexism, sexual harassment and sexual discrimination.

VicHealth will be releasing further bystander training resources for organisations in early 2016.

VicHealth resource: [Equal Footing toolkit](#)

Released in 2015, Equal Footing is a new toolkit for workplaces to promote gender equality and respectful relationships. Developed with funding from the Victorian Government, the Equal Footing toolkit is a practical guide for leaders, teams and individuals to get started with improving equality for women and men in their organisation and drive change in their workplace.

Following VicHealth and its partners' investment and leadership in programs to support economic participation, it's time for activity to be scaled up and expanded across Victoria. Organisations have a critical role in building equal and respectful relationships between men and women in the workplace. A recent summary of workplace-focused programs highlighted that while these programs have generated the materials and resources to guide workplace gender equality activity, there is now an opportunity to develop the infrastructure to ensure these programs lead to tangible outcomes for workplaces and for women⁴⁵. The summary points to the need for coordination of workplace related activity across sectors and across local, state and national governments, for example workforce development initiatives, systematic data collection and reporting and the development of standards to guide best practice activity in workplaces.

The current evidence base on how to address gender inequalities in the workplace is limited, however the World Economic Forum's Repository of Successful Practices for Gender Parity suggests

⁴⁵ See <http://www.ourwatch.org.au/News-media/Latest-news/Workplaces-can-help-prevent-violence-against-wome>

six dimensions around which to focus an organisation's gender parity efforts, which are broadly consistent with the World Health Organization's model of healthy workplaces⁴⁶:

- Leadership and company commitment
- Measurement and target setting
- Awareness and accountability
- Work environment and work-life balance
- Mentorship and training
- Responsibility beyond the office⁴⁷.

It is critical to address women's economic participation within Victoria's new Gender Equality Strategy in order to tackle significant gender-based disparities in the workplace.

Future efforts to secure women's economic participation should focus on building the capacity of workplaces through organisational and systems level change, and will need to consider new and emerging trends in society and workplaces, such as a more competitive, global job market and changes to the way that workplaces and individuals operate due to globalisation and digital technology.⁴⁸

⁴⁶ WHO, 2010, *Healthy Workplaces: A WHO global model for action*, www.who.int/occupational_health/healthy_workplaces/en/

⁴⁷ World Economic Forum, 2015, *The Global Gender Gap Index 2015*, <http://reports.weforum.org/global-gender-gap-report-2015/the-global-gender-gap-index-2015/>

⁴⁸ VicHealth, 2015, *Bright Futures: Megatrends impacting the mental wellbeing of young Victorians over the coming 20 years*, www.vichealth.vic.gov.au/megatrends

5. Priority issue: Participation in sport and physical activity

5.1 Rationale for women's participation in sport and physical activity as a priority issue

Research shows regular participation in physical activity is essential to health and the prevention of chronic disease. However research also shows that females of all ages generally have lower physical activity participation rates than males. Other research has identified the barriers to female participation in physical activity – from active living to organised sport – and also some of the strategies to address these barriers in policy and programming.

VicHealth's evidence review *Female participation in sport & physical activity* was released in 2015 and provides a comprehensive summary of research in the area of female participation in physical activity, including:

- Current trends in activity and participation levels for Victorian women and girls
- Health benefits of physical activity for women
- Motives for females to get physically active
- Physical activity across life stages.

The summary is available at www.vichealth.vic.gov.au/search/female-participation-in-sport-and-physical-activity-a-snapshot-of-the-evidence

5.2 Achievements

VicHealth has undertaken considerable program development and delivery in the area of increasing female participation in sport and physical activity, generally with a significant focus on improving the capacity of sporting organisations to provide safe, welcoming and inclusive environments for women and girls.

For example during 2008-2014 VicHealth worked in partnership with AFL Victoria to deliver the 'Fair Game Respect Matters' program. The program involved organisational development and training activity in three regional leagues and multiple local clubs. The primary focus of this program was to prevent violence against women, however the approach to building environments that are more welcoming and respectful of women provided sound results and important insights into the strategies required to achieve cultural change in Australian Rules Football environments⁴⁹.

During 2011-2015 VicHealth undertook the Statewide Sporting Association Participation Program, working with 31 State Sporting Associations over 4 years to enable organisational and cultural change at a state level to make sport more welcoming and inclusive for all Victorians. These organisations worked to create safe, accessible, inclusive and equitable sporting environments to increase participation of particular target groups, including 15 State Sporting Associations having a focus on women and girls. The evaluation report resulting from this activity highlighted the key opportunities and challenges for sporting organisations at State level to achieve long-term cultural change and was utilised to inform the next stages of investment for VicHealth and partners. Further information about this Program is available from VicHealth.

