

Victorian Gender Equality Strategy

Submission prepared by Women's Health Victoria

Women's Health Victoria (WHV) congratulates the government on its commitment to develop a gender equality strategy for Victoria and welcomes the opportunity to have input into its development.

It is very heartening to see that the government both understands the numerous ways that gender inequality disadvantages women and girls in Victoria today, and is committed to taking steps to address it. As the consultation paper shows, the world is not an equal place and gender equality remains tantalisingly out of reach.

This submission builds on our expertise and that of our partners, particularly rural and regional women's health services and the Multicultural Centre for Women's Health (MCWH). Consultations with Women with Disabilities Victoria (WDV), the Aboriginal Family Violence Prevention & Legal Service Victoria (FVPLS), the Women's Mental Health Network Victoria (WMHNV) and the Victorian Council of Social Service (VCOSS) have also informed our submission.

In addition to gender, race, culture, class, employment status, sexuality, disability, age, and immigrant status are important determinants of women's health and equality. WHV acknowledges the specialist expertise of MCWH, WDV, WMHNV and FVPLS around the different needs and experiences of women impacted by multiple forms of inequality and the specific programs and approaches that are required to ensure that gender equality measures are inclusive of, and can reach, all groups of women. These organisations have prepared their own submission and we refer the government to their submissions.

We look forward to working with the government as it develops its response to the challenges of gender inequality. The benefits of a gender equal society will be far reaching not just for individual women and their families, or even for women as a group, but also for the productivity and culture of Victoria and the wellbeing of all our citizens. WHV, the network of women's health services and other specialist women's services all have longstanding specialist expertise in gender equality – we urge the government to draw on this in developing and implementing a statewide gender equality strategy.

WHV anticipates that the soon to be released recommendations of the Royal Commission into Family Violence will focus on the need to address gender equality in order to effectively prevent violence against women. A gender equality strategy is likely to be a critical component of the government's response to the Commission's recommendations and, as such, we urge the government to ensure the strategy is adequately funded.

We would welcome the opportunity to provide any further information that may be useful to the government in pursuit of our shared goal of equal social, civic and economic participation for women in Victoria. We look forward to continuing to participate in the consultation process.

About Women's Health Victoria

WHV is a statewide women's health promotion, information and advocacy service. We work collaboratively with women, health professionals, policy makers and community organisations to influence systems, policies and services to be more gender equitable to support better outcomes for women.

As a statewide body, WHV works with the nine regional and two other statewide services that make up the Women's Health Association of Victoria (WHAV).¹ The women's health services network offers a unique approach to women's health across the state by providing an infrastructure which focuses solely on gender equality, health promotion and improving women's health outcomes.

¹ The three statewide services are *Women's Health Victoria*, the *Multicultural Centre for Women's Health* and the *Royal Women's Hospital*. The nine regional services are *Women's Health and Wellbeing Barwon South West*, *Women's Health Grampians*, *Women's Health Loddon Mallee*, *Women's Health Goulburn North East*, *Gippsland Women's Health Service*, *Women's Health West*, *Women's Health in the North*, *Women's Health East* and *Women's Health in the South East*.



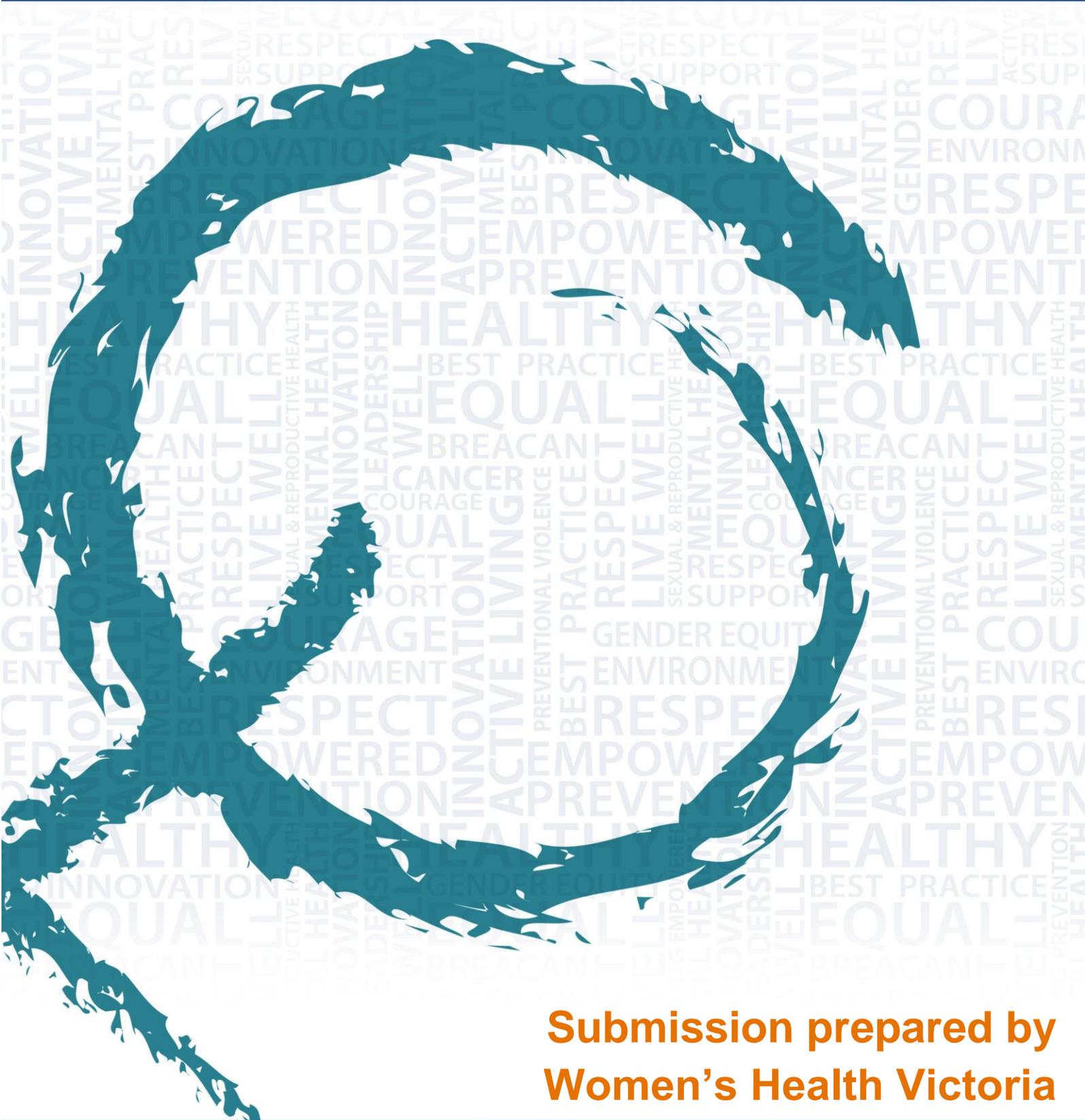
Women's Health

V I C T O R I A

March 2016

healthy • empowered • equal

Victorian Gender Equality Strategy



**Submission prepared by
Women's Health Victoria**

Women's Health Victoria submission in response to Victorian Gender Equality Strategy Consultation Paper

18 March 2016

This submission is endorsed by:



Contents

EXECUTIVE SUMMARY	7
INTRODUCTION.....	18
SECTION ONE: Overview of the current state of gender inequality in Victoria and key concepts	19
What is gender equality and why is it important?.....	19
Benefits of addressing gender inequality	20
Governments' legal obligations to eliminate sex discrimination and promote gender equality	21
Key concepts relating to gender equality.....	23
From sex to gender	23
Equality versus equity	24
Gender norms, practices and structures	24
Intersectionality	26
State and national efforts to promote gender equality to date	27
Victoria	27
National	28
The need for a long-term, comprehensive and coordinated approach to gender equality	29
SECTION TWO: Key principles and case studies	30
Our principles	30
1. Target the norms, practices and structures that support gender inequality.....	32
2. Adopt a long term, whole-of-community approach to achieving gender equality, taking an intersectional approach.....	35
Target all levels of the social ecology	35
Address all life stages	38
Address all life domains	38
Embed gender equality in all settings	41
Take a multi-strategy approach.....	43
Take an intersectional approach	47
3. Demonstrate leadership by setting the agenda for change, gender mainstreaming and coordinating effort	50
Setting the agenda for change	51
'Mainstreaming' gender equality into all legislation, policy, budgeting, service delivery and procurement	53
Leading and coordinating whole-of-government and whole-of-community effort	59
4. Aim to take a gender-transformative approach to policy and programs.....	61

Gender unequal and gender 'blind' policy and practice	61
Gender analysis	63
Gender-sensitive and gender-responsive policy and practice	65
Gender-transformative policy and practice	66
5. Engage cross-sector partners and leverage gender equity expertise	70
6. Establish a monitoring and accountability framework, and invest in data, evaluation, tools and workforce development.....	74
A clear outcomes framework, supported by accountability mechanisms	74
Collection of gender-disaggregated data	75
Investment in research and evaluation	76
Resources and tools to support gender equality initiatives.....	77
A skilled gender equity workforce	78
WHV'S proposed framework for a Victorian gender equality strategy.....	79
CONCLUSION	81
REFERENCES.....	82

List of case studies

Case study 1: How gender norms, practices and structures interact to shape a young woman's life	26
Case study 2: How gender norms, practices and structures foster gender inequality – single mums	32
Case study 3: Engaging with media and advertising to address gender norms and attitudes.....	33
Case study 4: Building gender into the urban environment.....	39
Case study 5: Using the workplace as a setting for promoting gender equality – <i>Take a stand against domestic violence: it's everyone's business</i>	42
Case study 6: Intersectionality in policy development and program design – countering the marginalisation of women with disabilities	47
Case study 7: Addressing the barriers to health and equality for rural women.....	48
Case study 8: Women in prison.....	54
Case study 9: Gender unequal policy and service delivery - Access to contraception and termination services	62
Case study 10: The deadly consequences of a gender-blind approach to heart disease	63
Case study 11: Taking a gender-sensitive and gender-responsive approach to mental health	65
Case study 12: Structural approaches to gender transformation: Paid parental leave in Norway and Sweden	67
Case study 13: Gender transformative programs addressing norms and practices: Baby Makes 3 ..	68
Case study 14: The role of women's health services in regional planning to prevent violence against women.....	72

EXECUTIVE SUMMARY

Overview

Women's Health Victoria (WHV) welcomes the Victorian Government's commitment to developing a statewide gender equality strategy. We share the Government's vision for a gender equal Victoria, where women participate equally in the social, civic and economic life of our society.

As the consultation paper indicates, gender inequality plays out in all aspects of Victorian life, including women's workforce participation and remuneration, maternity-related discrimination, gender stereotypes that negatively affect young women, and experiences of sexual and family violence.

Addressing the diverse and complex ways in which gender inequality is maintained in our society is an ambitious, but necessary, long-term project which will require whole-of-community engagement to be effective. All levels of government, businesses of all sizes, not for profits, institutions such as courts, schools, churches and the media, and the broader community will need to be engaged to achieve meaningful cultural change.

The Victorian Government will play a critical role in leading, coordinating and resourcing this whole-of-community effort, and in tracking progress and outcomes. The government will need to draw on the expertise of specialist women's organisations, including the network of Victorian women's health services – who have been leading work to promote gender equality across the community for many years – to ensure that its approach to gender equality is informed by evidence and best practice, and to tap into established partnerships and networks at the statewide, regional and local levels. Valuing and resourcing Victoria's specialist women's services and other specialist women's services should be a key pillar of the government's gender equality strategy.

For a decade, Victoria has been a national leader in work to prevent violence against women. This work has been strongly focused on gender inequality as the primary driver of gender-based violence. The evidence, models and partnerships developed through violence-prevention work provide an excellent foundation for a statewide gender equality strategy. We anticipate that the Royal Commission into Family Violence will recommend a stronger focus on, and dedicated funding for, prevention of family violence; the development of a well-resourced, comprehensive and coordinated gender equality strategy will be essential to implementing these recommendations.

WHV acknowledges that there are limits to the state government's ability to alter legislation, institutions and other structures and mechanisms relating to gender inequality that are the domain of the federal government. This means that to achieve true gender equality in Victoria, the Victorian Government must advocate strongly for change at the Commonwealth and national levels. At the same time, the Victorian Government has the commitment, evidence, partners and models to make major inroads towards improving gender equality across our state and to set a world-leading example of how to achieve whole-of-community change.

This submission draws on WHV's specialist expertise in gender equity and health promotion to propose a conceptual framework for a Victorian gender equality strategy, supported by research and evidence gathered at the state, national and international levels. The submission aims to unpack the complex ways in which gender inequality shapes our society, and how efforts to promote gender equality can take account of these complexities.

Structure of our submission

Section 1 of the submission provides an overview of the current state of gender inequality in Victoria and Australia, introduces key concepts relating to gender equality, and outlines current and former initiatives promoting gender equality at the state and national levels.

Section 2 puts forward six key principles that WHV recommends should underpin a Victorian gender equality strategy. Each principle is explained using models or diagrams and supported by evidence and case studies. In summary, WHV recommends that, in developing a Victorian gender equality strategy, the Victorian Government should:

- 1. Target the norms, practices and structures that support gender inequality**
- 2. Adopt a long term, whole-of-community approach to achieving gender equality, taking an intersectional approach**
- 3. Demonstrate leadership by agenda-setting, gender mainstreaming and coordinating effort**
- 4. Aim to take a gender-transformative approach to policy and programs**
- 5. Engage cross-sector partners and leverage specialist gender equity expertise**
- 6. Establish a monitoring and accountability framework, and invest in data, evaluation, tools and workforce development.**

What is gender equality and why is it important?

Gender inequality is a social condition characterised by unequal value afforded to men and women and an unequal distribution of power, resources and opportunity between them. Gender inequality permeates all aspects of society, and forms of gender inequality at one level or within one system are interrelated with inequality in other spheres.

We have made significant progress towards greater gender equality in recent decades and the momentum continues to build. There is now an unprecedented focus on family violence and increasing recognition that gender equality is the key to prevention. But there is still a very long way to go. Key indicators suggest that gender inequality is worsening rather than improving in Australia.

There is a dual rationale for promoting gender equality. Firstly, equality between women and men is a matter of human rights and social justice. Women are entitled to full participation in social, economic and civic life and to live with dignity and freedom from gender-based fear and discrimination. In other words, gender equality is a value in its own right, and not only a means to other ends. Secondly, greater equality between women and men is a precondition for (and an indicator of) equitable, prosperous and healthy communities. Addressing gender inequality will lead to improved health outcomes and support increased productivity at both a macroeconomic and organisational level. Evidence gathered in relation to the impact of violence against women suggests that a more gender equitable society can be expected to result in significant cost savings to government.

Governments at the national, state and local levels are also subject to a range of legal obligations to eliminate sex discrimination and promote gender equality. The Charter of Human Rights and

Responsibilities Act 2006 (Vic) establishes a right to equality. The state government and other public authorities in Victoria are under a duty to act compatibly with that right and to take it into consideration in their decision making. This arguably includes an obligation not simply to treat men and women alike, but to focus on equality of outcomes and to transform the underlying structures that cause inequality.

Key concepts relating to gender equality

In the 1960s and 1970s, activists, academics and public policy makers tended to employ the language of 'women's rights', 'women's policy', 'women's equality' and 'sex discrimination' in their work. It was important to make women visible by naming the oppression women experienced as a group on the basis of their **sex**.

More recently the language of 'women' and 'sex' has tended to be replaced with '**gender**' and 'gender equality'. Gender is understood to have been socially and culturally constructed, and is different from biological sex. 'Gender' also signifies that women, men and gender diverse people are impacted by constructions of what it is to be male or female, and implies that everyone has a role to play in, and can gain from, improved gender equality. By addressing harmful gender norms, practices and structures, gender equality improves outcomes for women, men and gender diverse people.

Nevertheless, due to the historic disadvantage experienced by women, there remains a need for special measures to advance women's rights and respond to their needs. As a specialist women's health service, WHV's focus and expertise is around the strategies required to improve the relative status of women.

Gender equality means the realisation of equal and measurable outcomes for women, men and gender-diverse people. Depending on the context, what constitutes gender equal outcomes may differ. In some contexts, we may be aiming for 'sameness', in others 'difference' and in yet others 'transformation'. **Gender equity** is the process of intervening in or changing structures or norms that drive inequality in order to produce more equal outcomes.

For many women, the impact of gender inequality is compounded by the way that gender-based discrimination interacts with other experiences of inequality. This interaction, in which one form of inequality impacts on another, is termed '**intersectionality**'. In order to achieve equality in outcomes for all groups of women, we must balance universal strategies with specialist, tailored approaches for women who experience intersectional disadvantage.

State and national efforts to promote gender equality to date

Victoria has a strong history of taking action to address gender inequality through initiatives such as the establishment of the Victorian Equal Opportunity and Human Rights Commission, the Victorian *Charter of Human Rights and Responsibilities*, and the Victorian Women's Policy Framework (2008-2011). Victoria has also led the way in preventing violence against women, including through the establishment of the first Royal Commission into Family Violence. Reflecting international evidence, Victorian family violence prevention strategies have focused on addressing gender inequality as the key driver of violence against women.

The Commonwealth controls a number of critical policy levers for gender equality, including employment and industrial relations, social security, superannuation and child care, as well as providing a large share of the funding for state-run services, including health services and schools. The Commonwealth is also responsible for a number of key legislative frameworks, including the Sex

Discrimination Act 1984 and the *Workplace Gender Equality Act 2012*. There is an opportunity for the Victorian Government to play a national leadership role by advocating for change at a Commonwealth level that would support gender equality both in Victoria and across Australia.

Recommended principles to underpin a Victorian gender equality strategy

WHV recommends that a Victorian gender equality strategy be underpinned by six key principles. In summary, the Victorian Government should:

1. Target the norms, practices and structures that support gender inequality

Gender inequality is expressed and maintained through norms, practices and structures that overlap in our everyday lives and have a cumulative impact over time, profoundly influencing outcomes for women and men across the life course. A gender equality strategy must simultaneously target and transform norms, practices and structures.

Gender norms refer to values, attitudes and beliefs that construct masculinity, femininity and gender difference. Gender norms are deeply engrained, learned and imposed on us from childhood. **Gender practices** are behaviours that express and reinforce gender inequality. Gender practices are played out in both our private and public lives and in all the places where we live, learn, work and play. **Gender structures** formalise gender inequality and the way power and wealth is shared (or not) in society. The under-representation of women in government and pay inequality are examples of structural inequality.

These formal and informal systems are linked and mutually reinforcing. **Case study 1** and **Case study 2** illustrate how gender norms, practices and structures interact to reinforce gender inequality and shape women's lives. Historically, however, gender equality interventions have focused on structural gender inequality, and have neglected the critical role of norms and practices in maintaining gender inequality. For example, little attention has been paid to the role of media in perpetuating gender norms and stereotypes and its potential to contribute to their transformation (**Case study 3**).

Using an **intersectional approach** to gender equality encourages social change leaders and policy advocates to make the links and connections between various forms of discrimination, and will help ensure we achieve equality for all groups of women. This means balancing universal strategies with specialist, tailored approaches for women who experience intersectional disadvantage, including Aboriginal women, culturally and linguistically diverse women, women with disabilities, sexuality diverse women and gender diverse people, and women living in rural areas. Equality for all women can only be achieved with specific and intensive effort for those experiencing the most disadvantage.

2. Adopt a long term, whole-of-community approach to achieving gender equality, taking an intersectional approach

Gender inequality permeates all levels of society, from the individual and interpersonal level to the institutional and societal level. It manifests across all life stages and all domains of public and private life. Given the scale and complexity of addressing gender inequality, a comprehensive, long term, whole-of-community approach is required.

The **ecological model of social change** provides an evidence-based foundation for a whole of society approach to gender equality that accounts for the relationships and dependencies between the different levels of society in perpetuating inequality, from individual relationships to our key civil institutions. The ecological model makes clear that it is not sufficient to target efforts to change

attitudes and behaviours at the individual level, but that we must also address systemic and institutional barriers to change.

A gender equality strategy must also engage with people at **every life stage**. This includes, among other approaches, working with young people to support healthy attitudes about gender and respect, recognising the barriers women with caring responsibilities face in the workforce, and addressing the significant financial disadvantage experienced by many older women.

A statewide gender equality strategy will need to address the **four life domains** that cut across all settings and levels of society: the political, economic, social/cultural, and natural and built environments. An example in the political domain is improving the representation of women at all levels of government (addressed under Principle 3), while Women's Health Goulburn North East's CENTSable program for women on low incomes is an example of a gendered approach to the economic domain. **Case study 4** illustrates the benefits of using gender analysis to ensure equal access to the built environment for women and men.

To be most effective, a gender equality strategy must engage people across the **different settings** in which they live, work, learn, socialise and play (such as schools, workplaces, sport and recreation settings, and media). WHV's *Take a Stand against domestic violence: it's everyone's business* (**case study 5**) is an example of an evidence-based program that uses the workplace as a setting to address attitudes and behaviours that support violence against women.

Evidence suggests that government should also adopt a coordinated **multi-strategy approach**, using different levers (for example, legislation, community education and social marketing) to achieve mutually-reinforcing impacts on gender inequality. While gender inequality is a significantly more complex issue to address than reducing the road toll or smoking rates, public health initiatives in road safety and tobacco control offer a useful example of how multiple, mutually-reinforcing strategies can work together to bring about meaningful and measurable change in social norms, attitudes and behaviours.

An **intersectional approach** to gender equality will recognise and be responsive to the ways in which the experience of disability, cultural or racial minority status, sexuality and gender diversity, rurality or socio-economic status intersects with gender to intensify gender-based inequality. **Case study 6** illustrates how an intersectional approach can make visible and respond to the experiences of women with disability, while **Case study 7** explores some of the specific barriers facing women in rural Victoria.

3. Demonstrate leadership by setting the agenda for change, gender mainstreaming and coordinating effort

The realisation of gender equality in Victoria will require strong, long-term leadership from the Victorian Government. To achieve whole-of-community change, the Victorian Government has a critical role to play in:

- Setting the agenda for change by demonstrating an enduring commitment to achieving gender equality at the highest levels within the Victorian government and public sector, as well as advocating for change at the national level;
- 'Mainstreaming' gender equality into all legislation, policy, budgeting, service delivery and procurement, including through local government; and

- Leading and coordinating statewide whole-of-government and whole-of-community effort to ensure a comprehensive and systematic approach to gender equality.

It is critical that the Victorian Government **set the agenda for gender equality** in Victoria through its own actions. It is encouraging to see nine female ministers in the current Victorian Cabinet and a commitment to gender equality in public sector boards and court appointments. However, opportunities remain for the Victorian Government to implement measures that will further increase the representation of women in parliament, state and local government, and the public sector (for example, through the introduction of quotas) and bring greater emphasis to gender issues in parliament (for example, through parliamentary gender equality committees and gender-sensitivity training). As a **major employer**, the Victorian Government should also role model its commitment by supporting gender equality within the public service/sector and promoting gender equitable workplaces.