⁴⁹ For more information see <http://www.aflvic.com.au/fair-game-respect-matters/>

We note that Our Watch, the national organisation to prevent violence against women, has recently invested in a new program to engage national sporting organisations in the promotion of gender equality⁵⁰.

VicHealth's current investment in female participation in physical activity is called 'Changing the Game' and was initiated in 2015. Through the program, VicHealth is funding six sporting codes to work with women and girls who don't normally participate in traditional sports programs that are provided through clubs and competitions. Our focus is on getting tens of thousands of Victorian females who are inactive and somewhat active to become active *more regularly* through sport. We will also seek to raise the profile of female sport and be a champion for female sport and health on a large scale. As part of this effort we are partnering with high-profile clubs (such as Melbourne Renegades) in the Women's Big Bash League and have already achieved increases in coverage and profile of women's sport in the mainstream and sports media.

In the future VicHealth will continue to invest in this promising area, with a focus on:

- New participation programs targeting women and girls
- Raising the profile of female sport
- Supporting female participation in sports Governance and leadership.

VicHealth also welcomes the continuing activity of the Victorian Government Women in Sport and Recreation panel and its recommendations.

We commend this and other state and national initiatives. However we note that the increase in government-led activity in relation to women's participation in physical activity highlights the requirement to ensure coordination of gender equality activity in the sports sector across local, state and national levels. In addition it highlights the opportunity to ensure funding for programs is sustained and significant and that impact data is systematically collected and reported across levels of government and to the community.

⁵⁰ See [http://www.ourwatch.org.au/What-We-Do-\(1\)/Sports-Engagement-Program](http://www.ourwatch.org.au/What-We-Do-(1)/Sports-Engagement-Program)

6. Looking ahead: Opportunities for research, innovation and sustainability

Strategies to improve gender equality will require long-term effort and investment and will necessitate planning for the future. The challenges to achieving gender equality now are likely to change in the future and communities and governments can benefit from planning for these future patterns.

In this section we describe some key elements for consideration in the development of a Victorian Gender Equality strategy that is robust enough to withstand future challenges and trends.

6.1 Research

- Assessing future trends.

The status of women and girls in the Victorian community is continually changing. The Victorian Gender Equality Strategy presents a timely opportunity to prepare governments and communities for future trends and continued progress in this area, in particular by identifying trends in all areas of policy that will ultimately impact on the status of girls and women over the next 10-20 years – e.g. social, cultural environmental, political and economic trends.

In 2015 VicHealth partnered with CSIRO to analyse future trends impacting on young people's mental wellbeing in the next 10-20 years. 'Megatrends' were identified as those patterns involving the intersection of several trends that are likely to occur and also likely to have a significant impact on a specific sub-population. In the *Bright Futures* Report, VicHealth and CSIRO identified five megatrends that are relevant to young people's mental wellbeing and described the implications for future policy and programming. VicHealth is now assisting stakeholders and government to integrate consideration of these megatrends into future planning.

The 'Megatrends' research model may provide scope for the Victorian Government to identify these trends in the context of the status of girls and women. This type of analysis would enable the development of strategies, actions and initiatives that deliver benefits for current and also future generations, and potentially 'future-proof' the Victorian Gender Equality Strategy.

- Monitoring community attitudes to gender equality.

The extent to which the general community understands and supports gender equality has a significant influence on the extent to which the community is prepared to support government and community actions to improve gender equality, both in the public and the private sphere⁵¹. Subsequently there is potential value in developing a monitoring framework for the Victorian Gender Equality Strategy that not only monitors achievements in the status of women and girls (for example, rates of violence against women, rates of women's economic participation, and women's physical activity) but also monitors the extent to which the community is prepared to support gender equality – or conversely, the extent to which the community is prepared to justify or tolerate gender inequality.

⁵¹ VicHealth 2014, *National Survey of Community Attitudes to Violence against Women*, VicHealth: Melbourne.

In 2006 VicHealth developed the first-ever Victorian survey of community attitudes to violence against women. The survey also assessed community attitudes toward the drivers of violence against women – such as inequalities between women and men – and this survey has been expanded as the National Survey of Community Attitudes to Violence against Women in 2009 and most recently in 2013. The most recent survey was the largest and as described earlier in this submission, it points to concerning trends in the population in regards to attitudes to equality⁵². In this survey no significant differences were evident between States and Territories across Australia, however a larger sample size in Victoria would allow further investigation of trends and patterns in Victorians’ attitudes to gender equality over time.