Recognising that the Commonwealth controls many of the levers required to achieve gender equality, the Victorian Government also has a vital role in **advocating for gender equality at the national level**, including advocating for a national gender equality strategy involving all the states and territories and the Commonwealth at the Council of Australian Governments (COAG).

Public policy has the capacity to either perpetuate or eliminate discrimination and gender inequality. **'Gender mainstreaming'**—or the process of ensuring policies and practices meet the needs of men and women equitably—is a key strategy for removing barriers to equality through policy, law making and resource allocation. **Case Study 8** illustrates the potential impact of an intersectional gender analysis on corrections policy.

The Victorian Government should introduce a gender mainstreaming or gender equality law, which would require ministers to outline how they will promote gender equality within their portfolios, a **gender impact assessment** or statement of compatibility to be undertaken for all legislation, policy and funding initiatives, and **regular reporting** to parliament on outcomes and/or monitoring by a parliamentary committee or independent commissioner. The Victorian Government should reinstate a **Gender Budget Statement** and also advocate for such a statement at Commonwealth level. It will also be important to ensure that gender mainstreaming does not occur at the expense of **gender-specific policy and programs**, which continue to be required to compensate for women's historical disadvantage.

As a major **deliverer and procurer of services**, state and local governments should mandate gender equality requirements and reporting and provide incentives to ensure that contracted organisations demonstrate what steps they are taking towards delivering gender-responsive or gender-transformative services and becoming gender equitable workplaces. There is a clear role for the Victorian Government in promoting gender equality at the **local government level**. For example, the state government could mandate and resource the incorporation of gender equality into Municipal Public Health and Wellbeing Plans required under the *Public Health and Wellbeing Act 2008*, so that a gendered approach is embedded across all local government work. This would further strengthen the action being taken by many local governments to improve gender equality in their local areas.

A whole-of-government commitment will need to be **underpinned by a strong governance framework** which mandates and facilitates involvement of all government departments, as well as cross-sector partners. The governance framework should involve monitoring by an independent body, a cabinet committee to drive whole-of-government action, a coordinating unit within a central

agency, gender 'focal points' in all departments, and an interdepartmental committee with senior representation.

Government leadership must also be underpinned by **adequate, long-term investment**, reflecting the long-term nature of attitudinal and structural change. A **bi-partisan commitment** and sustained funding beyond the three to four year electoral cycle will be critical to the success of the strategy. A long term-funding model will enable successful programs and initiatives to be scaled up, systematised and embedded into ongoing practice, while at the same time short- to medium-term funding will support evidence-building through innovation.

4. Aim to take a gender-transformative approach to policy and programs

Despite the profound impacts of gender inequality over the life course, government policy and programs have tended to take a 'gender-blind' approach, assuming that women's experiences are the same as men's. As a result, strategies, interventions and services across all portfolio areas have not been tailored for women, and opportunities to improve outcomes for women have been missed, reinforcing gender inequality.

Gender unequal policies contribute to gender inequality either directly, for example lack of access to sexual and reproductive health services (**Case study 9**), or indirectly, through a **gender blind** approach – that is, an approach that appears to be gender neutral, but which in effect disproportionately harms women. **Case study 10** shows how a gender-blind approach to heart disease has deadly consequences for women.

Undertaking a **gender analysis** is a crucial step towards equality because it makes visible:

- differences in outcomes for women and men;
- how gendered norms contribute to differences in outcomes;
- how policies might be strengthened to reduce gender inequities; and
- how program design and service delivery might be reoriented to meet the different needs of males and females.

A **gender-sensitive** approach involves incorporating a gender perspective into policy and practice, but does not necessarily take action to redress gender-based inequities. **Gender-responsive** policy and practice builds on a gender-sensitive approach by not only identifying how gender norms and structures influence outcomes, but also taking remedial action to respond and ameliorate the impacts of discrimination, bias and inequities. **Case study 11** illustrates how a gender-sensitive and gender-responsive approach to mental health care can promote more equitable outcomes for women.

Where possible, government should aim to take a **gender-transformative** approach to policy and programs. A gender-transformative approach proactively and intentionally transforms and alters the underlying gender structures, norms and relations that perpetuate gender inequality. A gender transformative approach, though ambitious, ultimately benefits men and gender diverse people as well as women by breaking down rigid and limiting gender stereotypes, structures and norms, and the systems of privilege and discrimination that accompany them. **Case study 12** uses paid parental leave schemes in Norway and Sweden as an example of a structural approach to gender transformation, while **Case study 13** shows how the Victorian program *Baby Makes 3* transforms gender norms and practices.

5. Engage cross-sector partners and leverage specialist gender equity expertise

The whole-of-community change required to realise gender equality will depend on the ability of government to mobilise and coordinate strategic partners in all portfolio areas across business, local government, faith-based communities and the community sector, and to leverage established organisations and networks.

Engaging cross sector partners and leveraging established organisations and networks will assist the government in the implementation of an effective gender equality strategy because:

- **Partnerships** create reach – gender equality cannot be achieved unless the whole community is engaged and government cannot achieve this on its own. Non-government partners have direct relationships with the Victorian community in their roles as employers, regulators, service providers and peak bodies, and within their own professional or industry networks.
- Specialist state-wide **networks** (such as the network of women’s health services) have expertise in gender equity and can provide advice, as well as coordinating and resourcing regional work and undertaking quality control on behalf of government.
- **Sharing of information, evidence and best practice** are critical for continuous improvement and workforce development.

The **collective impact model** provides a structured approach to making collaboration work across government, business, philanthropy, non-profit organisations and citizens to achieve significant and lasting social change. This model is already used by women’s health services for regional action planning to prevent violence against women, and could be directly applied to mobilise a diverse range of players and sectors within a unified statewide strategy for gender equality.

Gender equity is core business for women’s health services, and is not diluted by competing priorities. Building on twenty years of expertise in gendered health promotion, women’s health services have been successfully leading action on primary prevention of violence against women for a number of years, as outlined in **Case study 14. Valuing and resourcing Victoria’s women’s health services** and other specialist women’s services so they can continue to advocate for change, share best practice, build the capacity of others, and coordinate local gender equity initiatives, should be a key pillar of the government’s gender equality strategy.

6. Establish a monitoring and accountability framework, and invest in data, evaluation, tools and workforce development

A comprehensive monitoring and accountability framework, which involves regular reporting against priority outcomes, and is supported by gender-disaggregated data and informed by research and robust evaluation of initiatives, will be essential for prioritising effort, holding government and stakeholders accountable, and tracking progress over time.

Reporting against a clear **outcomes framework** will be crucial for clarifying priorities and measuring change over time. Measuring change is critical for sustaining momentum, strengthening approaches and prioritising investment. Recognising that the road to equality is long, the strategy should establish a unified set of intersecting short-, medium- and long-term goals (or outcomes) that support staged progress towards gender equality. Ultimately, a **Gender Equality Index** should be developed, which synthesises gender indicators into a single summary measure.

The outcomes framework will need to be accompanied by effective mechanisms for holding government bodies, employers and service providers accountable for their performance against the strategy. **Regular reporting against gendered indicators**, for example through inclusion of gendered outcomes measures for all portfolios in Budget Paper 3 and/or publication of an annual dashboard report on outcomes for women, could be a starting point. The outcomes framework should be overseen and monitored by an independent body.

Gendered data reveals differences in the experiences of women and men and exposes gender inequalities. Collection of **gender-disaggregated data** is essential for prioritising action and investment towards gender equality, and supporting outcomes measurement and accountability. Government must play a lead role in improving the availability of gender-disaggregated data, which must also recognise sub-groups of women and men, to make visible the ways in which gender intersects with race, culture, age, ability, sexual orientation and geography to influence women's experiences.

Gendered data also needs to be published, usable and current. The **Victorian Women's Health Atlas**, developed by Women's Health Victoria in 2015, is an interactive web-based resource which provides gender-disaggregated data across key women's health indicators for each local government area in Victoria. With additional investment, the Atlas has significant potential for expansion, for example to include new data sets and indicators, as well as trend/time series data.

Government must invest in **research and evaluation** of gender equality initiatives to build the evidence base for further investment. Victoria and Australia are home to a number of world-leading research organisations and alliances, including Australia's National Research Organisation for Women's Safety (ANROWS), VicHealth and the Centre for Ethical Leadership at the University of Melbourne, who are well-equipped to undertake further research into gender equality.

Government will also need to support the development of resources and tools to support gender mainstreaming and implementation of gender equality initiatives. Women's health services have developed **applied gender analysis training and tools** to assist policy makers and implementers in identifying gender equality concerns, and the direct and indirect impact of policies, programs and projects on women and men. The Women's Health Association of Victoria (WHAV) will also shortly release a **Gender Equity Training Manual**. Resources should be brought together in an accessible and user-friendly way, for example through an online resource hub like the WHAV **Equality and Safety for Women** Planning Guide that enables organisations to select and tailor tools and resources that best suit their needs and audience.

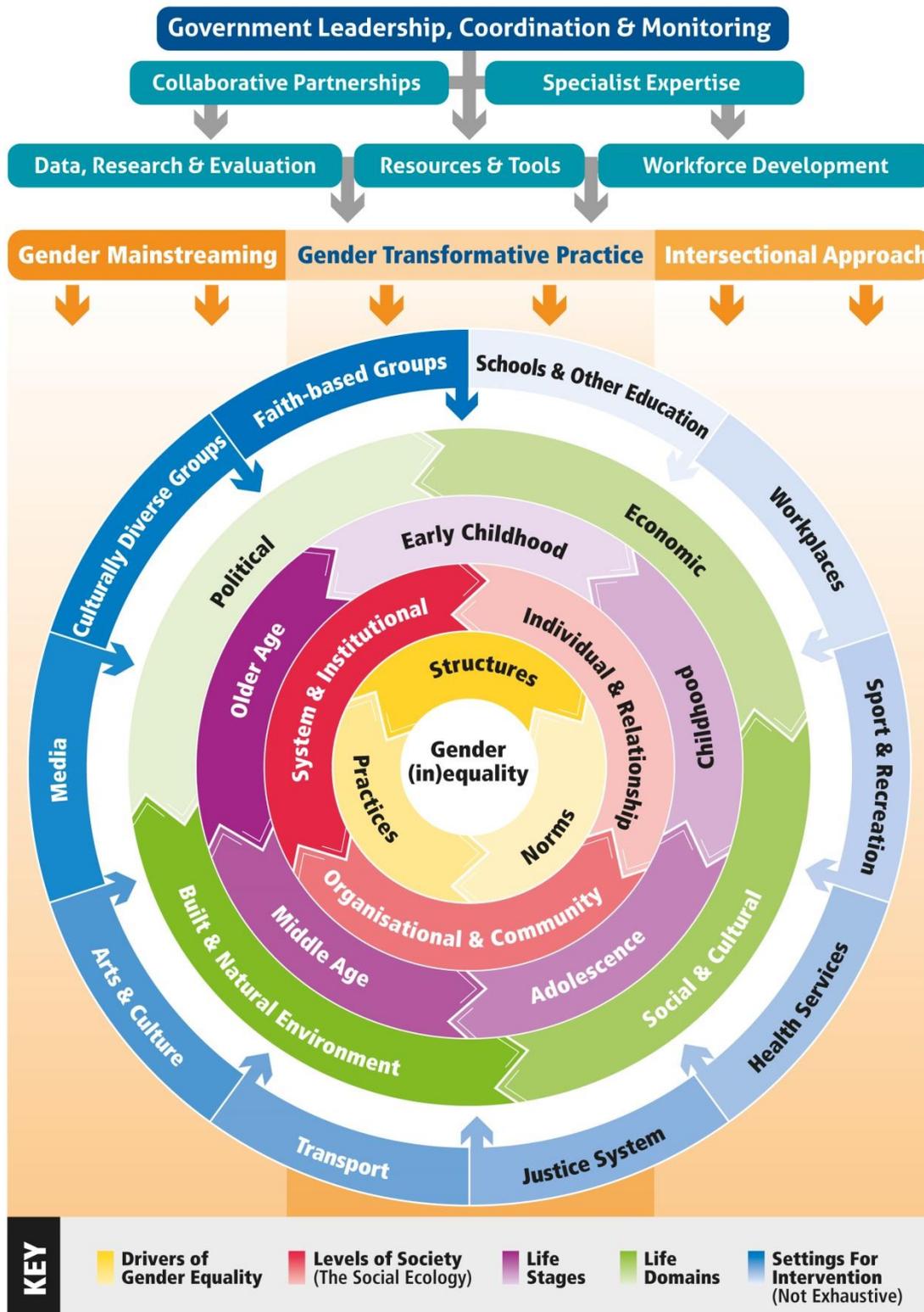
Significant investment in **workforce and organisational development and capacity building** is required to meet existing demand for specialist gender equity expertise, and is essential if we are to expand the reach of current activities in gender equity and primary prevention of violence against women across Victoria. We also need to ensure that people working and volunteering across all sectors, both within and outside government, are **trained in gender equity and gender analysis**. With additional resourcing, women's health services are well-placed to advise on curriculum and provide training.

WHV's proposed framework for a Victorian gender equality strategy

WHV has developed a model which visually represents the six principles outlined in this submission and provides a conceptual framework for a gender equality strategy. The concentric circles represent the **whole-of-community action** required to achieve gender equality (Principles 1 and 2), while the

overarching layers represent the **critical factors and approaches** that must drive and inform gender equality interventions across the Victorian community in order to reverse the cycle of gender inequality (Principles 3 to 6).

Proposed model for government-led whole-of-community action to address gender inequality



Conclusion

Gender inequality is expressed and maintained in Victoria today through norms, practices and structures that support rigid gender stereotypes and the unequal distribution of power between men and women at every level of society. These formal and informal systems are mutually reinforcing, creating a cycle of inequality and making the task of achieving gender equality a daunting one.

However, the cyclical nature of gender inequality is also our greatest opportunity to progress comprehensive change. Interrupting and reversing the cycle of gender inequality will require a 'mirroring' of this process such that norms, practices and structures are simultaneously targeted and transformed in order to build momentum towards gender equality.

Our submission has provided what we believe to be a strong, evidence-based foundation for a truly effective and meaningful gender equality strategy for Victoria, supported by clear principles that we hope will ensure a coordinated, collaborative and sophisticated whole-of-community approach.

We congratulate the Victorian Government on the strong leadership and vision it has already shown in relation to improving gender inequality in Victoria, including committing to the development of this strategy. WHV looks forwards to continuing to support the government in this endeavour, working together to create a world-leading model to realise gender equality and set a powerful precedent for others to follow.

INTRODUCTION

Gender inequality is deeply entrenched in every aspect of our lives, whoever we are. On a structural level, we have inherited laws and systems that were formed around the interests of men as a group. On a personal or individual level, gender stereotypes, 'norms' and practices influence our everyday lives and the choices we make in myriad ways, through the purchases we make, the slang we use and the assumptions we make about men's and women's skills and roles.

Women's Health Victoria welcomes the Victorian Government's commitment to developing a gender equality strategy. The consultation paper provides a striking snapshot of the current state of gender inequality in Australia, and the development of a comprehensive, overarching strategy, supported by an action plan, will be an important step towards redressing this. Victoria has a chance to lead Australia, as well as internationally, through this work.

We congratulate the Victorian Government on the introduction of several important gender equity initiatives, including the Royal Commission into Family Violence, its commitment to gender equity in all public board appointments, and the creation of safe access legislation to ensure women can access reproductive health services without obstruction and intimidation. We are confident that these important initiatives, among others, will contribute to more equitable outcomes for women in these areas.

The current consultation process now provides an opportunity to contextualise these important initiatives within a coordinated, whole-of-community gender equality strategy that takes a long-term view and is supported by adequate and sustained resourcing, a clear implementation plan (setting out short-, medium- and long-term goals), and a framework for monitoring progress and outcomes.

This submission does not seek to convince the government that gender inequality exists, nor that a gender equality strategy needs to be developed. The government has already demonstrated strong leadership in committing to the development of a Victorian gender equality strategy. Furthermore, rather than directly answering the specific questions posed in the consultation paper, WHV has drawn on our specialist expertise in gender equity and health promotion to assist the government with the development of a conceptual framework for the strategy. The submission therefore proposes six key principles, supported by research and evidence gathered at the state, national and international levels, which we believe should form the basis of an effective and comprehensive gender equality strategy for Victoria.

WHV understands that this consultation process is the first phase in the development of the final strategy. We expect that there will be further opportunities to provide feedback on a draft strategy. We look forward to working with the government throughout this process and would welcome the opportunity to expand upon any points or examples raised in this submission and to address some of the more specific questions raised by the consultation paper.

SECTION ONE: Overview of the current state of gender inequality in Victoria and key concepts

What is gender equality and why is it important?

Gender inequality is a social condition characterised by unequal value afforded to men and women and an unequal distribution of power, resources and opportunity between them. It often results from, or has historical roots in, laws or policies formally constraining the rights and opportunities of women, and is reinforced and maintained through more informal mechanisms including gender norms and practices.² While definitions of gender inequality often refer only to women and men, gender inequality – and gendered norms, practices and structures – also adversely impact gender diverse people.

Gender inequality permeates all aspects of society, and forms of gender inequality at one level or within one system are interrelated with inequality in other spheres. Gender inequality causes violence in our homes and impacts how we raise our sons and daughters; it is evident in our workplaces through unequal pay and sexual harassment. Men continue to be over-represented in our parliaments and other key civil institutions such as the police and the courts, resulting in an overall system which privileges men and compounds disadvantages and harm to women over the life course.

We have come a long way since women were unable to vote and married women were legally considered their husband's property. In recent years, we have had our first female Governor General, our first female Prime Minister and several female state premiers. In the corporate world, a small but growing number of women are now CEOs and chairs of major companies. And yet, in other ways, the pace of structural reforms to support gender equality has often been frustratingly slow. For example, not until 1987 was the first female judge appointed to the High Court in Australia. Rape in marriage was not recognised in law in all Australian states and territories until 1992. Achieving gender equality in Australia and Victoria is a long-term project.

The momentum for gender equality continues to build. There is now an unprecedented focus on family violence and increasing recognition that gender equality is the key to prevention. But at the same time, we know there is still a very long way to go. Key indicators suggest that gender inequality is worsening rather than improving in Australia. In 2006, the international Gender Gap Index (which combines economic, education, health and political indicators to form an overall comparative ranking) ranked Australia 15 (out of 115 countries compared). Today, Australia has dropped to 36 (out of 145, as at 2015).³ It is disappointing to see inequality grow, for example through the worsening gender pay gap,⁴ and to see positive initiatives, such as publication of Women's Budget Statements at federal and state levels, cease.

² 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, p. 24. Available from: [URL](#).

³ World Economic Forum (2015) Australia : Gender Gap Index 2015. In: Global Gender Gap Report 2015 : Part 2 : Country profiles. Available from: [URL](#).

⁴ National Foundation for Australian Women (2014) Budget 2014-15 : a gender lens, p. 2. Available from: [URL](#).

Benefits of addressing gender inequality

There is a dual rationale for promoting gender equality.⁵ Firstly, equality between women and men is a matter of human rights and social justice. Women are entitled to full participation in social, economic and civic life and to live with dignity and freedom from gender-based fear and discrimination. In other words, gender equality is a value in its own right, and not only a means to other ends.⁶

Secondly, greater equality between women and men is a precondition for (and an indicator of) equitable, prosperous and healthy communities. Gender is increasingly recognised as an important social determinant of health.⁷ In fact, gender ‘cross-cuts all of the other biological and social determinants that construct human health. Gender influences education, income, reproductive roles, and caring responsibilities, among other determinants.’⁸ Empowered women contribute to the health and productivity of whole families and communities, and they improve prospects for the next generation.⁹ When women and girls live free from violence, poverty, and rigid stereotypes that limit their potential, our neighbourhoods are safer, our economy is stronger, and our pool of future leaders is more diverse. Helping women and girls moves us all forward.¹⁰

Greater gender equality also has a dual economic benefit. Firstly, a number of studies have identified increased female workforce participation as a ‘game changer’ for Australia’s economic prosperity. Female workforce participation is identified in a 2012 Grattan Institute report as one of the three big opportunities to increase the size of the Australian economy by around \$25 billion — more than one per cent of Australian GDP.¹¹

Secondly, gender equality supports increased productivity and better organisational performance.¹² At a business level, the case for gender equality is made in terms of greater profit margins, enhanced organisational performance, workplace innovation, more effective recruitment, more productive working environments and better company image. Gender equality can also generate benefits in relation to workplace governance, through enhanced decision-making, improved shareholder value and lower risk-taking.¹³

Addressing gender inequality will also result in enormous cost savings. The most robust evidence for this is in relation to the impact of violence against women. In addition to the serious physical health, mental health and social impacts on the individual, violence against women gives rise to enormous preventable downstream costs to the policing and justice systems, housing and homelessness services, health system and child protection services.¹⁴ A recent study commissioned by Our Watch

⁵ United Nations. Office of the Special Adviser on Gender Issues and the Advancement of Women (2001) Important concepts underlying gender mainstreaming. Available from: [URL](#)

⁶ European Institute for Gender Equality (2014) Benefits of gender equality : online discussion report : women and political decision-making , p. 6. Available from: [URL](#)

⁷ According to the World Health Organisation, the social determinants of health are ‘the conditions in which people are born, grow, work, live, and age’ and the wider set of forces and systems shaping these conditions such as distribution of money, power and resources.

⁸ Greaves, Pederson and Poole (2014) Making it better : gender-transformative health promotion, p. 2.

⁹ United Nations Population Fund (2015) Gender equality [Webpage]. Available from: [URL](#)

¹⁰ Canadian Women’s Foundation (2015) Improving gender equality improves economic and social conditions for everyone. Available from: [URL](#)

¹¹ Daley (2012) Game changers : economic reform priorities for Australia, p. 13. Available from: [URL](#)

¹² See for example: Workplace Gender Equality Agency (2013) The business case for gender equality. Available from: [URL](#)

¹³ European Institute for Gender Equality (2014) Benefits of gender equality : online discussion report : women and political decision-making , p. 14. Available from: [URL](#)

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, p. 16. Available from: [URL](#)

and VicHealth, and conducted by PriceWaterhouseCoopers, estimated that violence against women costs \$21.7 billion a year, including \$7.8 billion a year in direct costs to governments.¹⁵

The PwC report also demonstrates the potential economic benefits of investment in gender equality. It estimates that if a similar reduction in violence against women were achieved as has been the case for other community mobilisation and individual/direct participation programs, the benefits would range from \$35.6 to \$71.1 million over a lifetime for community mobilisation programs, and from \$2.2 to \$3.6 **billion** over a lifetime for individual and direct participation programs. These benefits far outweigh the initial program investment.¹⁶

Governments' legal obligations to eliminate sex discrimination and promote gender equality

Federal, state and local governments are also subject to a range of legal obligations relating to sex discrimination and gender equality. Under the Victorian *Charter of Human Rights and Responsibilities Act 2006*, every person is equal before the law and is entitled to the equal protection of the law without discrimination (section 8(2)). Victoria's public authorities, including Victorian public servants, local governments, public health services, government schools and police, are under a duty to act compatibly with that right and to take it into consideration in their decision making (section 38). The right to equality under the Charter has not yet been interpreted in Victorian courts, however international law relevant to a human right can be considered when interpreting it (section 32(2)). In international law, the right to equality includes an obligation on the government not simply to treat men and women alike, but to focus on equality of outcomes and to transform the underlying structures that are the cause of inequality.¹⁷

The *Equal Opportunity Act 2010* (Vic) establishes the Victorian Equal Opportunity and Human Rights Commission and imposes a positive duty on governments, employers and agencies providing goods or services (including clubs and sporting bodies) in Victoria to eliminate discrimination, sexual harassment and victimisation. While there is currently no requirement in the Act for these bodies to actively promote gender equality, the Act also aims to:

- encourage the identification and elimination of systemic causes of discrimination, sexual harassment and victimisation; and
- promote and facilitate the progressive realisation of equality, as far as reasonably practicable, by recognising that—
 - discrimination can cause social and economic disadvantage and that access to opportunities is not equitably distributed throughout society;
 - equal application of a rule to different groups can have unequal results or outcomes; and
 - the achievement of substantive equality may require the making of reasonable adjustments and reasonable accommodation and the taking of special measures.¹⁸

At Commonwealth level, the *Sex Discrimination Act 1984* (Cth) gives effect to some of Australia's international human rights obligations under the Convention on the Elimination of All Forms of

¹⁵ PricewaterhouseCoopers Australia (2015) *A high price to pay : the economic case for preventing violence against women*, p. 10. Available from: [URL](#)

¹⁶ *ibid.* pp. iii

¹⁷ Committee on the Elimination of Discrimination against Women (CEDAW) (2004) General recommendation No. 25 ... on temporary special measures. Available from: [URL](#)

¹⁸ *Equal Opportunity Act 2010* (Vic.) ss3(c)-3(d). Available from: [URL](#)

Discrimination against Women by making it against the law to discriminate against someone on the basis of gender, sexuality, marital status, family responsibilities or because they are pregnant. Large employers are also required to report annually against gender equality indicators under the *Workplace Gender Equality Act 2012* (Cth).

Under the *Public Health and Wellbeing Act 2008* (Vic) and the *Local Government Act 1999* (Vic), local councils must 'act as representative, informed and responsible decision makers in the interests of their communities'.¹⁹ This means responding to the interests and needs of both women and men across all aspects of council activity.

¹⁹ Public Health and Wellbeing Act 2008 (Vic.) s24; Local Government Act 1999 (Vic) ss3(c)-3(d). This is in addition to their obligations under the Charter of Human Rights and Responsibilities Act 2006 (Vic) and the Equal Opportunity Act 2010 (Vic).

Key concepts relating to gender equality

Over the last 50 years, at both the state and national level, interest in addressing gender inequality has fluctuated, and language and key concepts have evolved. In setting out to create a new gender equality strategy for Victoria, it is first necessary to build a shared understanding of the implications of specific terminology, and what it makes visible or invisible in terms of policy development.

From sex to gender

Prior to the 1960s and 1970s, sexism and discrimination experienced by women was so deeply and formally entrenched across all aspects of society as to appear unchallengeable. Making women visible began by naming the oppression women experienced as a group on the basis of their sex. Over the following decades, activists, academics and public policy makers tended to employ the language of 'women's rights', 'women's policy', 'women's equality' and 'sex discrimination' in their work. 'Affirmative action' was coined to signify the need to pro-actively redress and improve women's workplace representation.

More recently, the language of 'women' and 'sex' has tended to be replaced with 'gender' and 'gender equality'. Gender is understood to have been socially and culturally constructed, and is different from biological sex. 'Gender' also signifies that both men and women are impacted by constructions of what it is to be male or female, and implies that everyone has a role to play in, and can gain from improved gender equality. Many commentators have noted the positive impact of gender equality for men and for the wellbeing of society as a whole. For example, supporting a better work-family balance through flexible leave and paternity leave arrangements is positive not just for women but also for men.²⁰ International research also shows that men with more equitable attitudes generally have better mental health, are happier overall, and report more satisfying relationships with their partners.²¹

While these are important and legitimate considerations, it is important to be mindful that the implications of gender for men and women are not simply two sides of the same coin, with the masculine and feminine equally weighted. Throughout history and up to the present day, the coin has been unfairly weighted in such a way as to overwhelmingly privilege men relative to women.

Only in recent decades has the inequality women experience on the basis of their sex or gender become visible in policy development. There is a risk that in replacing 'women' with 'gender' we risk making women relatively invisible once more. With limited resources to spend, government and partners will need to ensure that their investment in gender equality does not indirectly reinforce gender inequality by diverting much needed funds and focus away from women. There remains a significant need for specific measures to advance women's rights and respond to their needs, to redress historic disadvantage.

²⁰ See, for example: South Australia. Office for Women (2015) *Achieving women's equality : South Australia's women's policy*, p. 5. Available from: [URL](#)

²¹ From the *International Men and Gender Equality Survey (IMAGES)*, cited in: Kaufman, et al. and MenEngage Steering Committee (2014) *Engaging men, changing gender norms : directions for gender-transformative action*, p. 4. Available from: [URL](#)

Equality versus equity

Gender equality means the realisation of equal and measurable outcomes for women, men and gender-diverse people. This is sometimes referred to as substantive equality, equality of outcomes or equality of results, as opposed to 'formal' equality, which assumes a 'level playing field' and does not account for the disadvantage women experience.

Depending on the context, what actually constitutes gender equal outcomes may differ. In some contexts, we may be aiming for 'sameness' (for example, equal representation), in others 'difference' (for example, gender-responsive healthcare which addresses the particular risk factors, symptoms and treatment needs of women) and in other contexts still, 'transformation' (for example, parental leave and flexible work arrangements that shift gendered assumptions that women are responsible for child-rearing).²² A gender equality strategy needs to account for these nuances.

Gender equity is the process of intervening in or changing structures or norms that drive inequality in order to produce more equal outcomes.

Moving towards gender equality will require that gender equity measures are deliberately put in place to:

- a) compensate for the historical disadvantage women have experienced; and
- b) engage the whole of society in transforming the norms, practices and structures that contribute to widening gender inequality.

Gender norms, practices and structures

Gender inequality is expressed and maintained through norms, practices and structures that support rigid gender stereotypes and unequal power structures between men and women. Gendered norms, practices and structures overlap in our everyday lives and have a cumulative impact over time, profoundly influencing outcomes for women and men across the life course.

Gender norms refer to values, attitudes and beliefs that construct masculinity, femininity and gender difference. Gender norms are deeply engrained, learned and imposed on us from childhood. Gender norms construct certain traits, behaviours, values and even colours as more female or more male. Children and adults are provided with incentives to conform to traditional gender norms, and disincentives (including discrimination) if they fail to conform. Gender norms shape and maintain gender stereotypes.

Dominant gender norms that boys are/should be more active, noisy and aggressive mean that these traits are accepted and encouraged in boys whereas the same traits are discouraged in girls. Boys who are interested in activities or traits that have been constructed as feminine (such as dressing up as princesses or wearing makeup) are also problematised and may be subjected to bullying and other discriminatory treatment. Children's books and television programming over-represents boys as leaders, stars or adventurers and girls are relegated to the roles of carers, mothers and objects of male desire.

²² Walby (2005) Gender mainstreaming : productive tensions in theory and practice. *Social Politics: International Studies in Gender, State and Society*. 12 (3):321-43. Available at [URL](#)

Gender norms are internalised by individuals, groups and institutions and become gender practices. Gender practices are behaviours that express and reinforce gender inequality. **Gender practices** are played out in relationships (through unequal sharing of domestic labour, for example), in schools (where girls are excluded from certain team sports) and in workplaces (in hiring and promotion practices). For boys, gender norms, such as that men are unable to control their anger or have the right to control their family, can lead to the perpetration of violence against women. For example, recent surveys show that more than a quarter of young males believe ‘girls like guys in charge of the relationship’,²³ while a quarter of all young people think it’s ‘normal’ for a boy to put pressure on girls to do sexual things.²⁴ For men, the most consistent predictor of perpetration of violence against women by men is their agreement with sexist, patriarchal, and/or sexually hostile attitudes.²⁵

Along with the privileges bestowed on men by patriarchy, men are also negatively affected by harmful gender norms and practices of masculinity. High male mortality due to (male-to-male) violence, risky behaviours and low utilisation of health services are some of the negative effects of gender norms and practices on men’s lives.²⁶ At the same time, lack of conformity to dominant constructions of masculinity, for example by same-sex attracted men, can be harmful to men’s health because of social sanctions and violence, for example.²⁷

Gender norms and practices are how people internalise, maintain and act out gender privilege and gender inequality. **Structural gender inequality** relates to laws and institutions that formalise gender inequality and the way power and wealth is shared (or not) in society. Structural inequality both underpins and perpetuates gendered norms and practices. The under-representation of women at all levels of government and in key civil institutions, legislation that discriminates against women, and widening inequality in pay, savings and superannuation are all examples of structural inequality.

Of course, **gendered norms, practices and structures are interconnected and mutually reinforcing**. Formal and informal drivers of inequality overlap. For example, uneven sharing of caring and household responsibilities leads to women being over-represented in part-time and casual work, compounding unequal access to resources and economic participation (such as employment, remuneration and superannuation). Similarly, structural barriers to equitable economic participation for women, such as child care and social security payments, reinforce gender norms and practices in the home. **Case study 1** provides a hypothetical example of how norms, practices and structures interact to shape women’s lives.

The need for a Victorian gender equality strategy to address the complex relationship between norms, practices and structures is explored further under Principle 1.

²³ Cale and Breckenridge (2015) Gender, age and the perceived causes, nature and extent of domestic and dating violence in Australian society : prepared for White Ribbon Australia and Youth Action. Available from: [URL](#)

²⁴ Our Watch (2016) The Line Campaign evaluation : Wave 1 – Report : Summary of attitudes and behaviours of young people in relation to consent . Available from: [URL](#)

²⁵ Flood and Pease (2006) The factors influencing community attitudes in relation to violence against women : a critical review of the literature : paper three of the Violence Against Women Community Attitudes Project, p. 19. Available from: [URL](#)

²⁶ Peacock (2013) South Africa’s Sonke Gender Justice Network : Educating men for gender equality. *Agenda : Empowering Women for Gender Equity* (Jun 24), p. 5. Available from: [URL](#)

²⁷ WHO. Department of Gender Women and Health (2010) Policy approaches to engaging men and boys in achieving gender equality and health equity, p. 11. Available from: [URL](#)

Case study 1: How gender norms, practices and structures interact to shape a young woman's life

Olivia is 12 years old and likes sports. She has always been called a tom-boy and, increasingly, gender norms, practices and structures are influencing her choices and health. When Olivia starts high school

Gender norms influence Olivia's choice of sports. The soccer and football teams are for boys only. At lunch, the boys play sports on the oval, and the girls sit around the outside of the oval and watch. When Olivia tries to join in with boys' sports, she is called a flirt and a show-off.

Gender practices mean that Olivia's school uniform is a knee-length dress, while the boys wear shorts and pants. Olivia gets in trouble when a teacher notices she is wearing bike shorts under her school dress. The girls around her start wearing make-up, shaving their legs and going on diets.

Olivia misses sport and starts running by herself after school, but her parents tell her to stop because it's not safe for her to be out alone. Olivia begins to feel anxious about how she looks and begins skipping meals.

Gendered structures mean that when Olivia becomes more anxious and starts visibly losing weight, and her Mum tries to get some help, Olivia's symptoms and experiences are minimised, due to a lack of specialist health services for women (and a lack of gender sensitivity in generalist health services). Olivia is told that she is still in a healthy weight range and not to be so vain.

Intersectionality

For many women, the impact of gender inequality is compounded by the way that gender-based discrimination interacts with other experiences of inequality. This interaction, in which one form of inequality impacts on another, is termed '**intersectionality**'. Constructed social and structural inequalities, such as class, race, sexuality, residency status or having a disability, mean that many women are subjected to multiple simultaneous forms of discrimination, including violence. Lack of consideration of the way these other forms of inequality are themselves gendered adds to the invisibility of the experiences of women.

The need for an intersectional approach to whole-of-community action to address gender inequality is explored further under Principle 2.

State and national efforts to promote gender equality to date

Victorian and federal governments have implemented a number of positive strategies and actions to promote gender equality over time, some of which are listed below. However, in the main, such strategies have been short or medium-term, involved a series of piecemeal initiatives, and focused on addressing structural drivers of inequality without addressing norms and behaviours. Achieving comprehensive, long term change will require an approach and strategy, resourcing, coordination and commitment that is entirely new in the Victorian and Australian context.

Victoria

Victoria has a strong history of taking action to address gender inequality through initiatives such as the establishment of the Equal Opportunity Act and the Victorian Equal Opportunity and Human Rights Commission, the Victorian Charter of Human Rights and Responsibilities, and the Victorian Women's Policy Framework (2008-2011).

Victoria has also led the way, both nationally and internationally over the last 10 or so years, in the related field of preventing violence against women.²⁸ Reflecting international evidence, Victorian prevention strategies have focused on addressing gender inequality as the key driver of violence against women.²⁹

A critical factor in the quality and reach of prevention interventions in Victoria has been the unique statewide infrastructure provided under the **Victorian Women's Health Program**. Established in 1987, the VWHP funds twelve specialist women's health services that together form the Women's Health Association of Victoria (WHAV) to undertake strategic action at a system level, as well as working directly with women and communities at the local level, to improve women's health and wellbeing, with a strong focus on gender equality.³⁰

The expertise, frameworks and evidence already developed in relation to preventing violence against women can and should be used to inform the development and implementation of a gender equality strategy.

More recently, the current state government has committed to a range of concrete initiatives that support gender equality. These include:

- **The Victorian Royal Commission into Family Violence.** The Royal Commission is expected to recommend a stronger emphasis on primary prevention of family violence through action to address gender inequality as the key driver of violence.
- **Gender equality in all future appointments to Victorian government boards and the courts.** This commitment aims to achieve gender parity in public sector boards and court appointments.

²⁸ Victoria. Office of Women's Policy (2009) A right to respect : Victoria's plan to prevent violence against women 2010-2020.

²⁹ Studies by the United Nations, European Commission, World Bank and World Health Organisation all locate the underlying cause or necessary conditions for violence against women in the social context of gender inequality. Cited in: 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, p. 24. Available from: [URL](#)

³⁰ The three statewide services are *Women's Health Victoria*, the *Multicultural Centre for Women's Health* and the *Royal Women's Hospital*. The nine regional services are *Women's Health and Wellbeing Barwon South West*, *Women's Health Grampians*, *Women's Health Loddon Mallee*, *Women's Health Goulburn North East*, *Gippsland Women's Health Service*, *Women's Health West*, *Women's Health in the North*, *Women's Health East* and *Women's Health in the South East*.

- **Respectful Relationships Education** introduced into the school curriculum in Victoria from 2016, supporting students to learn how to build healthy and more gender equitable relationships and to prevent family violence.
- **Passing of safe access zones legislation** amending the *Public Health and Wellbeing Act 2008* to make sure women can safely access reproductive health services, including abortion, without harassment. WHV played a lead role in advocating for the amendment in 2015. This legislation addresses a longstanding issue which has seen women and staff subjected to intimidating, disrespectful and obstructive behaviour.
- Violence against women and sexual and reproductive health, as key determinants of women's health and gender equality, have been identified as health and wellbeing priorities under the **Victorian Public Health and Wellbeing Plan 2015-19**.

Each of the above initiatives is important; however, real progress towards improving gender equality will not be made in the absence of an overarching, well-resourced and long term gender equality strategy supported by strong, demonstrable government leadership and accountability.

National

Different levers for influencing gender equality are available at the state and national levels, and there are limits to the state government's jurisdiction in certain spheres. The Commonwealth controls most macro-economic policy, including employment and industrial relations, social security, superannuation and child care, as well as providing a large share of the funding for state-run services, including health services and schools. This means that to achieve true gender equality in Victoria, the Victorian Government will need to advocate strongly for change at the Commonwealth and national levels, where there does not currently appear to be significant appetite for reform.

The Commonwealth has played an important role in legislating the Sex Discrimination Act and in establishing the Australian Human Rights Commission (and the role of Sex Discrimination Commissioner) and the Workplace Gender Equality Agency, all of which have been influential in changing community attitudes and helping advance gender equality in Australia.

Historically, the Commonwealth has also been responsible for introducing important gender equity measures, including allowances for single parents (primarily mothers), paid parental leave entitlements and child care subsidies. However, in recent years, some of these programs have been cut back or changed, with disproportionate impacts on women. It is heartening to note that the Senate is undertaking an inquiry into women's superannuation and the 'retirement income gap'.³¹

Strategies relating to violence against women have been adopted at the national level by the Commonwealth and all state and territory governments in recent years, including:

- The National Plan to Reduce Violence against Women and their Children (2010-2022);
- *Change the Story: A Shared Framework for the primary prevention of violence against women and their children in Australia* (2015); and
- The establishment of a National Advisory Panel on violence against women to advise COAG in 2015.

³¹ Australia. Parliament. Senate Standing Committees on Economics. Economics References Committee (2015) Inquiry into the economic security for women in retirement. Available from: [URL](#)

In order for any Victorian gender equality strategy to be comprehensive and effective, it is imperative that the Victorian Government advocate for policy change and the creation of an enabling environment for gender equality at the national level, including through the development of a national gender equality strategy. This also presents an opportunity for the Victorian Government to be a national leader in gender equality.

The need for a long-term, comprehensive and coordinated approach to gender equality

In Victoria and nationally, while gender inequality has long been identified as the major driver of violence against women, and women's policy frameworks have previously been in place to support the advancement of women, no overarching strategies currently exist to coordinate this work and no policy or strategy has been developed that seeks to address gender inequality as a whole. In fact, important mechanisms relating to gender equality have been stripped back in recent years, despite – and counter to – the increasing focus on violence against women.

For example, it has been the practice for over thirty years for federal governments to produce Women's Budget Statements as one element of their Budget Papers. At one stage there were women's budgets at federal level and in each of the territories and states. This practice ceased at the federal level in 2014 without explanation.³² The practice of preparing Women's Budget Statements in Victoria ceased after 1997.³³ The purpose of the Women's Budget Statement was to make transparent the differential impacts of policies and their outcomes on women. The importance of such measures will be explored in greater detail in Section 2 of this submission.

In Victoria, a gender equality strategy is a new opportunity to broaden, deepen and coordinate existing efforts. This work should draw on Victorian and national evidence and best practice, as well as international research, evidence and models. It also provides an opportunity for Victoria to continue to lead the way both nationally and internationally by building the evidence base for what works to promote gender equality.

³² National Foundation for Australian Women (2014) Budget 2014-15 : a gender lens, p. 1. Available from: [URL](#)

³³ Budlender (2001) Review of gender budget initiatives, p. 7-8. Available from: [URL](#)

SECTION TWO: Key principles and case studies

The first section of this submission provided an overview of the current state of gender inequality in Victoria (and the rationale for a Victorian gender equality strategy), introduced key concepts relating to gender equality, and outlined promising current or former initiatives at the state and national levels promoting gender equality. The following section of the submission puts forward six key principles that should underpin a Victorian gender equality strategy. Each principle is unpacked using models or diagrams and supported by case studies.

Our principles

WHV recommends in developing a Victorian gender equality strategy, the Victorian Government should:

1. Target the norms, practices and structures that support gender inequality

As discussed in Section 1, gender inequality is expressed and maintained through norms, practices and structures that support rigid gender stereotypes and the unequal distribution of power between men and women. These formal and informal systems are linked and mutually reinforcing. Interrupting and reversing the cycle of gender inequality will require a ‘mirroring’ of this process such that norms, practices and structures are simultaneously targeted and transformed in order to build momentum towards gender equality.

2. Adopt a long term, whole-of-community approach to achieving gender equality, taking an intersectional approach

The ecological model of social change provides a framework for understanding how norms, practices and structures work across each level of society to perpetuate inequality, from individual relationships to our key civil institutions. WHV has extended the ecological model to explore how gender inequality needs to be addressed across all life domains (political, economic, social/cultural and natural/built environment) and all life stages, by taking action in a range of different settings using multiple, mutually-reinforcing strategies.

Taking an intersectional approach to gender equality encourages social change leaders and policy advocates to make the links and connections between various forms of discrimination. The systems and structures that maintain gender and heterosexual privileges in our society are the same systems and structures used to maintain class and racial and ethnic privilege.³⁴ Equality for all women can only be achieved with specific and intensive effort for those experiencing the most disadvantage.

3. Demonstrate leadership by setting the agenda for change, gender mainstreaming and coordinating effort

Long-term, bi-partisan government commitment is crucial to drive the whole of community approach required to realise gender equality in Victoria. Government must commit to role-modelling change, ‘mainstreaming’ gender equality into all legislation, policy, budgeting, service delivery and procurement, and coordinating statewide effort to ensure a comprehensive and systematic approach.

³⁴ Mason (2010) *Leading at the intersections* : an introduction to the intersectional approach model for policy and social change

A whole-of-government commitment will need to be underpinned by adequate, long-term investment, reflecting the long-term nature of attitudinal and structural change, and a strong governance framework which mandates and facilitates involvement of all government departments, as well as cross-sector partners.

4. Aim to take a gender-transformative approach to policy and programs

Government policy and programs have tended to take a 'gender-blind' approach, assuming that women's experiences are the same as men's. As a result, strategies, interventions and services across all portfolio areas have not been tailored for women, and opportunities to improve outcomes for women have been missed, reinforcing gender inequality.

A gender-sensitive and gender-responsive approach, which incorporates a gender perspective into policy and practice, creates better outcomes for women. Where possible, government policy and programs should aim to be 'gender-transformative'. A gender-transformative approach proactively and intentionally transforms and alters the underlying gender structures, norms and relations that perpetuate gender inequality.

5. Engage cross-sector partners and leverage specialist gender equity expertise

The whole-of-community change required to realise gender equality will depend on the ability of government to mobilise and coordinate strategic partners in all portfolio areas across business, local government, faith-based communities and the community sector, and to leverage established organisations and networks.

Valuing and resourcing Victoria's women's health services and other specialist women's services so they can continue to advocate for change, share best practice, build the capacity of others, and coordinate local gender equity initiatives, should be a key pillar of the government's gender equality strategy.

6. Establish a monitoring and accountability framework, and invest in data, evaluation, tools and workforce development.

A comprehensive monitoring and accountability framework, which involves regular reporting against priority outcomes, and is supported by gender-disaggregated data and informed by research and robust evaluation of initiatives, will be essential for prioritising effort, holding government and stakeholders to account, and tracking progress over time.