In developing the performance monitoring framework for the Victorian Gender Equality Strategy, we suggest that consideration be given to providing resources to increase the Victorian sample size within the National Survey of Community Attitudes to VAW program. As part of the National Plan to Reduce VAW and their Children the national survey is to be conducted every four years throughout the duration of the Plan⁵³. Further investigation is also warranted to determine the extent to which the survey of community attitudes may assist in detecting the impact of region and place-focused initiatives to improve gender equality.

6.2 Innovation

- New approaches and new partnerships

The improvement of gender equality will require multi-disciplinary approaches and also the identification of new and emerging disciplines that can enhance existing strategies. Recently, for example, through the VicHealth Leading Thinkers Program we have identified the potential for behavioural insights approaches to enhance existing strategies to reduce obesity and to increase the effectiveness of our interventions⁵⁴. There is considerable scope to apply this approach in gender equality programming and to build on the research and programming taking place overseas⁵⁵.

Likewise, gender equality objectives are likely to require partnerships across sectors and between agencies that are not traditionally well-linked. Recently VicHealth has facilitated the initiation and development of partnerships across health promotion and social innovation sectors, resulting in new and exciting approaches to familiar health problems⁵⁶. There is considerable scope to apply this partnership development model in gender equality initiatives, and some evidence from overseas that investment in these cross-sectoral innovation partnerships leads to more effective gender equality programming, for example through the UK Gender Futures Foundation⁵⁷.

⁵² Ibid.

⁵³ Council of Australian Governments, *National Plan to Reduce Violence against Women and their Children 2010-2022*, Commonwealth Government, Canberra.

⁵⁴ See <https://www.vichealth.vic.gov.au/search/leading-thinkers>

⁵⁵ See for example Behavioural Insights UK <http://www.behaviouralinsights.co.uk/labour-market-and-economic-growth/how-do-you-get-gender-equality-design-for-it/>

⁵⁶ See for example <https://www.vichealth.vic.gov.au/search/innovation-challenge-physical-activity-2>

⁵⁷ See <http://genderfutures.org/>

6.3 Sustainability

- Significant and sustained investment.

Long-term societal change requires long-term investment. A comprehensive and sustained effort is required to achieve gender equality. Similarly to advancements in tobacco control and road trauma over previous decades, gender equality can only be achieved by using a coordinated, evidence-based and multi-faceted public health approach with action that focuses across all levels of the ecological model – individuals, families, organisations, communities and societies. A high level of reach and engagement is essential to reduce gender-based disparities and will require universal, population-wide strategies combined with tailored approaches for specific sub-populations.

Successful public health approaches also have had long-term, bipartisan support with significant investment, supported by a whole-of-government approach. These components have led to significant reductions in the area of smoking reduction and tobacco control, as described in the Case Study below (see next page). They benefit from a model that allows for an iterative learning process – identifying new and innovative ways of working, testing them and sharing the results, and integrating promising findings into the broader sector.

Although the improvement of gender equality is not simply a health issue, it requires a similarly deep and structural change across the community and centralised coordination in order to achieve tangible outcomes. Significant and sustained investment is essential to achieve this.

- Whole-of-government coordination and governance.

There is strong evidence that opportunities to take action to improve gender equality exist across different sectors and areas of government. The achievement of equality for women and girls requires strong centralised leadership and also cross-government mechanisms for policy delivery and monitoring.

There are important lessons in relation to whole-of-government approaches from the Victorian Statewide Integration of Family Violence over the last 10 years. There is evidence to suggest that the key elements of an effective state-wide strategy include strong leadership from a single Minister and Department as well as carefully coordinated mechanisms for region-level partnerships and also strong interfaces between government and community⁵⁸. It is important to note that these integrated responses were governed at Victorian Government level by Statewide Steering Committees, Inter-Departmental Committees and a central department that was mandated to oversee whole-of-government policy implementation⁵⁹.

⁵⁸ Ross S, Healey L, Diemer K and Humphreys C. 2015 *Providing an Integrated Response to Family Violence: Governance Attributes to Local Networks in Victoria*, Australian Journal of Public Administration, vol.00, no.0, pp1-10.

⁵⁹ Crinall, K. Hurley, J and Healey, L. *'Safe at Home' Program in the context of the Victorian Integration of Family Violence Service System Reforms – A review of the literature*. http://apo.org.au/files/Resource/safehomereview_with_covers.pdf <accessed 9 March 21016>

Other key lessons from this field include that the pre-existing partnerships at the regional and community level can both help and hinder collaboration toward a mandated goal, and just as importantly that the role of central leadership and resources is critical to enable local-level governance, partnerships and accountability. These factors are relevant to consider in resourcing and coordinating central, regional and local activity to improve gender equality.