To be effective, a gender equality strategy must be supported by specialised resources and tools, and a skilled specialist workforce.

1. Target the norms, practices and structures that support gender inequality

Gender inequality is so interwoven into the fabric and traditions of our society that it often seems invisible. Longstanding norms, practices and structures that we may assume are gender neutral actually reinforce and perpetuate gender inequality. Norms are reflected in our institutional or community practices or behaviours, and are supported by social structures, both formal (such as legislation) and informal (such as hierarchies or the division of labour within a family or community).³⁵

Case study 2 illustrates how gender norms, practices and structures have a cumulative and mutually-reinforcing impact on gender inequality.

Case study 2: How gender norms, practices and structures foster gender inequality – single mums

A good example of how our key civil **structures** have fostered gender inequality by centralising the needs of men over women is the construction of the Australian welfare state, which was designed around the needs of the male breadwinner. Income support was provided to men long before the government provided allowances to widowers, single mothers or young women.

To this day, single mothers are trapped within a policy construct that cycles between incentivising mums to stay at home to raise children and using punitive welfare policies to force single mums to work. This structural inequality is compounded by **norms and practices** that perpetuate stigma and discrimination against single mothers. Contradictory norms dictate that 'good mothers' should be at home putting their children first. But 'stay at home single mums' set a bad example for their children, contributing to intergenerational poverty. There is a comparative silence on the role of men either as single fathers or as providers of child support.

Case study 2 shows that achieving gender equality is not just about removing structural barriers that directly or formally disadvantage women. Achieving gender equality also requires a fundamental change in the norms and practices that contribute to inequality at all levels of society.

Research shows that structural and norms-based change are interdependent and must be aligned to be successful. For example, evidence from workplace-based interventions shows that when trying to change a culture of discrimination or inequality, structural changes must be supported by, and in alignment with, changes to social norms and attitudes. On the one hand, efforts to change individual attitudes and behaviours are difficult to sustain without structural changes to support individual efforts.³⁶ On the other, structural gender equity interventions (for example, quotas for women in leadership positions) that are not supported by efforts to change attitudes are more likely to result in resistance or 'backlash'.³⁷ For example, the inclusion of family violence leave within an Enterprise Bargaining Agreement will be meaningless if the absence of buy-in from management and lack of training for relevant staff means that women trying to access such provisions are met with ignorance or hostility.

³⁵ 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, p. 23. Available from: [URL](#)

³⁶ PricewaterhouseCoopers Australia (2015) A high price to pay : the economic case for preventing violence against women, p. 24. Available from: [URL](#)

³⁷ Salter, Carmody and Presterudstuen (2015) Resolving the prevention paradox : the role of communities and organisations in the primary prevention of violence against women. *In: Asia-Pacific Conference on Gendered Violence and Violations; (2015 : Sep 17-20 : Bangkok).*

Media is an institution that plays a highly influential role in shaping norms and attitudes relating to gender and the role and value of women. To date, gender equality initiatives in Australia have paid little attention to the critical role of media in perpetuating gender norms and stereotypes and its potential to contribute to their transformation.

Case study 3: Engaging with media and advertising to address gender norms and attitudes

Successful gender equality strategies must simultaneously shift norms, practice and structures that de-value women. Everyday media, including television, radio, advertising and news, have an enormous role to play in setting and perpetuating social norms and practices. Everyday media sets the bar for what constitutes acceptable attitudes or behaviour. The use of sexist jokes, gratuitous depictions of sexual violence, derogatory remarks and attitudes which regard women as property and possessions contribute to a society that dehumanises women and trivialises gender equality. Localised initiatives in settings such as schools, workplaces and local communities will be ineffective if undermined by media messages that contribute to and normalise gender inequality.

The prioritisation of men's sports over women's, the disproportionate number of children's shows aimed at and starring boys instead of girls, and the characters and roles allotted to men and women which reinforce rigid gender stereotypes all contribute to cultures permissive of sexism and discrimination.

'Media' was identified under the VicHealth framework as a key setting for primary prevention interventions in 2007. Although there have been some promising initiatives in the intervening years³⁸ these have tended to focus specifically on how the media reports on cases of violence against women. The representation of women in everyday mainstream media, including advertising and popular culture, has largely remained the 'too hard' basket.

If we are going to effectively target the underlying conditions supporting gender inequality, we must challenge ourselves to develop a more ambitious strategy for the media setting. Internationally, the media setting has been identified as a priority in a number of gender equality strategies, including in the new national framework for prevention of violence against women, *Change the Story*.

In Beijing in 1995, the United Nations Fourth World Conference on Women set out two strategic objectives relating to the need for both normative and structural change in relation to media:

- Promote a balanced and non-stereotyped portrayal of women in the media (**changing norms**), and
- Increase the participation and access of women to expression and decision-making in and through the media (**structural change**).³⁹

Making Change: Nordic Examples of Working Towards Gender Equality in the Media (2015) provides a collection of inspiring media practices in the Nordic region spanning advertising, computer gaming,

³⁸ For example, the Victorian Elimination of Violence Against Women Awards (or EVAs), which have subsequently evolved into Our Watch's National Media Engagement Project (NMEP), aim to increase quality reporting of violence against women and their children. NMEP includes a National Survivors' Media Advocacy Program and a National Awards Scheme to recognise and encourage accurate reporting of violence against women specifically.

³⁹ United Nations. Fourth World Conference on Women (1995) J. Women and the media. *In*: Beijing Declaration and Platform for Action. Available from: [URL](#)

television programming, journalism and film, as well as a compilation of comparative data on gender equality in the Nordic media sector.⁴⁰

The impact of media and advertising on women's health and gender inequality is an ongoing area of focus for WHV and we believe we can play a leading role in assisting the government to develop an effective gender equality strategy for the media setting. WHV regularly engages in advocacy related to advertising and entertainment that degrades women. For example, prior to 2012, the objectification of women was not identified as grounds for complaint in the Australian Association of National Advertisers' Code of Ethics. Due in part to WHV's advocacy, the revised Code now states that 'advertising or marketing communications should not employ sexual appeal in a manner which is exploitative and degrading of any individual or group of people'.⁴¹

The change necessary to achieving gender equality will require coordinated and complementary strategies targeting both structures and norms and practices that cumulatively build momentum for comprehensive and sustained social change.

⁴⁰ Edström and Mølsterm (2014) Making change : Nordic examples of working towards gender equality in the media. Available from: [URL](#)

⁴¹ Australian Association of National Advertisers (2012) AANA code of ethics. Available from: [URL](#)

2. Adopt a long term, whole-of-community approach to achieving gender equality, taking an intersectional approach

Gender inequality permeates all levels of society, from the individual and interpersonal level to the institutional and societal level. It manifests across all life stages and all domains of public and private life. Other experiences of inequality (such as class, race, sexuality, disability and residency status) also have a compounding effect on gender-based discrimination across the lifecycle.

Given the scale and complexity of addressing gender inequality at all levels of society, all life stages and all life domains, in a way that recognises the compounding impact of other experiences of inequality, a whole-of-community approach is required. To be most effective, the approach must engage people across the different settings in which they live, work, learn, socialise and play (such as schools, workplaces, sport and recreation settings, and media) and use a range of different levers (for example, legislation, community education and social marketing) to deliver a number of coordinated, mutually-reinforcing interventions.

While this is not a simple task, the good news is that, in the same way as gender *inequality* is reinforced by the complex interplay of structures and norms across all levels of society, life domains and life stages, so too efforts to promote gender *equality* can leverage these same dynamics to build momentum towards our long term goal of gender equality. For efforts to become self-perpetuating and cumulative, they must be underpinned by a comprehensive strategy where work is aligned and coordinated.

The scale and complexity of this whole-of-society change requires an overarching framework that enables policy makers to coordinate interventions, and practitioners to locate their efforts within a shared broader picture.

Target all levels of the social ecology

Improving gender inequality will require change that addresses gender unequal norms, structures, and practices at the individual/interpersonal, community/organisational, systems/institutional and societal levels.

The ecological model of social change (**Figure 1**) provides a proven framework for targeting norms, structures and practices at each of these levels. The notion of a 'social ecology' is a useful way of both understanding individual behaviour in a social context, and illustrating the interplay between relevant factors located at the individual, organisational, community, systemic and social levels represented by the expanding circles.⁴²

The ecological model has provided the basis for strategies for the primary prevention of violence against women targeted at addressing gender inequality in Victoria and nationally.⁴³ It provides an evidence-based foundation for a whole-of-society approach to gender equality that accounts for the relationships and dependencies between the different levels of society. The *Change the Story* model

⁴² 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*, p. 24. Available from: [URL](#)

⁴³ *ibid.* Available from: [URL](#); VicHealth (2007) *Preventing violence before it occurs : a framework and background paper to guide the primary prevention of violence against women in Victoria*. Available from: [URL](#)

in **Figure 1** focuses on addressing gender inequality as the overarching driver of violence against women and could be easily adapted to inform the development of a broader gender equality strategy.

The ecological model tells us that structures, norms and practices occur at each level of society. It makes clear, for example, that it is not sufficient to target efforts to change attitudes and behaviours at the individual level. This has been a common shortcoming in prevention and health promotion initiatives (for example, in alcohol policy) where there has historically been a preference for initiatives that target individual behaviour change (for example, responsible drinking campaigns) and a reluctance to address systemic and institutional barriers to change (for example, regulation of the distribution of alcohol retail outlets or volumetric taxation of alcoholic beverages).⁴⁴

Using the ecological model to underpin a state-wide gender equality strategy would provide new and expert stakeholders with a shared language and concepts and the sense of being part of much larger, mandated and coordinated social change.

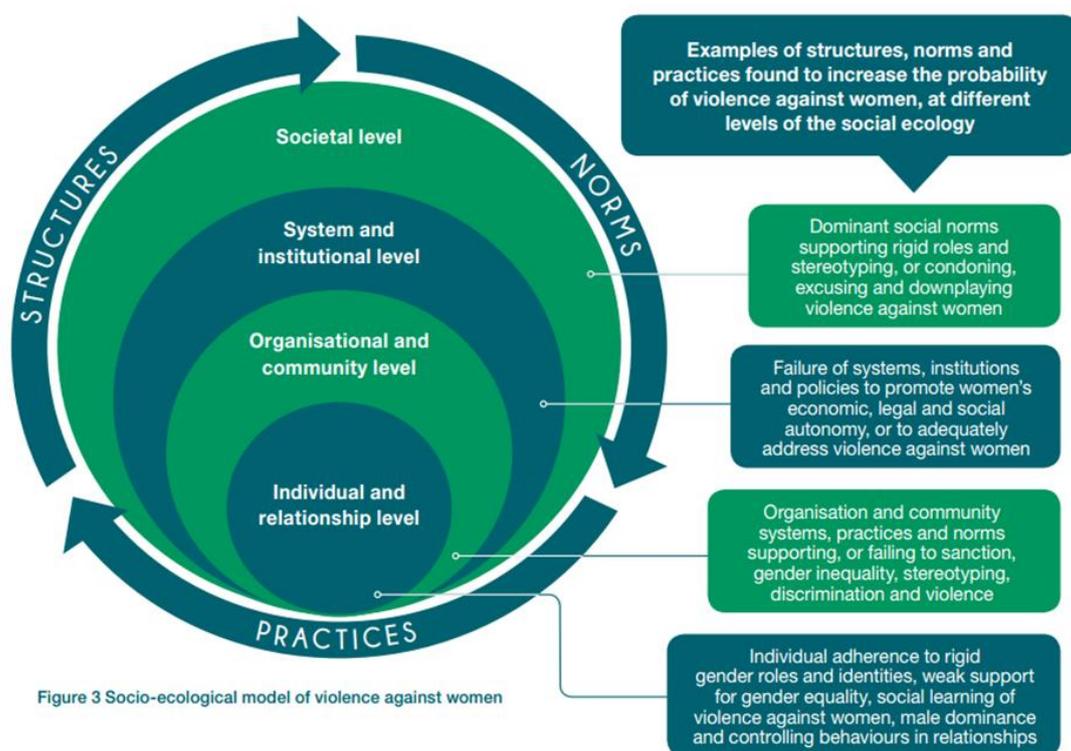


Figure 3 Socio-ecological model of violence against women

Figure 1: The socio-ecological model of violence against women. Source: *Change the Story*, A shared framework for the primary prevention of violence against women and their children in Australia. Our Watch, ANROWS and VicHealth (2015), page 24.

Individual and relationship level

This level concerns how we as individuals relate to family, friends and partners, and how gender inequality impacts on these relationships. An example of inequality at this level is women's and men's

⁴⁴ Australia. National Preventative Health Taskforce (2009) Alcohol : reshaping the drinking culture in Australia. *In*: Australia : the healthiest country by 2020 : National preventative health strategy : the roadmap for action. p. Chapter 4. Available from: [URL](#)

roles in the home. Who is performing the majority of household labour and caring responsibilities? Are there different roles allotted to men and women at family occasions? Are daughters and sons given the same opportunities?

Importantly, this is the level at which norms and harmful gender stereotypes are internalised. When individuals leave their homes and families to participate in work and other activities, they take internalised views about gender with them.

Organisational and community level

This level refers to the community or organisations where we spend most of our time, whether it be workplaces, schools, community services or our neighbourhoods and clubs. Are women and girls given different roles and remuneration from men and boys? Are they and their contributions equally valued? Do men and women feel equally safe and included in these settings?

System and institutional level

This level relates to the pillars of civil society that are central to the way our society operates and have wide ranging impacts and influence – even if most of us are not consciously aware of their influence in our day to day lives. These include the health and education systems, media, and religious and cultural institutions. Are women and men equally represented in leadership and decision-making? For example, are women excluded from formal leadership roles in churches and faith-based communities? Who gets to speak on behalf of a particular group? Are rigid gender stereotypes promoted and enforced through gendered practices? For example, are women reporters given less respect than their male colleagues? Are they subjected to a different level of scrutiny in regards to their appearance? How do gender norms limit how we think about or treat our students/ patients/ members?

Societal level

The societal level deals with government policy and laws, economic systems and the criminal justice system. Formal, high level policy and resourcing decisions are made at this level. The significant under-representation of women (and women's interests) at this level is a key driver of gender inequality. How do laws and policies consider and impact women? Do funding and policy decisions support greater equality, or reinforce inequality?

It is important to remember that these specific examples, although occurring at different levels of the ecological model, do not occur in isolation from one another in the lived experience of women's lives, but rather within a cumulative cycle of inequality that profoundly shapes individual, societal and economic outcomes.

One of the ways in which the ecological model is most valuable is that it makes clear that initiatives targeting individuals' attitudes and behaviours must be complemented by action to address community/organisational and system/institutional barriers to gender equality. For example, the new Commonwealth Government campaign 'Girls Make Your Move', which aims to increase physical activity among young women, is a positive and welcome initiative targeting gender norms and stereotypes and some of the barriers to women's participation in sport at the individual level, including body image.⁴⁵ However, to be effective, it will need to be complemented by initiatives to address the

⁴⁵ Australia. Department of Health (2016) Girls Make Your Move [Campaign]. Available from: [URL](#)

barriers to girls' and women's participation in sport at the community/organisational level (for example, a lack of girls' sports clubs and teams), at the systemic/institutional level (for example, sporting infrastructure that preferences men's sports activities (often team-based) over women's (often more individualised, and facilitated by alternative infrastructure like additional street lighting), and the societal level (for example, unequal funding for men's and women's sport).

Address all life stages

A gender equality strategy must engage with people at every life stage. Prevention strategies for violence against women and gender inequality tend to focus on engaging young people and schools and there is strong evidence to support this emphasis. When we think about the generational change required, investing in young people makes sense. Norms, attitudes and behaviours are formed from a young age, and work with young people aims to support healthy attitudes about gender, love and respect before young people begin their first intimate relationships.

As we move through the life cycle, policies and programs targeting people in their working years tend to focus on structural barriers to gender equality (for example, representation of women in senior roles, and parental and flexible leave policies), while often neglecting the important role of gendered norms and practices in reinforcing structural barriers to women's civic and economic participation.

By focusing only on young and middle-aged people, we risk perpetuating the marginalisation of older people, and of older women in particular. For example, older women are the fastest growing cohort of homeless people in Victoria. This is directly due to the cumulative experiences of gender inequality and discrimination throughout their lives. Exclusion from (and interruption of) employment, and uneven sharing of caring responsibilities, leave women at a significant disadvantage economically (for example, the gap in superannuation at retirement is 46.6 per cent).⁴⁶

Address all life domains

Four life domains cross-cut all settings and levels of society: political, economic, social/cultural, and the natural and built environments. These domains also overlap: for example, interventions that take a gender equitable approach to the economic and environment domains will facilitate women's participation and empowerment within the social and cultural life of the community. A comprehensive gender equality strategy should address all life domains.

A range of interventions in the **political domain** are explored under Principle 3. The Women's Health Association of Victoria submission sets out a number of strategies for the **economic domain** (particularly at the structural level) that governments should adopt to address the pay and superannuation gaps and facilitate women's labour force participation.

An example of addressing the economic domain at the individual and organisational levels is the CENTSable program. Women's Health Goulburn North East (WHGNE) had provided effective No Interest Loans (NILS) programs for women since 2007. With funding from the Ian Potter Foundation,

⁴⁶ Australia. Parliament. Senate Standing Committees on Economics. Economics References Committee (2015) Inquiry into the economic security for women in retirement. Available from: [URL](#)

WHGNE launched a national website, CENTSable, to assist workers to access information about NILS and other financial options to benefit women on low incomes.⁴⁷ CENTSable:

- Assists workers to have informed financial conversations with women on low incomes who are applying for a No Interest Loan; and
- Provides disadvantaged women with relevant options to better manage limited income (often in the context of recovering from domestic violence, including financial abuse).

Interventions in the **social/cultural domain** might aim to foster inclusion, empowerment and a sense of community, as social factors contributing to individual and community wellbeing. More disadvantaged groups of women are at higher risk of social exclusion and should be supported, empowered and connected through tailored initiatives. For example, Women with Disabilities Victoria's leadership program, *Enabling Women*, builds the capacity of women with disabilities to speak up in their communities and make them more welcoming and inclusive, and the Women's Mental Health Network pilot, *Breaking the Silence*, helps women in rural and regional Victoria to break down stigma and isolation and empowers them to contribute to local community efforts to improve mental health.⁴⁸

The **built environment** is another life domain that impacts directly on women's ability to participate equally, fully and safely in community life. Women often have a different experience of the built environment from men. For example, women are more likely to work part-time, have caring responsibilities for children and elderly relatives and shop for food. They are more likely to use public transport more often and in off-peak hours, making small trips often.⁴⁹ Violence, including street sexual harassment and assault, is also source of fear for women and influences their navigation of urban spaces.⁵⁰

Case study 4: Building gender into the urban environment

There are a range of tools and resources that governments and service providers can use to better understand how gender impacts social inclusion and ensure equal access to the built environment for women and men, including more disadvantaged populations who may experience additional barriers to inclusion. For example, gender and/or safety audits⁵¹ can be an effective tool to ensure inclusive urban planning for women as well as for people with disabilities, the elderly, young people and those living in high-violence communities.⁵²

In addition, the Victorian Women's Health Atlas (Atlas), developed by Women's Health Victoria, provides reliable sex-disaggregated data for evidence-based planning which will contribute to lasting improvements in the health and social inclusion of Victorian women. As an example, the Atlas reveals significant discrepancies in perceptions of safety among men and women in Victoria. In one

⁴⁷ Women's Health Goulburn North East CENTSable : a resource for No Interest Loan Scheme (NILS) workers when assisting women with issues in: domestic violence, health, housing, insurance, legal, money and transport. Available from: [URL](#)

⁴⁸ Women With Disabilities Victoria (2016) *Enabling Women* : a community based leadership program for women with disabilities [Brochure]. Available from: [URL](#); and Women's Mental Health Network Victoria Inc. (2016) *Programs*. Available from: [URL](#)

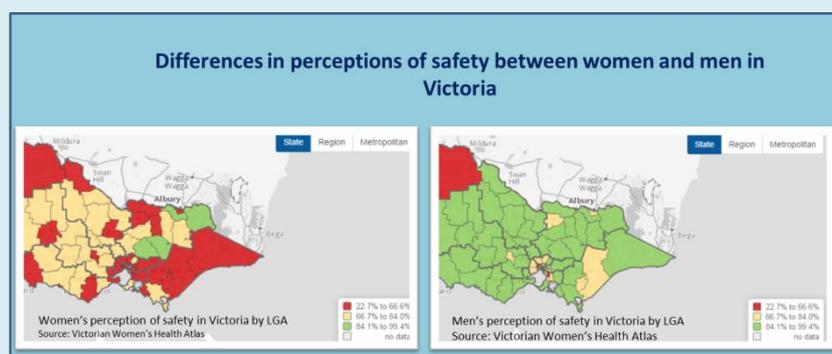
⁴⁹ Khosla (2005) *Gendered cities : built and physical environments*, p. 1. Available from: [URL](#)

⁵⁰ Moser (2012) *Mainstreaming women's safety in cities into gender-based policy and programmes* [Article]. *Gender and Development*. 20 (3):435-52.

⁵¹ Women's Health East (2015) *Together for equality and respect : gender audit tool and guidelines*. Available from [URL](#)

⁵² Whitzman, Shaw, Andrew and Travers (2009) *The effectiveness of women's safety audits*. *Security Journal*. 22 (3):205-18, pp. 207-8. Available from: [URL](#)

metropolitan local government area, for example, 81.7 per cent of men felt safe at night, while only 40.3 per cent of women reported feeling safe.⁵³



Understanding the gender differences in perceptions of safety, as well as in use of services and public space, enables local governments to identify and implement measures that will improve women's health and social and economic inclusion, as well as enhancing community safety. For example, reducing the height of curbs, installing accessible alternatives to stairs in public places, and the provision of proper street lighting and safe, clean and accessible public toilets in public spaces can make a city more accessible for women, and indeed men, at all life stages and with differing abilities.⁵⁴ Moves towards creating '20 minute neighbourhoods' also have the potential to increase women's economic and social participation by making it easier to combine work and family duties.⁵⁵ Removing sexualised images of women in public spaces can improve women's experience in the urban environment.⁵⁶

The Victorian Government has recently introduced a 24 hour weekend public transport initiative, *Homesafe*. Taking a gendered perspective will be important to ensure this initiative responds to the needs of women. Australian research indicates that many women are fearful of using public transport at night, particularly trains.^{57 58} Common reasons women feel unsafe using public transport at night include stations and stops which are not visible to others, deserted, dark or poorly lit, or which have 'hiding' spots or inadequate security.^{59 60} The onus is often placed on women to avoid unsafe public places instead of those who use violence and harassment.