- Responding to backlash and resistance.

The Victorian Gender Equality Strategy is likely to be ambitious and to aim for changes in the community, and subsequently is likely to encounter setbacks, for example in the form of resistance and backlash to those championing and those funding equality initiatives for women and girls.

The origin and nature of backlash to progress in gender equality is explored in detail in *Change the Story: A shared framework for the primary prevention of violence against women and their children in Australia*. Backlash, or resistance to personal and social changes is described as a normal and expected part of the change process and should be planned for in the implementation of gender equality strategies. The *Change the Story* framework also highlights the actions that can be taken to reduce backlash, in particular with the aim of engaging men and boys in gender equality, building relationship skills and social connections in communities experiencing rapid change⁶⁰.

Case study: Tobacco control

Since the 1980s, tobacco control activity in Victoria has included a combination of public education, taxation, legislation, regulation, cessation support, rigorous monitoring, research and evaluation of activity.⁶¹ This was supported by long-term bipartisan commitment and the local, state and federal levels, and dedicated bodies to coordinate action such as Quit Victoria.

Tobacco control in Victoria has also received significant ongoing investment, by government, health organisations and non-government/community organisations. For example, in 2013/14 Quit Victoria received over \$10 million from VicHealth, the Department of Health, Cancer Council Victoria and the Heart Foundation, as well as funding from the Commonwealth Government for social marketing.

This approach has resulted in an all-time low smoking rate of 13.3 per cent in Victoria, with rates almost halved since 1980.⁶² The decrease in the smoking rate from 2008 to 2013 (16.5 to 13.8 per cent) was estimated to save the Victorian economy \$1.85 billion.⁶³

⁶⁰ Our Watch, VicHealth and ANROWS, 2015, *Change the Story: A shared framework for the primary prevention of violence against women and their children in Australia*, [www.ourwatch.org.au/What-We-Do-\(1\)/National-Primary-Prevention-Framework](http://www.ourwatch.org.au/What-We-Do-(1)/National-Primary-Prevention-Framework)

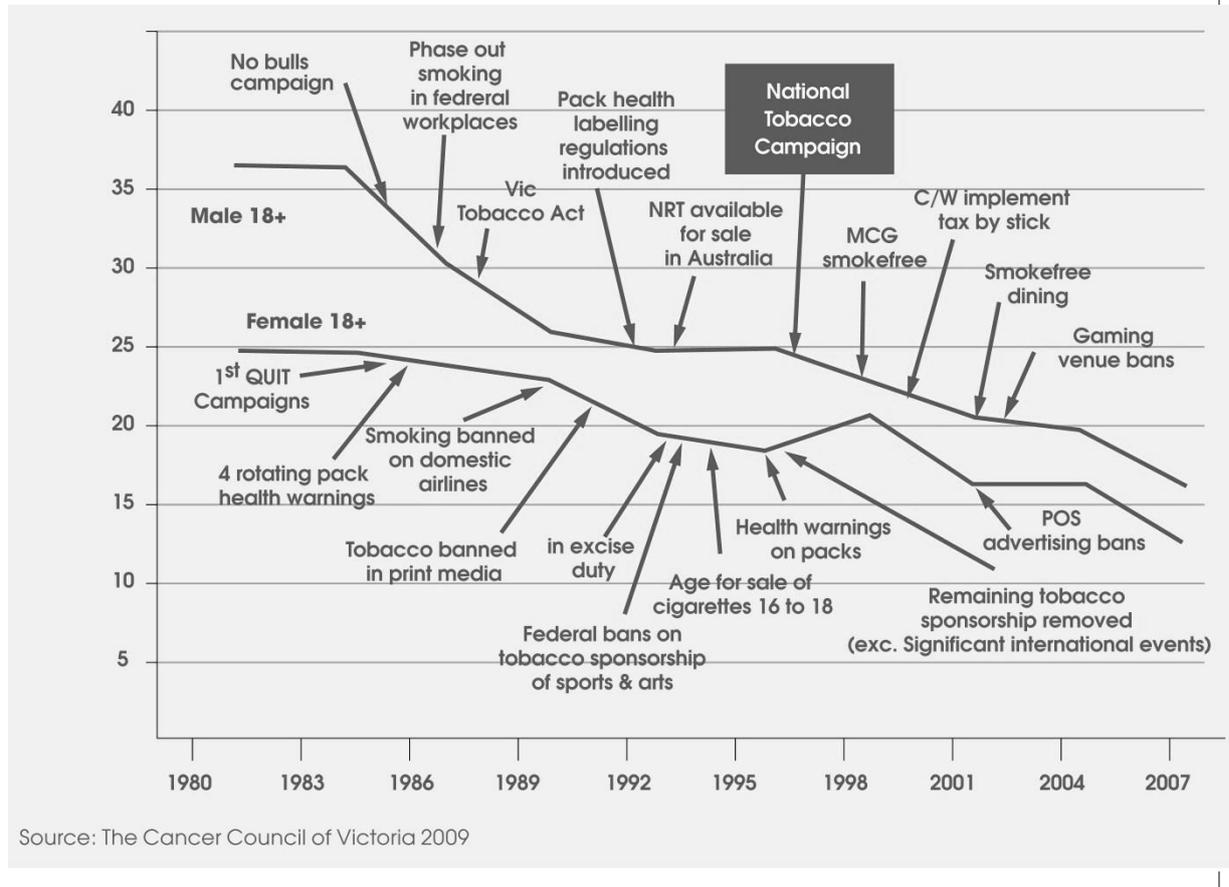
⁶¹ National Preventative Health Taskforce 2009, *Australia: The healthiest country by 2020. National Preventative Health Strategy – the roadmap for action*, Australian Government, Canberra.