Research indicates that while CCTV does have an impact, upgrading train stations and tram stops to have well lit waiting areas and walkways with no hiding spots or areas of entrapment would further

⁵³ Community Indicators Victoria data from 2011, cited (2015) Violence against women : perceptions of safety : % people who feel safe when walking alone at night. In: Victorian Women's Health Atlas.. Available from: [URL](#)

⁵⁴ Khosla (2005) Gendered cities : built and physical environments, p. 3. Available from: [URL](#)

⁵⁵ Stanley and et al. (2015) Connecting neighbourhoods : the 20 minute city. Available from: [URL](#)

⁵⁶ de Madariaga (2013) From women in transport to gender in transport : challenging conceptual frameworks for improved policymaking. *Journal of International Affairs* (Sep 22). Available from: [URL](#)

⁵⁷ Bell (1998) Women and community safety In: Safer Communities : Strategic Directions in Urban Planning Conference (1998 : Sep 10-11 : Melbourne.), p. 3.

⁵⁸ Currie, Delbosc and Mahmoud (2010) Perceptions and realities of personal safety on public transport for young people in Melbourne. In: Australasian Transport Research Forum Proceedings (2010 : Sep 29-Oct 1 : Canberra). Available from: [URL](#). This report lacks a gendered approach and excludes experiences of harassment as influencing women's perception of safety on public transport, instead only privileging outright experiences of physical harm and threats.

⁵⁹ Safe Women Project (Liverpool Women's Resource Centre) (1996) Plan It Safe : women talking about safety in public places. In: Plan It Safe [Kit]. Available from: [URL](#)

⁶⁰ Women's Health West. (2013) Women in the City of Hobsons Bay: Why Women's Health Matters. Melbourne: Women's Health West, p. 4.

improve perceptions of safety.⁶¹ The onus should be on people to avoid using violence and harassment, not on women to avoid this behaviour.

As this initiative is in its infancy, it is imperative that the Government regularly collect demographic details from those using the *Homesafe* service including sex, age, ability and ethnicity, and regularly consult with a diverse range of women who use the service on their experience, as well as those who choose not to use the service for safety or other reasons.⁶²

Embed gender equality in all settings

Targeting gender equality initiatives to the settings in which people live, work, play is the best way to achieve reach and saturation of messages and interventions across Victoria.

Settings are places where social and cultural values are produced and reproduced.⁶³ Evidence supporting the strength of a settings-based approach has long been recognised by health promotion researchers and practitioners as an optimum way to improve population health.⁶⁴ Government bodies, workplaces, media, sports and recreation, schools and education, health and community services, faith-based communities, the justice system and the arts all have a role to play to promoting gender equality. Interventions must also target groups at highest risk of experiencing gender inequality through services such as disability, health, mental health and aged care settings.

A settings approach enables us to work across all levels of the social ecology, by using settings as 'intervention gateways'. For example, respectful relationships education (RRE) in schools builds young people's capacity to engage in gender equitable, respectful intimate relationships contributing to gender equality at the individual and relationship level of the social ecology. Ideally, RRE should not be limited to a single 'subject', but should be integrated across the curriculum; it is promising to see that the Victorian Government has recently introduced an initiative to help students bring a critical gender lens to the books they read.⁶⁵ We also know that a 'whole of school approach' to RRE, which engages teachers, parents and principals, can simultaneously contribute to mutually reinforcing change at the organisational and institutional levels.⁶⁶

Combining the ecological model with a multiple settings approach provided the foundation for VicHealth's groundbreaking 2007 Framework for preventing violence against women,⁶⁷ and the more recent national prevention framework, *Change the Story*. Both frameworks have highlighted workplaces as one setting where there is significant practice expertise or evidence that demonstrates their potential for impact (**Case study 5**).⁶⁸

⁶¹ Whitzman (2013) Women's safety and everyday mobility. *In: Building inclusive cities : women's safety and the right to the city* / edited by Carolyn Whitzman, Crystal Legacy, Caroline Andrew., pp. 43-44.

⁶² de Madariaga (2013) From women in transport to gender in transport : challenging conceptual frameworks for improved policymaking. *Journal of International Affairs* (Sep 22)

⁶³ 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*, p. 40. Available from: [URL](#)

⁶⁴ VicHealth (2015) Evidence Review: Settings for addressing the social determinants of health inequities. Available from: [URL](#)

⁶⁵ Victoria. Minister for Women (2016) Stella Prize schools pilot lifts lid on gender bias in books. *Victorian Government Media Releases* (Mar 8). Available from: [URL](#)

⁶⁶ Flood, Fergus and Heenan (2009) Respectful Relationships Education : violence prevention and respectful relationships education in secondary schools. Available from: [URL](#)

⁶⁷ VicHealth (2007) Preventing violence before it occurs : a framework and background paper to guide the primary prevention of violence against women in Victoria. Available from: [URL](#)

⁶⁸ 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*, p. 40. Available from: [URL](#)

Case study 5: Using the workplace as a setting for promoting gender equality – *Take a stand against domestic violence: it's everyone's business*

Recognising the significant influence of workplaces over social norms, organisational practices and institutional structures that can drive change, in 2007 WHV developed *Take a Stand against domestic violence: it's everyone's business*, Australia's first whole-of-organisation workplace-based violence prevention program, with funding from VicHealth.

Take a Stand addresses the underlying causes of violence and builds capacity within workplaces to model, promote and facilitate respectful and non-violent gender relations. The program aims to influence change at both individual and organisational level, through three key elements: leadership (e.g. executive engagement; anti-violence policy development), training (about the causes, prevalence and impact of domestic violence and how to 'take a stand') and message promotion (e.g. use of promotional materials to reinforce messages; participation in events like White Ribbon Day).

The *Take a Stand* program engages employees in skills development to speak up against attitudes and behaviours that sustain violence in our community. The 'bystander approach' is what made *Take a Stand* an Australian first; this approach has since been adopted by a number of other organisations delivering workplace-based programs. *Take a Stand* also ensures that employees who are experiencing domestic violence are supported.

The 2011 evaluation of the *Take a Stand* pilot found that participants felt they had a better understanding of domestic violence and how things people say or do can support domestic violence, and were more likely to challenge violence-supportive attitudes and behaviours as a result of the training.⁶⁹ Together with its partners Women's Health Loddon Mallee and Women's Health and Wellbeing Barwon-South-West, WHV has now delivered *Take a Stand* to over 4000 employees at more than twenty workplaces across Victoria.

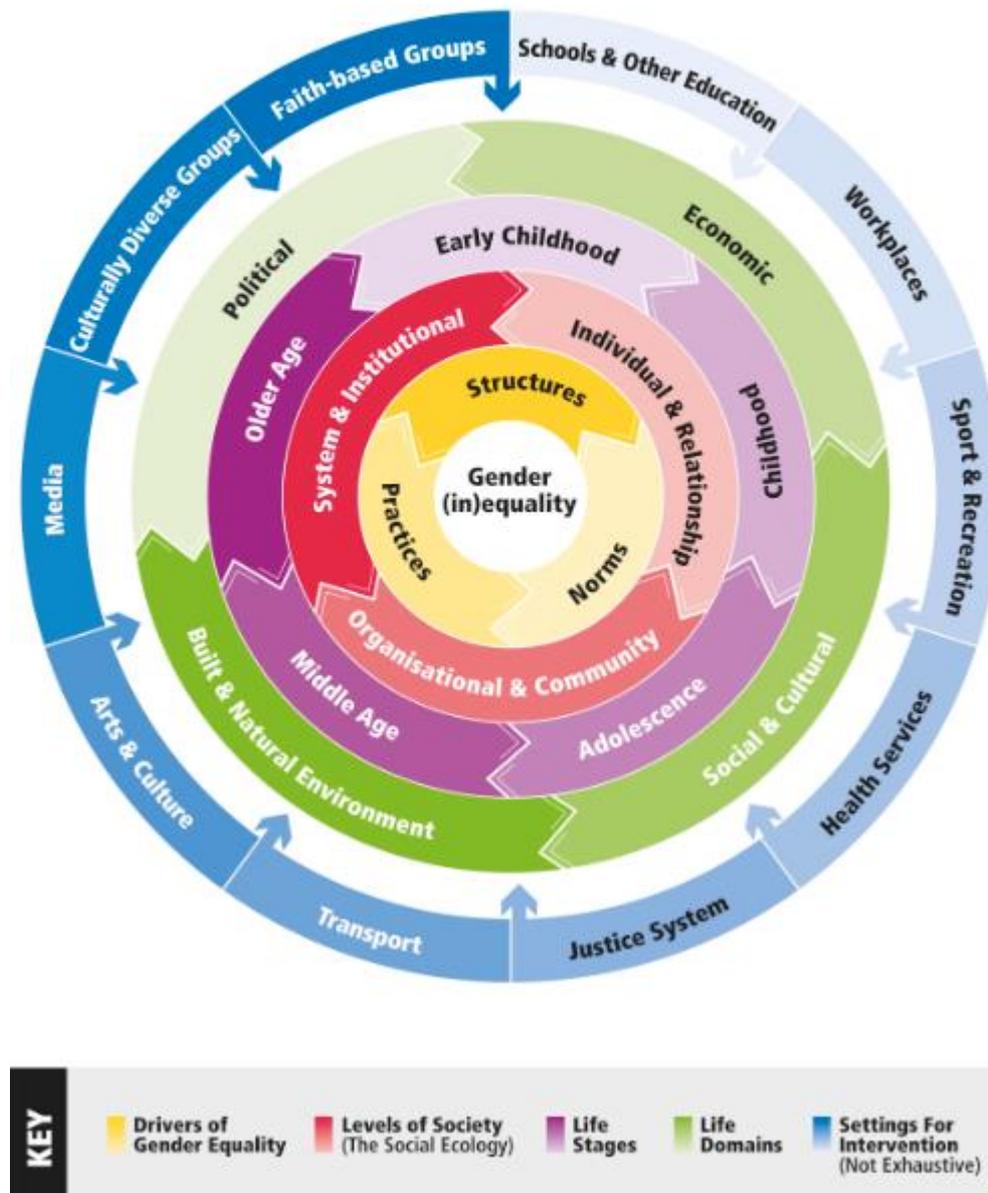
WHV has developed **Figure 2** below to show a multidimensional picture of where and how gender inequality is created, reinforced and experienced across the Victorian community, and represents the whole-of-community action required to achieve gender equality. This model builds on the social ecological model for addressing gender norms, practices and structures outlined by Our Watch in **Figure 1**.⁷⁰

⁶⁹ Durey and Women's Health Victoria (2001) Working Together Against Violence : final project report, pp. 8-9.

⁷⁰ The need to take an intersectional approach is represented in Figure 4, on page 80 of this submission.

Figure 2

A whole-of-community approach to addressing gender inequality



Take a multi-strategy approach

As well as moving beyond the individual to address institutional barriers and enablers of gender equality, and taking a multi-sector approach to address gender inequality across a range of settings, it is also recommended that government adopt a 'multi-strategy' approach, using different levers to achieve mutually-reinforcing impacts on gender inequality. Recognising that 'wicked' policy problems cannot be reduced to a single cause, multiple contributing factors need to be addressed through a series of mutually-reinforcing strategies.

Webster and Flood note that the success of prevention efforts in the areas of tobacco control and road safety indicates that ‘strategies [for the prevention of violence against women] are most likely to be successful when they are combined, and implemented together to produce synergistic effects’.⁷¹

Table 1 outlines the types of strategies that have been successfully combined in road safety and tobacco control; we have added examples of comparable strategies that are being, or could be, used to tackle gender inequality.

We recognise that gender inequality is a significantly more complex issue to address than reducing the road toll or smoking rates, because it is so deeply embedded in our society’s norms, practices and structures, and across all domains of public and private life. Nevertheless, public health initiatives in road safety and tobacco control offer a useful example of how multiple, mutually-reinforcing strategies can work together to bring about meaningful and measurable change in social norms, attitudes and behaviours. Indeed, the complexity of addressing gender inequality strengthens the case for a multi-strategy approach.

⁷¹ Webster and Flood (2015) Framework foundations 1 : a review of the evidence on correlates of violence against women and what works to prevent it. Companion document to Change the Story : a shared framework for the primary prevention of violence against women and their children in Australia, p. 61. Available from: [URL](#)

Table 1: Types of strategies that should be combined to address gender inequality

Strategy	Road safety/ tobacco control example(s) ⁷²	Gender equality example(s)
Legislative and regulatory reform	<ul style="list-style-type: none"> • Compulsory seat belt laws • Blood alcohol limits • Banning tobacco advertising • Restrictions on smoking in public places • Mandatory health warnings on cigarette packets 	<ul style="list-style-type: none"> • Quotas/diversity targets for government, business and not-for-profits • Gender sensitive and gender transformative macroeconomic reform e.g. 'daddy quotas' in paid parental leave, superannuation 'top-ups' for women • Inclusion of gender equity/ gender impact requirements in funding agreements • Regulation of advertising to address sexualisation and objectification of women and gender stereotyping
Community mobilisation to engage communities in shifting practices and norms	<ul style="list-style-type: none"> • Tobacco and alcohol-related health education in schools • Local road safety initiatives such as 'rest, survive, survive' rest stops 	<ul style="list-style-type: none"> • Whole-of-school respectful relationships education • Regional action plans engaging local partners in prevention of violence against women and promotion of gender equality • Awareness-raising activities e.g. White Ribbon Day, 16 Days of Activism against gender-based violence
Communications and social marketing to shift social norms and practices	<ul style="list-style-type: none"> • Graphic road safety and anti-smoking advertisements • Social marketing campaigns targeting social norms and pro-social behaviour (e.g. not letting friends drive and drive) 	<ul style="list-style-type: none"> • Gender equity campaigns seeking to transform gender norms (e.g. <i>Girls Make Your Move</i>) • Anti-violence campaigns e.g. Our Watch's <i>The Line</i>
Organisational development to change policies, structures and	<ul style="list-style-type: none"> • Implementation of no-smoking policies in workplaces, combined with workplace-based interventions to support people to quit 	<ul style="list-style-type: none"> • Gender audits and gender equality interventions across settings (e.g. workplaces, sporting organisations), supported by resources and tools

⁷² Webster and Flood (2015) do not provide specific examples of each type of strategy, other than for 'Development of the skills of individuals to engage in prevention'. Other examples have been generated by Women's Health Victoria.

cultures	<ul style="list-style-type: none"> • Workplace-based promotion of responsible drinking, combined with interventions to prevent dangerous driving (e.g. breathalysers in work vehicles) 	
Education of key workforces to enable them to build prevention [gender equality] into their job roles	<ul style="list-style-type: none"> • Training of primary health professionals to deliver anti-smoking interventions as part of primary health care • Responsible Service of Alcohol training for staff in licensed venues 	<ul style="list-style-type: none"> • Applied gender analysis/ gender equality training delivered by women's health services to key workforces in mainstream and specialist settings
Development of the skills of individuals to engage in prevention [gender equality]	<ul style="list-style-type: none"> • Driving skills programs • Smoking cessation programs 	<ul style="list-style-type: none"> • Bystander training to develop individuals' skills and confidence to speak up against domestic violence and sexist attitudes and behaviours that drive violence against women (e.g. WHV's <i>Take a Stand against Domestic Violence: It's everyone's business</i>)
Advocacy to ensure that attention is given to the problem and that barriers to addressing it are addressed.	<ul style="list-style-type: none"> • Funding of non-government organisations such as Cancer Council Victoria and Quit Victoria to build the evidence base and advocate for anti-smoking initiatives 	<ul style="list-style-type: none"> • Funding of specialist women's services, including women's health services, to build the evidence base and advocate for measures to promote gender equality, as well as providing training and advice to government and other sectors

Take an intersectional approach

Gender-based discrimination interacts with other lived experiences of inequality across the life cycle. This interaction, in which one experience impacts on another, is termed 'intersectionality'. Social and structural inequalities, such as class, race, sexuality, disability and residency status increase the likelihood that women will be subjected to negative and compounding socio-economic and health outcomes. An intersectional approach to gender equality will recognise and be responsive to the ways in which the experience of disability, cultural or racial minority status, sexuality and gender diversity, rurality or socio-economic status intersects with gender to intensify gender-based inequality.

An intersectional approach is necessary because the goal of a gender equality strategy is not only to achieve equality in health and other outcomes (such as employment) between women and men, but also to achieve equality in opportunity and outcomes across all groups of women. This means balancing universal strategies with specialist, tailored approaches for women who experience intersectional disadvantage including Aboriginal and culturally and linguistically diverse women, women with disabilities, sexuality diverse women, gender diverse people and women living in rural areas. Equality for all women can only be achieved with specific and intensive effort for those experiencing the most disadvantage.

Case study 6: Intersectionality in policy development and program design – countering the marginalisation of women with disabilities

Violence against people with disabilities has recently become a focus of governments and oversight bodies. Development of policy in this area has not been concerned with gender equality and so has not connected with a gendered body of knowledge about violence response and prevention.

For example, the National Disability Insurance Scheme's 'Operational Guideline on Responding to Abuse, Neglect and Exploitation 2014' instructs on managing safety and risks. However, the Guideline appears not to have been developed with any input from experts in violence response and prevention. If it had, it would reflect awareness of the gendered nature of violence against women with disabilities.

Gender-based and disability-based discrimination increase the risk of violence for women and girls with disabilities. Men who use violence often target victims who they perceive are less powerful, such as women who are unable to communicate to others what has happened to them, and those restricted in their physical movement.⁷³ Women and girls with disabilities are twice as likely as women and girls without disabilities to experience violence throughout their lives. Over one-third of women with disabilities experience some form of intimate partner violence.⁷⁴

Disappointingly, this reality is not reflected, and therefore not responded to, in the Guideline. Nor does the Guideline reflect the additional risks well known to specialists in Family Violence, Sexual Assault and Violence Prevention, such as being older, living in a remote area, coming from a non-English speaking background and being socially isolated.

The Guideline represents a lost opportunity for raising awareness of violence against women (including domestic and family violence) amongst National Disability Insurance Scheme workers, and reinforces and perpetuates gender inequality.

⁷³ Women With Disabilities Victoria (2014) Violence against women with disabilities : Fact Sheet 3. Available from: [URL](#)

⁷⁴ *ibid.* Available from: [URL](#)

By contrast, the Victorian Office of the Public Advocate's 'Guideline for Addressing Violence, Neglect and Abuse' (IGUANA) was developed in conjunction with violence specialists and women with disabilities. IGUANA clearly states what actions should be taken in cases of neglect or when abuse is reported, or is witnessed or suspected by a staff member or volunteer. It makes explicit the gendered nature of violence against women with disabilities: 'Staff and volunteers should be aware that women with disabilities are more likely to experience violence than both men with disabilities and women in the general population.'⁷⁵

A good example of best practice in intersectional program design is the Gender and Disability Workforce Development Program run by Women with Disabilities Victoria. This program is designed to change culture across whole organisations, and works with clients, staff, managers and executives. The aim is to improve gender equitable service delivery as a strategy for increasing women's well-being and reducing gender based violence. The package is co-delivered by women with disabilities and professionals from relevant sectors. Ongoing communities of practice within the organisations support and sustain cultural change.

A recent evaluation of the pilot showed evidence of positive cultural change at both an individual and organisational level. For example, participants reported:⁷⁶

'Now when we have conversations, we introduce concepts of gender; it's actually discussed as a point in decision making. There has been a shift in our conversations since the training.' (Manager)

'I have observed a marked difference in staff approaches to working with women with disabilities, in particular between staff who have completed the training and those that have not. Moving from managing one residential service to another has highlighted this for me.' (Support Worker)

'We lose sight of gender issues in "individual person centred planning". It needs to remain at the forefront.' (Manager)

Case study 7: Addressing the barriers to health and equality for rural women

There is ample evidence that women living in rural and regional areas experience relative disadvantage to women living in metropolitan communities. Fewer opportunities – both in the private and public sphere – have an impact on rural women's ability to live full and prosperous lives, or to seek help and assistance when they need it. Barriers and disadvantages that rural women face include:

- Gendered disparity in access to the labour market, which is symbolic of unequal status, choice and self-determination: Labour markets in rural areas are more strongly gendered, meaning men tend to earn higher wages.⁷⁷ Failure to complete secondary school also has more profound impacts on rural women than rural men;

⁷⁵ Victoria. Office of the Public Advocate (2013) Interagency guideline for addressing violence, neglect and abuse (IGUANA), p. 2. Available from: [URL](#)

⁷⁶ Women With Disabilities Victoria (2015) Workforce Development Program on Gender and Disability : summary paper of independent evaluation findings, p. 4 and p. 12. Available from: [URL](#)

⁷⁷ Luhrs (2013) Daughters of farmers : farm succession and sustainable farming communities. *In*: Footsteps to the future : collected thoughts on the sustainability of resources, people and community in Southwest Victoria / edited by K. Scholfield et al. . p. 31-4. Available from: [URL](#)

- Stronger gender stereotypes in rural areas: these can lead to increased incidence of violence against women when these stereotypes are challenged;⁷⁸
- Impacts of climate change and drought. These include an increase in violence towards women, women being 14 times more likely to die in a natural disaster, difficulties accessing resources, and gender shaping the burden of care, recovery and decision making.⁷⁹

Lack of access to services is a major barrier to rural women's health and equality. Fewer available services, long distances combined with a lack of transport and child care, and cost, all act as barriers to service access. Difficulties in accessing sexual and reproductive health services and family violence services are particularly acute for rural women. For example, in addition to the limited availability of contraception and abortion services in rural and regional Victoria, and the barriers of distance and cost, lack of privacy/anonymity in small rural communities and judgmental attitudes among health professionals compound the disadvantage of rural women in attempting to access reproductive health services.⁸⁰

Rural women who experience family violence also face serious barriers to service access that can further threaten their safety. These include isolation, limited finances, lack of anonymity, greater opportunities for surveillance of survivors and greater likelihood of perpetrator presence around services, as well as limited crisis accommodation, support, health and legal services (exacerbated by conflicts of interest in small communities).⁸¹

An intersectional gender equality strategy needs to take into account the particular challenges rural women face. As a first step, a base level of service provision for all Victorians needs to be articulated and provided. The specific barriers faced by rural women then need to be addressed, including through additional support and alternative service models. For example, improvements in community accessible telehealth and tele-education can help overcome the burden of distance. Rural women's health services play a critical role in building the capacity of services in their regions to promote gender equality and the health, safety and wellbeing of women by providing expert training, direct services and activities, health promotion, research and advocacy.

⁷⁸ Pease (2010) Reconstructing violent rural masculinities : responding to fractures in the rural gender order in Australia. *Culture, Society and Masculinity*. 2 (2):154-64

⁷⁹ Clarke (2010) The health impacts of climate change and drought on women in the Loddon Mallee Region : a literature review with recommendations. Available from: [URL](#)

⁸⁰ Rural services of the Women's Health Association of Victoria (2012) Victorian rural women's access to family planning services : survey report, August 2012. Available from: [URL](#)

⁸¹ George and Harris (2014) Landscapes of violence : women surviving family violence in regional and rural Victoria. Available from: [URL](#)

3. Demonstrate leadership by setting the agenda for change, gender mainstreaming and coordinating effort

Australian governments have a long, but uneven, history of promoting gender equality through gendered policy and gender responsive budgeting. Sharp and Broomhill have outlined the pioneering work of former federal governments in developing a national women's policy machinery and Women's Budget Statement in the 1970s and 1980s, which inspired the United Nations' approach to gender mainstreaming.⁸² While this process and infrastructure was watered down over time, it endured for thirty years at federal level until 2014. In Victoria, the last Women's Budget Statement was published in 1997.