⁶² Quit Victoria 2015, *Smoking rates*, Quit Victoria, accessed 5 May 2015, <http://www.quit.org.au/resource-centre/facts-evidence/fact-sheets/smoking-rates>

⁶³ Collins, DJ & Lapsley, HM, 2011 *The social costs of smoking in Victoria in 2008/09 and the social benefits of public policy measures to reduce smoking*, Quit Victoria and the VicHealth Centre for Tobacco Control, Melbourne.

In 2009 the National Preventative Health Taskforce mapped the success of the approach in Australia, indicating the progressive, long-term and iterative processes required to achieve change (see Figure 5). Since that time strategies such as plain packaging have created further reductions in smoking rates.⁶⁴

Figure 5: Milestones in reducing smoking in Australia 1980–2007²³



⁶⁴ Wakefield, M, Coomber, K, Zacher, M, Durkin, S, Brennan, E & Scollo, M 2015, 'Australian adult smokers' responses to plain packaging with larger graphic health warnings 1 year after implementation: results from a national cross-sectional tracking survey', *Tobacco Control*, vol. 24, pp.ii17–ii25.

7. Conclusion and recommendations

Gender equality is a key challenge for the development of a safer, more inclusive and fairer Victoria. The Victorian Gender Equality Strategy represents an opportunity to build on Victoria's leadership particularly in the areas of violence against women, economic participation and sports/physical activity participation.

While there has been significant progress in building partnerships and program responses across these three priority areas, there is not as yet evidence indicating that this activity has impacted on outcomes for women – for example in the prevalence of violence, rates of workplace participation and leadership, and rates of physical activity especially when compared to men's.

The Gender Equality Strategy represents an opportunity to increase the scale and impact of gender equality activity by strengthening the investment, coordination and monitoring of this activity. It also represents an opportunity to look to the future and equip government and communities to secure equality for women and girls in current and also future generations.

In developing the Victorian Gender Equality Strategy, VicHealth recommends that the Victorian Government:

1. Considers formally recognising the significance of **gender equality as a health and wellbeing imperative** in the Gender Equality Strategy, by (a) Utilising proven public health and wellbeing strategies to address unequal relationships between women and men, and (b) Monitoring women's health outcomes as a component of the Gender Equality Strategy performance framework.
2. Ensures **three priority issues** are addressed in the Gender Equality Strategy, namely:
 - Safety and violence against women
 - Economic participation
 - Participation in sport and physical activity.
3. Considers formally recognising the role of **gender inequality as a key driver of violence against women** in the Gender Equality Strategy, as a means to ensure this link is embedded in the development and evaluation of relevant programs and initiatives.
4. Ensures **sustained investment and centralised coordination** in reducing gender-based disparities. A significant, planned and ongoing investment is required to achieve gender equality. A whole-of-government commitment is required in order to achieve coordination of policy and activity at all levels of government, across government and non-government sectors, and across the spectrum of responses required to achieve gender equality.
5. Considers opportunities to **integrate research, innovation and sustainability components** into the Gender Equality Strategy, such as ongoing monitoring of Victorian community attitudes to gender equality, statewide and cross-governmental coordination activity and planned responses to backlash and resistance.



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