The Victorian Government has begun to demonstrate a renewed commitment to gender equality through a range of measures, including its intention to develop a gender equality strategy. A whole-of-government and whole-of-community gender equality strategy, which is well-resourced and supported by robust accountability measures, will be a significant step towards gender equality in Victoria.

The realisation of gender equality in Victoria will require strong, long-term leadership from the Victorian Government. To achieve whole-of-community change, the Victorian Government has a critical role to play in:

1. Setting the agenda for change by demonstrating an enduring commitment to achieving gender equality at the highest levels within the Victorian government and public sector, as well as advocating for change at the national level;
2. 'Mainstreaming' gender equality into all legislation, policy, budgeting, service delivery and procurement, including through local government; and
3. Leading and coordinating statewide whole-of-government and whole-of-community effort to ensure a comprehensive and systematic approach to gender equality

Government leadership must also be underpinned by **adequate, long-term investment**, reflecting the long-term nature of attitudinal and structural change. A **bi-partisan commitment** and sustained funding beyond the three to four year electoral cycle will be critical to the success of the strategy. It is not realistic to expect to achieve broad scale cultural change within a three to four year funding cycle, and funders will need to understand that gender equality requires long-term investment and be realistic about the timescales in which they would expect to see changes.

Long-term funding will also enable successful programs and initiatives to be scaled up, systematised and embedded into ongoing practice, while at the same time short- to medium-term funding will support evidence-building through innovation. It should be noted that, in the case of both road safety and tobacco control, **a dedicated funding stream** was available to fund prevention work (compulsory registration fees in the case of the Transport Accident Commission and hypothecated funding to VicHealth raised through the tobacco excise in the case of anti-smoking initiatives).

While a number of jurisdictions within Australia and internationally have gender strategies in place today, most are limited to promoting gender mainstreaming in policy and programs, and do not include action to achieve change within parliament and government itself and coordination of a whole-of-community approach.

⁸² Sharp and Broomhill (2013) A case study of gender responsive budgeting in Australia, p 3. Available from: [URL](#)

Setting the agenda for change

It is critical that the Victorian Government set the agenda by demonstrating an enduring commitment to achieving gender equality at the highest levels within the Victorian government and public sector, as well as advocating for change at the national level.

A recent international example of government role-modelling change is the achievement of gender parity in new Canadian Prime Minister Justin Trudeau's Cabinet for the first time in Canada's history. Asked why he felt gender equality in the Cabinet was important, Trudeau said simply: 'Because it's 2015'.

The Victorian Government has already taken a range of actions to demonstrate its leadership and commitment to gender equality. It is encouraging to see nine female ministers in the current Cabinet. The broader composition of the current Victorian Parliament, where women make up 37.5% of MPs, also compares favourably with other Australian parliaments.

Increasing the political participation of women has been shown to advance laws and policies to address gender-based violence and inequality. Even though women hold an average of only 22.6 per cent of seats in national parliaments globally,⁸³ their participation in decision-making positions has a positive impact on furthering key human rights issues, including for women and children. In Argentina, for example, women, who represented 14 per cent of members of parliament in the 1990s, introduced 78 per cent of the legislation related to women's rights. In New Zealand, women parliamentarians, who constituted only 15 per cent of members, initiated 66 per cent of debates on parental leave and child care from 1987-1992.⁸⁴

Opportunities remain for the Victorian Government to implement measures that will further increase the representation of women in parliament, state and local government, and the public sector in a way that will endure over time. For example, **quotas** have been shown to be an effective tool for increasing parliamentary representation. A report published by the Australian Parliamentary Library in 2013 found that legislative or voluntary electoral gender quotas are used in more than half of the world's countries and have proven to be effective in 'fast-tracking' women's political representation to produce equality of results, not just equality of opportunity.⁸⁵ As at 2012, all of the nations with greater than 30% female parliamentary representation have a gender quota system in place.⁸⁶

Many countries around the world have also established **gender equality committees** within their parliaments.⁸⁷ These committees have made significant progress in promoting gender equality by: debating the content of bills and ensuring gender considerations are taken into account; creating a network of gender focal points across other committees of the legislature; working in partnership with women's and other non-government organisations, the private sector and the media to ensure follow-up parliamentary action, review and oversight; holding public hearings and consulting with communities to determine the effects of policies, programmes and legislation on women and men, girls and boys; holding governments and Ministers to account for their actions; and institutionalising

⁸³ Inter-Parliamentary Union (2016) Women in national parliaments. Available from: [URL](#)

⁸⁴ UNIFEM (2010) Investing in gender equality : ending violence against women and girls. *In*: Ending Violence against Women and Girls : UNIFEM Strategy and Information Kit., page 4. Available from: [URL](#)

⁸⁵ McCann (2013) Electoral quotas for women : an international overview. Available from: [URL](#)

⁸⁶ Whelan and Wood (2012) Targets and quotas for women in leadership : a global review of policy, practice and psychological research, p. 20.

⁸⁷ This includes countries as diverse as Belgium, Costa Rica, Cyprus, India, the Philippines, South Africa and South Korea (to name a few): Palmieri (2011) Gender mainstreaming in the Australian Parliament : achievement with room for improvement. Available from: [URL](#)

gender-sensitive budgeting by raising gender issues during budget debates and developing partnerships with the budget or public accounts committees. An alternative approach to having a specialised committee on gender equality is the model used in Sweden, where gender is treated as a crosscutting issue and addressed in the work of all committees.⁸⁸

There is also an opportunity for the Victorian Government to institute **gender sensitivity training** for all Members of Parliament (for example, as part of induction or ongoing professional development). This could be used to highlight the gender dynamics of specific parliamentary practices, such as responding to questions without notice or chairing committees.

WHV welcomes the Victorian Government's commitment to pursue gender equality in all future appointments to Victorian **public sector boards** and court appointments, and the recent announcement that Victorian sporting bodies will risk losing their funding if they do not have 40% female representation on their boards. We strongly recommend that national sporting codes that receive Victorian Government funding not be excluded from the quota.⁸⁹ There is also an opportunity for the Government to extend this approach to the **public service**. For example, in June 2015, the NSW Public Service adopted gender targets for all departments where there is a disparity in senior roles.⁹⁰

To be most effective, quotas or targets should be made mandatory, outcomes measured, and supports put in place to assist women to take up senior political and administrative roles. These supports may include a range of measures such as preferential hiring/selection practices, promotion of mentoring and professional development opportunities, and/or fostering a culture that is accepting of flexible work arrangements.

As a **major employer**, it is essential that government role models a commitment to gender equality by actively creating more **gender equitable workplaces** (beyond pursuing quotas and other mechanisms to ensure women are equally represented at senior levels). For example, government EBAs should reflect international best practice in terms of paid parental and family violence leave, and gender-related KPIs should be established for senior bureaucrats. Like parliamentarians, all public officials should undertake gender equality training. It is promising to see that senior government officials are represented in the Victorian 'Male Champions of Change' program promoting gender equality in the workplace. However, it will be critical to translate this commitment into measurable change within workplaces and the community. An effort should be also made to recruit a broader cross-section of male leaders into the program, particularly from rural and regional communities and multicultural and faith-based communities.

As leaders in gender equality, the Victorian Government also has a vital role in advocating for gender equality at the **national level**. A number of critical levers for addressing gender inequality, particularly in the macroeconomic sphere, are held by the Commonwealth (for example, social security, employment, superannuation, child care, housing, and regulation of advertising). The Victorian Government should advocate for a national gender equality strategy involving all the states and territories and the Commonwealth at the Council of Australian Governments (COAG). This could form

⁸⁸ *ibid.* Available from: [URL](#)

⁸⁹ Nicholson (2015) Appoint women or lose funding : State crackdown on sports bodies. *The Age* (Dec 30). Available from: [URL](#); WHV understands that national sporting bodies such as the AFL have been excluded from the quota requirement:

Nicholson (2016) AFL and NRL clubs get a free kick on gender equality. *The Age* (Feb 25). Available from: [URL](#)

⁹⁰ Needham (2015) Target, quota, whatever it takes : just get more women into Parliament [Opinion]. *Sydney Morning Herald* (Aug 22). Available from: [URL](#)

part of the third action plan under the National Plan to Reduce Violence Against Women and their Children 2010-2022, recognising that gender inequality is a key driver of violence against women.

‘Mainstreaming’ gender equality into all legislation, policy, budgeting, service delivery and procurement

Even where it appears gender-neutral, all public policy is gendered. As former Sex Discrimination Commissioner, Elizabeth Broderick, put it in 2012:⁹¹

Because of economic and social differences between men and women, policy consequences, intended and unintended, often vary along gender lines. It is only through a gender analysis of policy that these differences become apparent, and solutions devised.⁹²

Public policy has the capacity to either perpetuate or eliminate discrimination and gender inequality. It is only by making gender a central consideration in the development and implementation of public policy that we can hope to advance gender equality and women’s human rights in Australia.

The risk in failing to do so is that public policy responses will not only perpetuate existing forms of oppression against women and limit women’s and men’s autonomy, but will also create new forms of gender oppression and undermine broader efforts to achieve equality.

Government therefore has a key role to play in removing barriers to equality through **policy, law making and resource allocation**. Since the United Nations Fourth World Conference on Women in Beijing in 1995, ‘**gender mainstreaming**’—or the process of ensuring policies and practices meet the needs of men and women equitably—has been promoted as a key strategy in the achievement of gender equality around the world.⁹³ The United Nations defines gender mainstreaming as the process of assessing the implications for women and men of any planned action, including legislation, policies or programs, in all areas and at all levels. It is a strategy for making women’s as well as men’s concerns and experiences an integral dimension of the design, implementation, monitoring and evaluation of policies and programmes in all political, economic and societal spheres so that women and men benefit equally and inequality is not perpetuated.⁹⁴ A 2014 study undertaken by the OECD outlines some of the most effective elements of a gender mainstreaming approach and the ongoing challenges.⁹⁵

Putting gender equality at the heart of all legislation and policy development, as well as resource allocation, will promote gender-sensitive and gender-responsive government programs and services and, ideally, contribute to the ‘transformation’ of gender relations to achieve true gender equality (see Principle 4). An intersectional lens must also be applied at all stages of policy development, program planning, data collection and resource allocation. This means recognising that women and men have complex identities and different groups of women will be differently affected or disadvantaged by programs and policies.

⁹¹ Broderick (2012) Applying a gender perspective in public policy : what it means and how we can do it better : address for International Women’s Day Forum : Addressing Gender Equality and Women’s Rights in Public Policy, 9 March 2012. Available from: [URL](#)

⁹² Chappell, Brennan and Rubinstein (2012) Australian intergovernmental relations : a gender and change perspective. *In*: Tomorrow’s federation : reforming Australian Government / edited by Paul Kildea ... et al. p. 228

⁹³ Palmieri (2011) Gender mainstreaming in the Australian Parliament : achievement with room for improvement. Available from: [URL](#)

⁹⁴ United Nations. General Assembly (1997) Report of the Economic and Social Council for 1997. (United Nations General Assembly [Proceedings] , 1997 : 52nd Session (Sep 18) : A/52/3). Available from: [URL](#)

⁹⁵ OECD (2014) Women, government and policy making in OECD countries : fostering diversity for inclusive growth. Available from: [URL](#)

As an example, **Case study 8** illustrates the potential impact of an intersectional gender analysis on corrections policy.

Case study 8: Women in prison

A gender analysis of the issue of women and the corrections system reveals a number of important differences between men and women in risk factors, offending patterns and experiences in prison, with implications for policy and service delivery. This is particularly pertinent in the context of the 49% increase in the rate of incarceration of women in Victoria over the four years to 2014, due at least in part to sentencing changes which have had a disproportionate impact on women.⁹⁶

For example, women are more likely to be in prison for minor crimes and commit less violent crimes than men.⁹⁷ Women in prison experience high levels of mental ill-health, victimisation, substance abuse and social disadvantage.⁹⁸ Compared to male offenders, female offenders are 1.7 times more likely to have a mental illness,⁹⁹ more likely to have an acquired brain injury,¹⁰⁰ and more likely to have minimal employment histories, unstable housing and be the primary carer for children.¹⁰¹ Prior to incarceration, these women have often experienced sexual assault and revictimisation at a considerably higher rate than the general community.¹⁰² As the financial instability of women has increased over time relative to men, women's rates of crime have increased relative to men.¹⁰³ The increase in the female prison population can also be linked to 'upcriming', a trend towards penalising women for disorderly behaviour, which may in part be because this behaviour transgresses gender norms of femininity.¹⁰⁴

Over 80% of women in prison have dependent children and a majority are the sole or primary carer.¹⁰⁵ This means that even short sentences can have an impact that is disproportionate to the crime committed as they can lead to disruption of the mother-child relationship, loss of custody or children entering state care.¹⁰⁶

⁹⁶ By comparison, men's incarceration rates increased by 20%: Corrections Victoria (2016) Key statistics on the Victorian prison system 2009-2010, p. 7. Available from: [URL](#); Sentencing changes made in 2014 include abolition of suspended sentences and increased sentence lengths: Victorian Equal Opportunity and Human Rights Commission (2014) Protecting us all : 2014 report on the operation of the Charter of human rights and responsibilities., p. 135. Available from: [URL](#).

⁹⁷ Corrections Victoria (2016) Key statistics on the Victorian prison system 2009-2010. Available from: [URL](#); and Mental Health Coordinating Council Inc. (2010) The psychological needs of women in the criminal justice system : considerations for management and rehabilitation, p. 1. Available from: [URL](#); ABS (2014) 4517.0 - Prisoners in Australia. Available from: [URL](#)

⁹⁸ Stathopoulos, Quadara, Fileborn and Clark (2012) Addressing women's victimisation histories in custodial settings. Available from: [URL](#)

⁹⁹ Victorian Ombudsman (2015) Investigation into the rehabilitation and reintegration of prisoners in Victoria. Available from: [URL](#)

¹⁰⁰ Victoria (2011) Acquired brain injury in the Victorian prison system, p. 8. Available from: [URL](#)

¹⁰¹ These characteristics are similar in other Western countries: Stathopoulos, Quadara, Fileborn and Clark (2012) Addressing women's victimisation histories in custodial settings. Available from: [URL](#); and Victoria. Sentencing Advisory Council (2010) Gender differences in sentencing outcomes, p. vii. Available from: [URL](#)

¹⁰² It is estimated that 98% of female prisoners have experienced physical abuse and 89% experienced sexual abuse: Stathopoulos, Quadara, Fileborn and Clark (2012) Addressing women's victimisation histories in custodial settings. Available from: [URL](#)

¹⁰³ Victoria. Sentencing Advisory Council (2010) Gender differences in sentencing outcomes, p. 3-4. Available from: [URL](#)

¹⁰⁴ Professor Kerry Carrington, Head of School of Justice, Queensland University of Technology, surmises that 'violence by women still challenges deeply ingrained ideas that women are the nurturing passive sex and so when women do offend and are imprisoned they are seen as doubly monstrous': Carrington (2016) Why are more women in prison and mostly for violence? *QUT Law News* (Mar 1). Available from: [URL](#)

¹⁰⁵ Drug and Crime Prevention Committee, Inquiry into the Impact of Drug-related Offending on Female Prisoner Numbers, Parliament of Victoria, 2010, p. 43.

¹⁰⁶ Victoria. Parliament. Drugs and Crime Prevention Committee (2010) Inquiry into the impact of drug-related offending on female prisoner numbers, p.29. Available from: [URL](#); and

Burgess and Flynn (2013) Supporting imprisoned mothers and their children : a call for evidence. *Probation Journal*. 60 (1):pp. 73-81.

Higher rates of incarceration of Aboriginal women and women from non-English speaking backgrounds reflect the compounding effect of racial and cultural discrimination and disadvantage on gender inequality. Aboriginal women have a far greater risk of incarceration than non-Aboriginal women, and women from non-English-speaking backgrounds are also at higher risk. Aboriginal women make up about 0.6% of the female population in Victoria but 9.4% of female prisoners and are the fastest growing prison cohort.^{107 108} Women from non-English speaking backgrounds made up 25% of the prison population (and 17.6% of women in Victoria) in 2009.¹⁰⁹ Vietnamese women are disproportionately represented in prison and their crimes are often linked to coercion and family violence by their partners.¹¹⁰

Aboriginal women are more likely to have grown up suffering family violence, sexual abuse and intergenerational trauma,¹¹¹ and are 3.7 times more likely than non-Aboriginal women to have been in out-of-home care as children.¹¹² They are more likely than Aboriginal men and non-Aboriginal women to have a cognitive impairment, as well as multiple disabilities and health problems.¹¹³ Compared to non-Aboriginal women, they are more likely to be on remand, be jailed for minor offences such as unpaid fines and serve shorter sentences.¹¹⁴

The specific issues facing women in prison demonstrate the value of applying a gender analysis to policy-making, service design and service delivery. A gendered approach to meeting the needs women at risk of entering, or already engaged with, the criminal justice and corrections systems would involve, for example:

- Reducing the risk of offending by ensuring adequate access to stable housing, employment, and gender-specific mental health and drug and alcohol services for women in all regions of Victoria;
- Reversing changes to bail and sentencing laws which have led to higher numbers of women in prison, together with an increased focus on community-based rehabilitation programs;
- Introducing a sentencing principle that would make a prison sentence a last resort for women with dependent children;
- Increasing the availability of programs for women in prison to adequately accommodate the rise in the female prison population, including those on remand;

¹⁰⁷ Baldry and et al. (2015) A predictable and preventable path : Aboriginal people with mental and cognitive disabilities in the criminal justice system [report of the IAMHDCD Project]. Available from: [URL](#)

¹⁰⁸ Victorian Equal Opportunity and Human Rights Commission (2013) Unfinished business : Koori women and the justice system, pp. 9-10. Available from: [URL](#); Corrections Victoria (2016) Key statistics on the Victorian prison system 2009-2010, p. 11. Available from: [URL](#)

¹⁰⁹ Centre for the Human Rights of Imprisoned People (2010) Culturally and linguistically diverse women in Victorian prisons : final report, p. 13. Available from: [URL](#). Vietnamese women in particular are disproportionately represented in the prison population in Victoria, making up 14% of female prisoners.

¹¹⁰ Vietnamese women often experience coercion in relation to crime, including threats against themselves and their children, but are unlikely to report it due to cultural reasons and/or fear of reprisal. For more information about Vietnamese and CALD women in Victorian prisons, contact Multicultural Centre for Women's Health and Flat Out Inc.

¹¹¹ One Victorian study found that almost 90% of Aboriginal women in prison had suffered sexual, physical or emotional abuse: Victorian Equal Opportunity and Human Rights Commission (2013) Unfinished business : Koori women and the justice system, p. 3. Available from: [URL](#)

¹¹² McEntyre (2015) How Aboriginal women with disabilities are set on a path into the criminal justice system. *The Conversation* (Nov 3). Available from: [URL](#)

¹¹³ Baldry and et al. (2015) A predictable and preventable path : Aboriginal people with mental and cognitive disabilities in the criminal justice system [report of the IAMHDCD Project]. Available from: [URL](#); Victorian Equal Opportunity and Human Rights Commission (2013) Unfinished business : Koori women and the justice system, p.4. Available from: [URL](#)

¹¹⁴ Stathopoulos, Quadara, Fileborn and Clark (2012) Addressing women's victimisation histories in custodial settings. Available from: [URL](#); and Victorian Equal Opportunity and Human Rights Commission (2013) Unfinished business : Koori women and the justice system, p. 4. Available from: [URL](#)

- Ensuring programs for women in prison are gender-specific and address underlying issues including lack of employment, education and stable housing, as well as supporting relationships with children and family;¹¹⁵
- Introducing full mental health and cognitive disability assessments and ensuring access to appropriate services both inside and outside prison, including specialist services, case management and supported accommodation post-release;
- In recognition of the high proportion of female offenders with histories of abuse, implementing a trauma-informed approach to programs for women in prison and introducing alternative security arrangements to strip searches for female prisoners;¹¹⁶
- Recognising connection to culture as a protective factor for Aboriginal women and essential to rehabilitation;¹¹⁷
- Ensuring programs for Aboriginal and Torres Strait Islander women are culturally safe and available in languages other than English;¹¹⁸
- Ensuring timely and sufficient access to interpreters; and
- Ensuring timely and adequate access to stable housing, substance abuse and mental health services post-release.¹¹⁹

'Mainstreaming' gender into all legislation and policy will also lead and reinforce attitude and behavioural change at the interpersonal and community levels. We have seen the way in which new rules and regulations have influenced attitude and behaviour change in reducing the road toll (for example, the introduction of compulsory seat belt laws and enforced limits on alcohol consumption have, over time, contributed to these behaviours becoming socially unacceptable).

Most OECD countries have introduced gender mainstreaming approaches, some dating back to the 1980s.¹²⁰ A UN Expert Consultation on the Beijing Platform for Action found that gender mainstreaming has contributed to:

- greater public awareness of gender inequality and women's capabilities to overcome it;
- significant strengthening of women's organisations with an important advocacy role;
- entrenchment of national gender institutions within many governments;
- increased resource allocations to social sectors that have improved the status of women;
- legal reforms, as well as legal and policy frameworks for gender equality on a range of gender-related issues; and

¹¹⁵ Poor quality case management in prison is also an issue. Prison officers often do not have an understanding of services outside the prison and may face conflicts of interest: George, Barton and Russell (2014) Decentering the prison : abolitionist approaches to working with criminalised women : paper presented at Sisters Inside Conference 'Is Prison Obsolete', Brisbane, 10 October 2014. Available from: [URL](#); Victorian Equal Opportunity and Human Rights Commission (2014) Submission to Ombudsman Victoria investigation into the rehabilitation and reintegration of prisoners in Victoria, p. 4. Available from: [URL](#); Burgess and Flynn (2013) Supporting imprisoned mothers and their children : a call for evidence. *Probation Journal*. 60 (1);pp. 73-81.

¹¹⁶ Strip searches can often retraumatise women with a history of sexual abuse: Flat Out Inc and Centre for the Human Rights of Imprisoned People (2014) Submission to the Victorian Ombudsman investigation into the rehabilitation and reintegration of prisoners in Victoria, p. 12. Available from: [URL](#); and Mental Health Coordinating Council Inc. (2010) The psychological needs of women in the criminal justice system : considerations for management and rehabilitation, p. 9. Available from: [URL](#)

¹¹⁷ Victorian Equal Opportunity and Human Rights Commission (2014) Submission to Ombudsman Victoria investigation into the rehabilitation and reintegration of prisoners in Victoria, p. 4. Available from: [URL](#)

¹¹⁸ Flat Out Inc and Centre for the Human Rights of Imprisoned People (2014) Submission to the Victorian Ombudsman investigation into the rehabilitation and reintegration of prisoners in Victoria, p. 8. Available from: [URL](#)

¹¹⁹ Many women return to prison as they are not able to access post-release services: George, Barton and Russell (2014) Decentering the prison : abolitionist approaches to working with criminalised women : paper presented at Sisters Inside Conference 'Is Prison Obsolete', Brisbane, 10 October 2014. Available from: [URL](#)

¹²⁰ OECD (2014) Women, government and policy making in OECD countries : fostering diversity for inclusive growth. Available from: [URL](#)

- improvements in the availability and use of gender-disaggregated data at the national and international levels.¹²¹

To give an example of gender mainstreaming in practice, in 2007, the federal government of Belgium introduced a law (the Law of 12 January 2007, known as the ‘mainstreaming law’) that made gender mainstreaming a legal requirement for all parts of the Belgian government (ministers and administrators) and established an infrastructure to support its implementation. At a political level, the law requires that:

- at the beginning of each term, the government sets **strategic objectives** in line with the Beijing Platform of Action (United Nations Fourth World Conference on Women, 1995),¹²² which articulate how it will integrate gender into all policies, measures and actions it takes;
- each Minister states in her/his **annual policy statement** the actions she/he will take to contribute to the government’s objectives;
- each Minister **integrates gender into all policies, measures and actions in her/his portfolio**;
- each Minister oversees the implementation of the government’s strategic objectives in **management plans, public contracts and strategic planning** at the administrative level within her/his portfolio;
- each **budget includes a gender statement** identifying, for each department, the initiatives that aim to achieve gender equality and how gender is taken into account in individual budget measures (gender responsive budgeting);
- the government tables **two evaluation reports** in parliament (the first halfway through the term of parliament, the second at the end of the term).

At an administrative level, the law requires that:

- gender analysis is integrated into departmental **management plans and strategic planning**, driven by the chief executive;
- **gender indicators** are designed to measure the integration of gender and the achievement of the strategic objectives;
- **data/statistics** which are produced, collected and mandated are **sex-disaggregated**;
- each administration prepares a contribution to the budget **gender statement**;
- gender equality is taken into account when awarding **contracts and grants**.

As outlined above, under the Belgian gender mainstreaming law, each minister is responsible for achieving common strategic gender objectives and integrating gender into all of their portfolio’s policies, measures and actions, including the collection of **sex-disaggregated data** (this is explored further under Principle 6).¹²³ Every new legislative and regulatory act that is introduced into parliament must pass a ‘**gender test**’ to ensure that the act will not have a negative effect on gender equality.¹²⁴ The integration of gender into the achievement of the government’s strategic objectives is then measured against gender indicators, and reported to parliament twice in each parliamentary term.

¹²¹ *ibid.*, p. 174. Available from: [URL](#)

¹²² The Beijing Platform for Action is an international agenda for promoting women’s empowerment and gender equality: United Nations. Fourth World Conference on Women (1995) Beijing Declaration and Platform for Action. Available from: [URL](#)

¹²³ Cornet, Dieu, Tshiamalenge and et al. (2011) Manual for the application of gender mainstreaming within the Belgian federal administration, p. 35. Available from: [URL](#)

¹²⁴ The Institute for Equality of Women and Men (2014) The gender test. Available from: [URL](#)

The Belgian law also requires **gender responsive budgeting**. Gender responsive budgeting involves undertaking a gender impact analysis (or audit) of all fiscal and economic policies.¹²⁵ This means that each department and public agency must include a 'gender statement' about how their general expenses will impact women and men.¹²⁶ To be effective, gender analysis must be undertaken for the budgets of all portfolio areas and be incorporated from the beginning of the budget development process, that is, it must not become a summary of policy initiatives 'for women' announced after the budget has been finalised.¹²⁷

These strategies could easily be adapted for the Victorian context. The Victorian Government could introduce a gender mainstreaming or gender equality law, which would require ministers to outline how they will promote gender equality within their portfolios, a gender impact assessment or statement of compatibility to be undertaken for all legislation, policy and funding initiatives, and regular reporting to parliament on outcomes and/or monitoring by a parliamentary committee or independent commission. Australia has a strong history of gender responsive budgeting and, until recently, has been a world leader in the practice.¹²⁸ The Victorian Government should reinstate a Gender Budget Statement and also advocate for such a statement at Commonwealth level. (Accountability mechanisms are discussed further under Principle 6).

To effectively implement gender mainstreaming across all government legislation, policy and budgeting, **gender tools** will need to be developed and staff upskilled in their application. A number of other Australian states have developed gender analysis tools and approaches, including Queensland, Tasmania and South Australia.¹²⁹ (Gender tools and resources are discussed further under Principle 6.)

It will also be important to ensure that gender mainstreaming does not occur at the expense of **gender-specific policy and programs**, which continue to be required to compensate for women's historical disadvantage.¹³⁰ Gender mainstreaming should be complemented by positive measures to transform the institutions and structures that cause or perpetuate discrimination and inequality.¹³¹

The Victorian Government also has significant power to promote gender equality through direct service delivery and through its influence over projects and programs funded through grant programs and tenders. It is imperative to ensure that public funds are not being spent in a way that reinforces gender inequality. As a major **deliverer and procurer of services**, governments can mandate gender equality requirements and reporting and provide incentives to ensure that contracted organisations demonstrate what steps they are taking towards delivering gender-responsive or gender-transformative services and becoming gender equitable workplaces.

In Belgium, for example, gender equality must be considered in the awarding of all public contracts and grants. Candidates or tenderers must show that their workplace practices, including equal pay, are in line with Belgium's legislation, and proposals must explain how gender will be taken into

¹²⁵ Lahey (2015) Tax and transfer policies and sex equality : what Australia, Canada and the UK should learn from experience. *In*: Gender Equality in Australia's Tax and Transfer System Workshop (Canberra : 2015 : Nov 4). Available from: [URL](#)

¹²⁶ The Institute for Equality of Women and Men (2014) Gender budgeting. Available from: [URL](#)

¹²⁷ Budlender (2001) Review of gender budget initiatives. Available from: [URL](#); Sharp and Broomhill (2013) A case study of gender responsive budgeting in Australia. Available from: [URL](#)

¹²⁸ Sharp and Broomhill (2013) A case study of gender responsive budgeting in Australia. Available from: [URL](#)

¹²⁹ *ibid.* Available from: [URL](#)

¹³⁰ WHO. Department of Gender Women and Health (2010) Policy approaches to engaging men and boys in achieving gender equality and health equity. Available from: [URL](#); and Schofield and Goodwin (2005) Gender politics and public policy-making: prospects for advancing gender equality. *Policy and Society*. 24 (4):25-44, p. 41. Available from: [URL](#)

¹³¹ Broderick (2012) Applying a gender perspective in public policy : what it means and how we can do it better : address for International Women's Day Forum : Addressing Gender Equality and Women's Rights in Public Policy, 9 March 2012. Available from: [URL](#)

account in the project, including analysis of the current situation and how gender will be considered in the evaluation.¹³² The Victorian Government has recently taken a step in this direction by announcing that sporting bodies will risk losing their funding if they do not have 40% female representation on their boards.¹³³ Other gender equality measures could also be mandated for funded organisations, for example as part of accreditation against the Department of Health & Human Services Standards.

Finally, there is a clear role for the Victorian Government in promoting gender equality at the **local government level**. For example, the state government could mandate and resource the incorporation of gender equality into Municipal Public Health and Wellbeing Plans required under the *Public Health and Wellbeing Act 2008*, so that a gendered approach is embedded across all local government work. This would further strengthen the action being taken by many local governments to improve gender equality in their local areas, for example under regional action plans to prevent violence against women and through the Victorian Local Government Women's Charter, local gender equity strategies and the *50:50 Vision: Councils for gender equity* national accreditation program.¹³⁴

Leading and coordinating whole-of-government and whole-of-community effort

High level leadership and coordination is imperative in overcoming policy fragmentation within government, maximising the linkages between interdependent strategies and supporting cooperation across government departments. Recognising that long-term cultural change requires whole-of-community effort, there is also a critical role for government in fostering and coordinating partnerships with the community and private sectors (explored further under Principle 5).

Furthermore, without oversight and accountability mechanisms with adequate authority, gender equality work can stall and may fade from the legislative agenda. Effective accountability mechanisms across government ministries and agencies have been found to be a critical enabler for the success of gender mainstreaming approaches.¹³⁵

To support whole-of-government and whole-of-community leadership and accountability, an effective governance framework and infrastructure is required, comprising:

- An independent statutory agency, such as a Commission for the Status of Women or Commission for Gender Equality, reporting directly to Parliament, to monitor progress towards gender equality goals and hold government to account – the role of the Victorian Equal Opportunity and Human Rights Commission (VEOHRC) and/or the Victorian Gender and Sexuality Commissioner could be strengthened to provide this function;¹³⁶

¹³² The Institute for Equality of Women and Men (2014) Procurement. Available from: [URL](#); and The Institute for Equality of Women and Men (2014) Subsidies, grants and endowments. Available from: [URL](#)

¹³³ Nicholson (2015) Appoint women or lose funding : State crackdown on sports bodies. *The Age* (Dec 30). Available from: [URL](#); It is disappointing that the Victorian Government appears to have exempted national sporting bodies from the 40% quota: Nicholson (2016) AFL and NRL clubs get a free kick on gender equality. *The Age* (Feb 25). Available from: [URL](#)

¹³⁴ See, for example, gender equity strategies developed by the City of Whittlesea and the City of Yarra: City of Whittlesea (2014) Gender equity strategy. Available from: [URL](#); Yarra City Council. Staff Gender Equity Committee (2013) Gender equity strategy for a respectful, just and fair Yarra : 2013-2016. Available from: [URL](#)

¹³⁵ OECD (2014) Women, government and policy making in OECD countries : fostering diversity for inclusive growth, p. 174. Development of a monitoring and accountability framework for a Victorian gender equality strategy is discussed further under Principle 6.

¹³⁶ Under the Equal Opportunity Act, the role of the VEOHRC is primarily 'negative' (eliminate discrimination) rather than 'positive' (promote gender equality). Its role includes establishing and undertaking information and education programs, promoting and advancing the objectives of the Act and being an advocate for the Act. The VEOHRC may also issue practice guidelines (which are not legally binding) and conduct reviews of compliance with the Act.

- A Cabinet Committee on Gender Equality chaired by the Premier to drive whole-of-government action;
- A central coordinating unit within the Department of Premier & Cabinet with primary responsibility for driving action to promote gender equality across all policy areas;
- Gender 'focal points' in all departments and public agencies, recognising that all policy is gendered and that gender equality is everyone's responsibility;
- An interdepartmental committee (IDC) with senior representatives from each department and public sector agency to promote coordination and collaboration across government;
- A gender equality advisory group comprising representatives from the community sector, business and other non-government groups to provide advice to the IDC, as well as advisory groups for each department/ portfolio.

The Victorian Government should also advocate for this machinery to be mirrored at national level.

In Belgium, the Institute for the Equality of Women and Men supervises and supports the gender mainstreaming strategy alongside an interdepartmental coordination group (established under the mainstreaming law) with a representative of each minister and each government department who all receive training on gender mainstreaming. Representatives must have authority to implement the work of the ICG. The main tasks of the group are to promote coordination among federal departments, inform good practice on gender mainstreaming, prepare the biennial report on the implementation of the federal gender mainstreaming plan, and identify tools, instruments and methods to spread the application of the law.

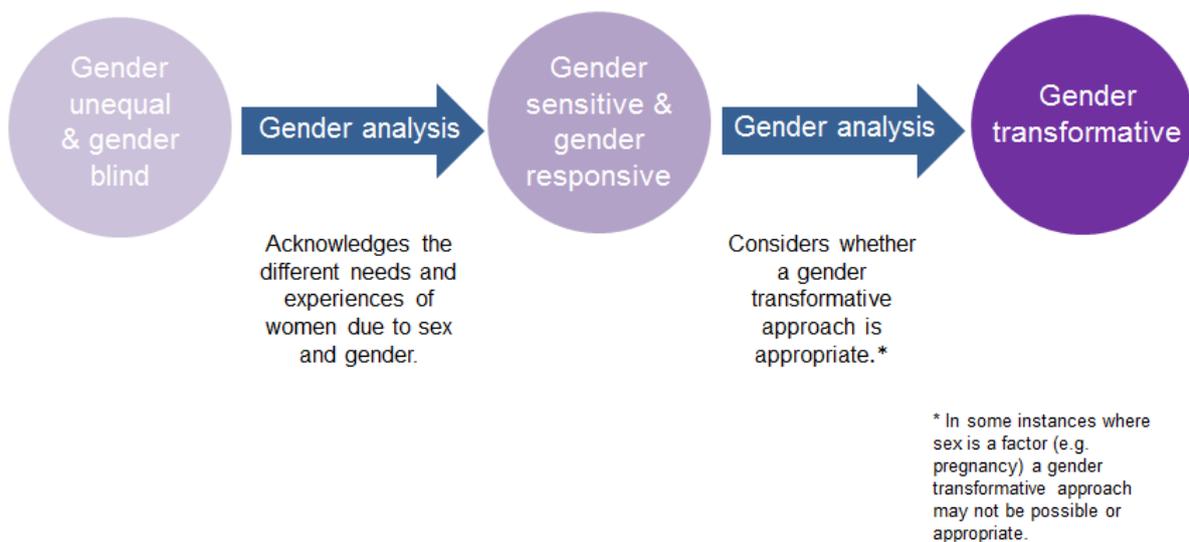
4. Aim to take a gender-transformative approach to policy and programs

In 'mainstreaming' gender across all policy, programs and funding arrangements, government should demonstrate real leadership and maximise its impact on gender inequality by taking a **gender transformative approach** where possible.

Approaches to policy and programs can be understood along a continuum, from gender unequal to gender transformative. We have translated this continuum into the flow chart below (see **Figure 3** below).

There is a need to move away from gender unequal and gender 'blind' policy and programs (which wrongly assume and reinforce the notion that policy is gender neutral), towards gender transformative policies that not only recognise and respond to the different ways policies impact women and men, but simultaneously contribute to breaking down gender norms and stereotypes.

Figure 3: Consideration of gender in policy development – from gender unequal to gender transformative



Gender unequal and gender 'blind' policy and practice

Gender unequal policies contribute to gender inequality either directly, for example lack of access to sexual and reproductive health services (see **Case study 9** below), or indirectly, through a **gender 'blind'** approach – that is, an approach that appears to be gender neutral, but which in effect disproportionately harms women. For example, legislation criminalising 'failure to disclose' child sexual abuse disproportionately impacts mothers who are more likely to be in the role of protective (non-perpetrating) parent.¹³⁷

A gender 'blind' or gender-neutral approach assumes that gender-based differences do not exist, minimises identified gender-based differences or ignores gender norms, roles and relations. Consequently, gender blind policy and practice often serve to reinforce and perpetuate gender-based

¹³⁷ *Crimes Act 1958 (Vic)*. s327

discrimination and inequities.¹³⁸ Gender-neutral approaches are common in ‘mainstream’ policy areas, ranging from public transport to housing to corrections, where gender is not perceived to be relevant.

The concept of gender equality has evolved over time: initially, gender equality was concerned with treating everyone the same. Treating everybody the same, however, perpetuates existing inequalities. By acknowledging and addressing different needs, interests and values, health services and professionals can work to overcome these inequalities and arrive at equitable outcomes.¹³⁹

Case study 9: Gender unequal policy and service delivery – Access to contraception and termination services

Denial or lack of access to sexual and reproductive health services, including contraception and abortion, is an example of gender unequal policy and service delivery. For biological as well as social reasons, women and girls bear the primary burden of sexual and reproductive health management, associated costs and decision-making. Policy and services relating to sexual and reproductive health therefore primarily impact upon women. Barriers to sexual and reproductive health contribute significantly to unequal health outcomes between women and men.

Access to reproductive health services is essential for every Victorian woman’s health and wellbeing. Barriers to accessing essential basic sexual and reproductive health services include:¹⁴⁰

- **Lack of availability of local services and specialists**, leading to long wait times: *‘At the moment it seems that a lot of women are “shipped off” to Melbourne, there is limited amount of local counselling available and they have to find their own way to appointments etc. This is archaic.’*
- **Lack of privacy and anonymity**: *‘In some towns they are only available at local shops. I had a young person tell me that the shop keeper refused to serve them and threatened to tell their mum (who was a friend).’*
- **Distance to service and lack of transport**: *‘Find it very difficult - access is an issue, particularly related to travelling and accessing service in a timely manner.’*
- **Cost, including for contraception, appointments, travel and time off work**: *‘Cost is a big factor in young people not getting the emergency contraception or getting contraception in general.’*
- **Lack of accurate and up to date information about contraception and abortion services** for clients and health professionals, including a lack of comprehensive education for both clients and health professionals around contraceptive options. In addition, women from immigrant and refugee backgrounds, including international students, may lack awareness of family planning services and methods, and there is a lack of interpreting services and in-language print information regarding contraception and abortion.
- **Community attitudes**: *‘Lack of support from family/partner is huge, with some women continuing with pregnancies they don’t want due to significant pressure from family.’*
- **Attitudes of health professionals and health services**: In 2012, a Victorian Women’s Health Program survey found that 44.9% of respondents indicated that they were aware of health

¹³⁸ Greaves, Pederson and Poole (2014) Making it better : gender-transformative health promotion, p. 23, 33.

¹³⁹ New South Wales. Health Department (2000) Gender equity in health. Available from: [URL](#)

¹⁴⁰ All quotes in this section sourced from: Rural services of the Women’s Health Association of Victoria (2012) Victorian rural women’s access to family planning services : survey report, August 2012. Available from: [URL](#)

professionals in regional Victoria who would not refer women for abortion.¹⁴¹ It is also believed that not all publicly funded hospitals currently provide abortion services.¹⁴² Some women have reported having to arrange their own termination from private providers costing thousands of dollars due to inadequate assistance from health professionals and lack of availability of services.¹⁴³ Health professionals may also lack cultural awareness which can impede their ability to provide cultural and linguistically appropriate and responsive services.

The development of a statewide Sexual and Reproductive Health Strategy, together with implementation of measures to address identified gaps, is critical to ensure that all public health services, including hospitals, provide the full suite of sexual and reproductive health services. This would support a measurable improvement in women's health and socio-economic status.

Gender analysis

Because of economic and social differences between men and women, policy consequences, intended and unintended, often vary along gender lines:

For example, what does a drought assistance policy or a climate change policy that is gender-neutral on its surface, say or assume about women? More specifically, what attributes, characteristics or roles does it ascribe to women? And in what way does it disadvantage women?¹⁴⁴

A gender analysis is the basis of gender equity initiatives because it makes visible:

- Differences in outcomes for women and men;
- How gendered norms contribute to differences in outcomes;
- How policies might be strengthened to reduce gender inequities; and
- How program design and service delivery might be reoriented to meet the different needs of males and females.

It is only through a gender analysis that differences in the impact of policies and programs on women and men becomes apparent, and solutions devised.¹⁴⁵ For example, cardiovascular health (CVD) tends to be viewed as gender-neutral. This has masked and perpetuated a subtle focus on men's experience of CVD, to the detriment of women's health.

Case study 10: The deadly consequences of a gender-blind approach to heart disease

A gender-neutral approach to the detection and treatment of diseases, such as cardiovascular disease (CVD) can have devastating consequences. CVD is the leading cause of premature death in

¹⁴¹ *ibid.*, p. 16. Available from: [URL](#)

¹⁴² Medew (2015) Barriers to abortion remain in Victoria seven years after decriminalisation. *The Age* (Oct 9). Available from: [URL](#)

¹⁴³ *ibid.* Available from: [URL](#)

¹⁴⁴ Broderick (2012) Applying a gender perspective in public policy : what it means and how we can do it better : address for International Women's Day Forum : Addressing Gender Equality and Women's Rights in Public Policy, 9 March 2012. Available from: [URL](#)

¹⁴⁵ *ibid.* Available from: [URL](#)

Australian women.¹⁴⁶ While men suffer twice as many heart attacks as women, women are more likely to die from them.¹⁴⁷ Women are also more likely to die of stroke than men.¹⁴⁸

Australian and international studies have found that, because women's symptoms are less likely to be recognised by women themselves and by health professionals, women are less likely to be told they are at risk¹⁴⁹ and given appropriate medical treatment,¹⁵⁰ which may contribute to women's high mortality rates.

Women are less likely to experience chest pain and more likely to experience less recognised symptoms of coronary heart disease such as fatigue, shortness of breath, nausea, pain between the shoulder blades and jaw pain. However, these symptoms are often mistaken for flu, stress or being 'run down'.¹⁵¹ Women also experience additional risk factors and treatment complexities for CVD as a result of pregnancy and menopause,¹⁵² and the later presentation of CVD in women contributes to the likelihood of co-morbidities, including depression, which influences their treatment and outcomes.¹⁵³

Risk factors for women are also compounded by intersectional disadvantage:

- Women from the most disadvantaged areas of Australia have CVD death rates 29% higher than those women from the least disadvantaged areas;¹⁵⁴
- Aboriginal and Torres Strait Islander women commonly have more risk factors for CVD than non-Aboriginal and Torres Strait Islander women, including higher rates of smoking, diabetes and obesity;¹⁵⁵

A lack of trained health professionals, particularly in rural and remote areas, and entrenched beliefs about CVD in medical training and education, can be barriers for addressing CVD in women.¹⁵⁶

Under-representation of women in cardiovascular trials and research has also resulted in a gender-neutral approach to treatment which can lead to ineffective or harmful treatment regimens.¹⁵⁷

The differential experience of CVD for women has significant implications for the delivery of health care services. A gendered approach to CVD should include:

¹⁴⁶ AIHW (2010) Women and heart disease : cardiovascular profile of women in Australia, p. 1. Available from: [URL](#)

¹⁴⁷ National Heart Foundation of Australia (2014) Women less likely to survive a heart attack than men. *Heart Foundation News* (Jun 13). Available from: [URL](#)

¹⁴⁸ ABS (2012) Stroke. *In: 4429.0 - Profiles of Disability, Australia, 2009.*. Available from: [URL](#)

¹⁴⁹ American College of Cardiology (2015) Young women less likely to be informed of heart disease risk by providers. *Science Daily* (Oct 26). Available from: [URL](#)

¹⁵⁰ Canto, Rogers, Goldberg and et al. (2012) Association of age and sex with myocardial infarction symptom presentation and in-hospital mortality. *Journal of the American Medical Association (JAMA)*. 307 (8):813-22. Available from: [URL](#);

Turnbull, Arima, Heeley and et al. (2011) Gender disparities in the assessment and management of cardiovascular risk in primary care : the AusHEART study. *European Journal of Cardiovascular Prevention and Rehabilitation*. 18 (3):498-503; Khera and et al. (2015) Temporal trends and sex differences in revascularization and outcomes of ST-Segment elevation myocardial infarction in younger adults in the United States. *Journal of the American College of Cardiology*. 66 (18):1961-72; Leifheit-Limson and et al. *Ibid.* Sex differences in cardiac risk factors, perceived risk, and health care provider discussion of risk and risk modification among young patients with acute myocardial infarction.:1949-57;

Nichols, Peterson, Alston and et al. (2014) Australian heart disease statistics 2014. Available from: [URL](#)

¹⁵¹ National Heart Foundation of Australia (2014) Heart attack survivors survey : gender comparison, p.3 and p.12.

¹⁵² Geraci and Geraci (2013) Considerations in women with hypertension. *Southern Medical Journal*. 106 (7). Available from: [URL](#)

¹⁵³ National Heart Foundation of Australia (2011) Women and heart disease : forum report. Available from: [URL](#);
Antoniucci (2006) Acute myocardial infarction: do women benefit from primary angioplasty? *PCR Online. Euro PCR 2006. Course Slides* (May 17). Available from: [URL](#)

¹⁵⁴ AIHW (2006) Socioeconomic inequalities in heart disease in Australia : current picture and trends since 1992. Available from: [URL](#)

¹⁵⁵ Penm (2008) Cardiovascular disease and its associated risk factors in Aboriginal and Torres Strait Islander peoples 2004-05. Available from: [URL](#)

¹⁵⁶ National Heart Foundation of Australia (2011) Women and heart disease : forum report, p.8. Available from: [URL](#)

¹⁵⁷ Kim and Menon (2009) Status of women in cardiovascular clinical trials. *Arteriosclerosis, Thrombosis, and Vascular Biology*. 29:279-83, p. 281; Hung (2006) Aspirin for primary prevention of cardiovascular disease in women : does sex matter? *Medical Journal of Australia*. 184 (6):260-1. Available from: [URL](#)

- Increased representation of women in cardiovascular trials and research to ensure treatments are effective for women; and
- Education about the differential risk factors for, and symptoms of, CVD in women, for both health professionals and women, particularly targeting higher risk population groups.¹⁵⁸

Gender-sensitive and gender-responsive policy and practice

Undertaking a gender analysis which identifies how policies and practice are explicitly or implicitly gendered enables policy makers and service providers to consider how they can make policies and programs more gender-sensitive and gender-responsive. A gender-sensitive approach involves incorporating a gender perspective into policy and practice, but does not necessarily take action to redress gender-based inequities.¹⁵⁹ Gender-responsive policy and practice builds on a gender-sensitive approach by not only identifying how gender norms and structures influence outcomes, but also taking remedial action to respond and ameliorate the impacts of discrimination, bias and inequities.

Case study 11: Taking a gender-sensitive and gender-responsive approach to mental health

Applying a gender-sensitive approach to mental health care and policy development promotes more equitable mental health outcomes for women through consideration of how risk factors, prevalence, symptoms and treatments are impacted by gender and sex.¹⁶⁰

Gender-based discrimination and stigma (for instance in relation to pregnancy or parenting with a mental health condition) and the experience of gender-based violence (and resultant trauma) both causes and perpetuates women's experience of mental illness over a lifetime.

Depression is a major health problem for Australian women and is frequently accompanied by other psychological problems such as anxiety disorders and post-traumatic stress disorder.¹⁶¹ Women are more likely to experience depression and anxiety than men.¹⁶² Violence is linked to increased incidence of depression and women are more likely to be victims of violence than men.¹⁶³ One in six women will also experience post-natal depression, which is under-diagnosed and treated.¹⁶⁴

The Women's Mental Health Network Victoria has assisted government to develop gender sensitive policy and practice in relation to the *Service Guideline on Gender Sensitivity and Safety* (July 2011) (the Guideline).¹⁶⁵ The development of the Guideline has been seen as an important and promising

¹⁵⁸ National Heart Foundation of Australia (2011) Women and heart disease : forum report, p. 8. Available from: [URL](#). For example, the Multicultural Centre for Women's Health has been working collaboratively with other stakeholders, such as the Heart Foundation and Diabetes Victoria, to ensure its Health Education Program is updated and its Bilingual Health Educators are receiving ongoing training so they are competent in providing education to women from different cultural backgrounds.

¹⁵⁹ British Columbia Centre of Excellence for Women's Health (2014) Approaches to integrating gender in health promotion : July 2014 [Slide presentation]. Available from: [URL](#)

¹⁶⁰ Victoria. Department of Health Service guideline on gender sensitivity and safety : promoting a holistic approach to wellbeing, p. 1. Available from: [URL](#)

¹⁶¹ Guggisberg (2006) The interconnectedness and causes of female suicidal ideation with domestic violence. *Australian e-Journal for the Advancement of Mental Health*. 5 (1):1-7. Available from: [URL](#)

¹⁶² Beyond Blue (2011) Depression and anxiety disorders in women, p. 1. Available from: [URL](#)

¹⁶³ Patel and WHO. Department of Gender and Women's Health (2004) Gender in mental health research. Available from: [URL](#)

¹⁶⁴ Suicide Prevention Australia (2015) Suicide and suicidal behaviour in women : issues and prevention : a discussion paper, p. 20. Available from: [URL](#); and Rughla and Women's Health Victoria (2011) Women and suicide, p. 7. Available from: [URL](#)

¹⁶⁵ Victoria. Department of Health Service guideline on gender sensitivity and safety : promoting a holistic approach to wellbeing. Available from: [URL](#)

step towards improving gender equity in mental health and alcohol and drug (AOD) service settings.¹⁶⁶

However, the Guideline has not translated into consistent, improved, gender-responsive mental health care for women because it has not been supported by any enforcement mechanism. While some services may have voluntarily initiated gender-responsive change, adherence to the Guideline by services is not mandated, monitored or supported and, as a result, the Guideline has been ineffective.

For example, the Guideline recommends that all organisations 'promote sensitivity and responsiveness to issues associated with gender through the development of local policies, procedures and programs that consider gender',¹⁶⁷ but does not provide information or resourcing to help mental health and AOD services achieve this.

To make gender-sensitive practice and gender-responsive services a reality for all Victorian mental health service users, gender-sensitive guidelines must be supported by strong and transparent resourcing, implementation and reporting processes. The Women's Mental Health Network Victoria is well-placed to implement audits and deliver training to support mandatory requirements.

Advocacy to ensure the provision of separate areas for women in Adult Acute Psychiatric In-Patient Units has been a major campaign in Victoria in recent years, and significant inroads have been made. A majority of units now have women-only areas or corridors.¹⁶⁸ However, much remains to do across the broader mental health service sector to ensure equitable outcomes for women.

Gender-transformative policy and practice

Advancing gender equality and women's human rights is not simply a matter of including women's voices or removing barriers to women's participation. It also requires the adoption of positive measures to bring about a transformation in the institutions and structures that cause or perpetuate discrimination and inequality.¹⁶⁹

A gender-transformative approach proactively and intentionally transforms and alters the underlying gender structures, norms and relations that perpetuate gender inequality. It involves actively challenging rigid gender roles, norms and imbalances in power between women, men and gender-diverse people. Gender-transformative practice also seeks to establish and strengthen the structures that promote diverse and equal gender roles, relations and norms.¹⁷⁰

A gender-transformative approach, though ambitious, ultimately benefits men and gender diverse people as well as women by breaking down rigid and limiting gender stereotypes, structures and norms, and the systems of privilege and discrimination that accompany them.

For example, the work of Sonke Gender Justice Network in South Africa focuses on challenging stereotypical and destructive understandings of masculinity, and on developing greater solidarity

¹⁶⁶ *ibid.*, p. 2. Available from: [URL](#)

¹⁶⁷ *ibid.*, p. 5. Available from: [URL](#)

¹⁶⁸ Women's Mental Health Network Victoria Inc. (2013) Promoting safety and gender sensitivity for women consumers in mental health services. Available from: [URL](#)

¹⁶⁹ Broderick (2012) Applying a gender perspective in public policy : what it means and how we can do it better : address for International Women's Day Forum : Addressing Gender Equality and Women's Rights in Public Policy, 9 March 2012. Available from: [URL](#)

¹⁷⁰ British Columbia Centre of Excellence for Women's Health (2014) Approaches to integrating gender in health promotion : July 2014 [Slide presentation]. Available from: [URL](#); and Rughkha and Women's Health Victoria (2011) Women and suicide. Available from: [URL](#)

between men and the women in their lives. Sonke mobilises men to challenge gender inequality and rigid and inequitable gender norms by helping men understand the high price they pay as men for contemporary gender roles and inequalities – costs in terms of their own health, safety and wellbeing, costs in terms of the harm caused to women they care about, and costs in terms of diminished joy, happiness and quality of life.¹⁷¹ It creates ‘safe spaces where [men] can try out new ways of being men under the guidance of positive male leaders and role models.’¹⁷² Bringing men and masculinity into the conversation on gender equality takes a step toward breaking down the expectations of both genders.¹⁷³

By contrast, Men’s Sheds do not take a gender-transformative approach. Men’s Sheds have been designed as part of strategy to improve men’s mental health and social isolation, particularly in regional areas. Men typically visit their GPs less than women (reflecting constructions of masculinity that deter men from sharing feeling or concerns about their health or vulnerability) and Men’s Sheds are seen as a gender-sensitive way of bringing men together in a supportive environment to improve health and wellbeing. However, while well regarded, and a good example of gender-responsive programming, Men’s Sheds arguably reinforce rather than break down gender stereotypes.

Ultimately, policy and programs should aim to create gender transformation whereby the structures and norms that disadvantage women (and men) on the basis of gender, and the construction of gender difference as a whole, are dismantled, leading to gender equality. However, in some instances where sex is a factor (for example, pregnancy) a gender-transformative approach may not be possible and a gender-responsive approach may be more appropriate.

As an example, paid parental leave schemes have the potential to be gender-transformative by promoting a more equal distribution of household and caring responsibilities between couples, as demonstrated by **Case study 12** below.

Case study 12: Structural approaches to gender transformation – Paid Parental Leave in Norway and Sweden

In Australia, women do more unpaid work than men. Though workforce participation by women has increased over time, women do an average of 33.75 hours of household work (including caring for children as well as domestic activities) compared to 18.3 hours for men. Australia also has one of the lowest employment rates for mothers in developed countries at 62%, compared to 72% in Sweden.

Currently, in Australia, policies and debates regarding paid parental leave (PPL) tend to target mothers, excluding fathers or partners. Under the Commonwealth PPL scheme, the primary carer of a child (usually the birth mother) is entitled to 18 weeks’ leave at minimum wage, while the father or partner is entitled to two weeks’ Dad and Partner Pay (DAPP) leave at minimum wage. This reinforces gender norms and stereotypes that prescribe that women are responsible for child care and unpaid household labour.

Norway and Sweden have introduced gender-transformative measures into their PPL schemes in order to encourage fathers to take a more active role in child care and domestic labour. Both Norway

¹⁷¹ Peacock (2013) South Africa’s Sonke Gender Justice Network : Educating men for gender equality. *Agenda : Empowering Women for Gender Equity* (Jun 24), p. 5. Available from: [URL](#)

¹⁷² Kaufman, et al. and MenEngage Steering Committee (2014) Engaging men, changing gender norms : directions for gender-transformative action, pp. 8, 10. Available from: [URL](#)

¹⁷³ South Australia. Office for Women (2015) Achieving women’s equality : South Australia’s women’s policy, p. 5. Available from: [URL](#)

and Sweden have PPL schemes with high rates of income replacement (80-100%) and non-transferable mandated 'daddy (or co-parent)' quotas of 10 weeks and 90 days respectively.¹⁷⁴ The introduction of mandatory 'daddy quotas' in the 1990s dramatically increased the proportion of fathers taking parental leave from between 4-7% before 1990, up to 90% in 2008.¹⁷⁵ By contrast, in 2014, only 36% of Australian eligible fathers took 2 weeks' DAPP.¹⁷⁶

Studies have shown that the 'daddy quota' in PPL schemes has a gender-transformative effect by increasing the distribution of household chores and childcare more evenly, even after the leave entitlements have been used up.¹⁷⁷ By promoting fathers' engagement with childcare and housework, these schemes allow mothers greater employment opportunities and allow fathers an equal chance to develop close relationships with their children.¹⁷⁸

The availability of government funded PPL and DAPP in Australia has made some fathers more willing to take leave following a birth and employers more inclined to see it as a normal leave obligation for men.¹⁷⁹ However, Australia's current policy of two weeks' DAPP at minimum wage is not sufficient to effect any long-term change. An evaluation of the scheme found no change in the distribution of household chores or any other evidence of an increase in gender equity.¹⁸⁰ Set at minimum wage, Australian fathers stated that the main reason they didn't take DAPP was because they could not afford to.¹⁸¹

The experience of Norway and Sweden is that a gender transformative PPL scheme must be well remunerated and flexible enough to be used at various intervals over the first few years of their child's life.¹⁸² The Victorian Government could lead the way nationally by taking a gender-transformative approach to PPL and DAPP in public sector EBAs and lobbying the Commonwealth to include similar measures at a national level.

Gender transformative approaches can also be designed and applied to address gender unequal norms and practices, as illustrated by **Case study 13**.

Case study 13: Gender-transformative programs addressing norms and practices – Baby Makes 3

Baby Makes 3 is a gender-transformative program that aims to support new parents to develop and maintain equal and respectful relationships after the birth of a baby. Delivered by a male and female facilitator, the program helps new parents critically reflect on the level of equality in their relationship and encourages participants to share domestic work and caring more equally.

¹⁷⁴ Swedish Institute (2015) Gender equality : the Swedish approach to fairness. Available from [URL](#); and Norwegian Labour and Welfare Administration (2016) Parental benefit. Available from: [URL](#)

¹⁷⁵ Moss (ed.) (2013) International review of leave policies and related research 2013, p.36. Available from: [URL](#); and Duvander and Haas (2013) Sweden country note. In: International review of leave policies and research 2013 / P. Moss (ed.), pp. 5-6. Available from: [URL](#); and S.H. [pseud.] (2014) Why Swedish men take so much paternity leave. *The Economist* (Jul 22). Available from: [URL](#)

¹⁷⁶ Martin, Baird, Brady and et al. (2014) PPL evaluation : final report, p. 8. Available from: [URL](#)

¹⁷⁷ Kotsadam and Finseraas (2011) The state intervenes in the battle of the sexes : causal effects of paternity leave. *Social Science Research*. 40 (6):1611–22, p. 1621. Available from: [URL](#); and Duvander and Johansson (2015) Reforms in the Swedish parental leave system and their effects on gender equality, p. 4. Available from: [URL](#)

¹⁷⁸ Chronholm (2007) Fathers' experience of shared parental leave in Sweden. *Recherches Sociologiques et Anthropologiques*. 38 (2):9-25. Available from: [URL](#)

¹⁷⁹ Martin, Baird, Brady and et al. (2014) PPL evaluation : final report, p. 13. Available from: [URL](#)

¹⁸⁰ *ibid.*, p.11. Available from: [URL](#)

¹⁸¹ Australian Institute of Family Studies. Child Family Community Australia (2013) Dad and partner pay : implications for policy-makers and practitioners, p. 10-11. Available from: [URL](#)

¹⁸² *Ibid.*, p. 10-11. Available from: [URL](#)

Originally developed by Carrington Health and the City of Whitehorse Maternal and Child Health Service, the three-week course was piloted in 2009 in the City of Whitehorse, expanding to 21 other councils in Victoria and interstate in 2015. Culturally safe *Baby Makes 3* programs are currently being developed for culturally and linguistically diverse and Aboriginal and Torres Strait Islander couples.

Evaluations of *Baby Makes 3*¹⁸³ have found the program delivered gender-transformative results, with participants developing a greater awareness of how traditional attitudes to gender and parenting roles were shaping their families.¹⁸⁴ Couples had a greater understanding of their partner's role and there was greater support for gender equality in their families. Mothers reported that their partners had changed their behaviours by doing more domestic work, spending more time alone with their children and giving mother's 'guilt-free' time out. Couples reported having a stronger relationship, increased intimacy and a greater appreciation of each other's perspectives and contributions.¹⁸⁵

"It was helpful to focus on how our relationship has changed and to find ways to work together to keep the family healthy and balanced" Mother who attended *Baby Makes 3* program.¹⁸⁶

By effectively promoting equal and respectful relationships from between men and women, the program also contributes to the primary prevention of family violence. The Victorian Government should ensure ongoing funding for *Baby Makes 3* and use it as a model for developing gender-transformative programs in other policy areas.

¹⁸³ The initial *Baby Makes 3* project (2009-2012) was funded and evaluated by VicHealth. Between 2012 and 2015, Carrington Health was funded by the Department of Justice & Regulation, through their 'Reducing Violence Against Women and Children Grants' to deliver the *Baby Makes 3* Program in the Eastern Metropolitan Region (EMR) of Melbourne. The three-year project was a partnership between Carrington Health and the seven Local Governments in the EMR. It is currently being evaluated by Deakin University.

¹⁸⁴ Flynn (2011) *Baby Makes 3* : project report, p. 2. Available from: [URL](#)

¹⁸⁵ Carrington Health (2016) *Baby Makes 3* : Key Achievements Communique : Draft.

¹⁸⁶ *ibid.*

5. Engage cross-sector partners and leverage gender equity expertise

The whole-of-community change required to realise gender equality will depend on the ability of government to mobilise and coordinate strategic partners in all portfolio areas across business, local government, faith-based communities and the community sector, and to leverage established organisations and networks.

Engaging cross-sector partners and leveraging established organisations and networks will assist the government in the implementation of an effective gender equality strategy because:

- **Partnerships create reach** – gender equality cannot be achieved unless the whole community is engaged and government cannot achieve this on its own. Non-government partners have direct relationships with the Victorian community in their roles as employers, regulators, service providers and peak bodies, and within their own professional or industry networks.
- **Specialist state-wide networks** (such as the network of women’s health services) **have expertise in gender equity** and can provide advice, as well as coordinating and resourcing regional work and undertaking quality control on behalf of government.
- This is an ambitious project in a developing field. **Networking and sharing of information, evidence and best practice are critical for continuous improvement and workforce development.**

The **collective impact model** provides a structured approach to making collaboration work across government, business, philanthropy, non-profit organisations and citizens to achieve significant and lasting social change.¹⁸⁷ This model is already used by women’s health services for regional action planning to prevent violence against women,¹⁸⁸ and could be directly applied to mobilise a diverse range of players and sectors within a unified statewide strategy for gender equality.

One of the five key elements of the collective impact model is a ‘backbone organisation’ with staff and a specific set of skills to serve the entire initiative and coordinate participating organisations and agencies.¹⁸⁹ **Women’s health services have the expertise and partnerships to play this ‘backbone’ role** at a community level across the state, complementing and supporting the work of a central coordinating unit within government (as proposed under Principle 3).

Gender equity is core business for women’s health services, and is not diluted by competing priorities. Building on twenty years of expertise in gendered health promotion, women’s health services have been successfully leading action on primary prevention of violence against women for a number of years, as outlined in **Case study 14**. We have implemented evidence-based strategies and action plans with a diverse range of partners at the statewide, regional and local levels. Focusing on gender inequality as the key driver of violence against women, we have developed specialist skills, expertise, resources and tools in gender equity.

¹⁸⁷ Kania and Kramer (2011) Collective impact. *Stanford Social Innovation Review* (Winter). Available from: [URL](#)

¹⁸⁸ Women’s Health Association of Victoria (2015) Understand : Toolbox : Community consultation models and tools [Website]. In: Equality and safety for women : preventing violence before it occurs. Available from: [URL](#)

¹⁸⁹ Kania and Kramer (2011) Collective impact. *Stanford Social Innovation Review* (Winter). Available from: [URL](#)

Our **existing partners and stakeholders** include women in the community; state and local governments; specialist statewide and national organisations such as Our Watch, ANROWS, Family Planning Victoria, the Royal Women's Hospital and specialist women's organisations (such as Women with Disabilities Victoria, Aboriginal Family Violence Prevention and Legal Service, and Positive Women); mainstream health peaks and advocacy bodies (such as VicHealth, Cancer Council Victoria, Heart Foundation, Beyond Blue); primary and community health services; maternal and child health services; hospitals; family violence services; schools; universities; youth services; courts; police; emergency services; legal services; migrant resource centres; media outlets; libraries and information services; women's networks across the state; neighbourhood houses; and other family and children's services.

The women's health services **network infrastructure** enables us to work flexibly at the regional level, while simultaneously coordinating effort and effecting structural and policy change at a state level. At a regional and local level, the nine regional women's health services have the specialist skills and infrastructure to support local partners, while the two statewide women's health services (Women's Health Victoria and the Multicultural Centre for Women's Health) provide leadership, coordination and resources across the state.

With increasing **expertise in intersectional approaches** and strong links with other specialist women's organisations, women's health services are attentive to women whose experiences are compounded by the intersections of gender discrimination with racial, ethnic, religious, class, sexuality or disability discrimination.

The network of women's health services also plays a critical role in the development and dissemination of information, evidence and resources, which ensures gender equity work at a statewide, regional and local level is of high quality and consistent with best practice. For example, the women's health services network hosts a number of '**Communities of Practice**', which provide an important opportunity for practitioners to share expertise and innovative approaches to promoting gender equality and to translate theory and evidence into practice. With few professional development opportunities available for practitioners specialising in gender equity and prevention of violence against women, the Communities of Practice are also essential for workforce development. Research undertaken by VicHealth has emphasised the value of cross-sector and specialist Communities of Practice to enable information-sharing and build capacity, enabling participants to share challenges and learnings.¹⁹⁰

The expertise and credibility of specialist women's services is a great asset to government in addressing gender inequality. Their critical role has been highlighted in a number of studies:¹⁹¹

'Civil society is fundamental for providing independent research and women's NGOs are crucial for advocating policy and funding changes and contesting budgetary processes and outcomes. In other words, predominately [sic] internal government exercises need to engage external actors to be effective.'¹⁹²

¹⁹⁰ Flood (2013) Evaluation capacity building in the Respect, Responsibility and Equality program : report on Stage 1 (2008–2010) Trends in evaluation. Available from: [URL](#)

¹⁹¹ 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, p. 51, 56. Available from: [URL](#); Sharp and Broomhill (2013) A case study of gender responsive budgeting in Australia, p. 4, 8. Available from: [URL](#)

¹⁹² Sharp and Broomhill (2013) A case study of gender responsive budgeting in Australia, p. 8. Available from: [URL](#)

Valuing and resourcing Victoria's women's health services and other specialist women's services so they can continue to advocate for change, share best practice, build the capacity of others, and coordinate local gender equity initiatives, should be a key pillar of the government's gender equality strategy.

Case study 14: The role of women's health services in regional planning to prevent violence against women

Primary prevention of violence against women is a growing field of practice that has gained considerable momentum in Victoria over the last decade. Victoria's women's health services have long identified men's violence against women as a priority and are leaders in regional action to address its social determinants, drawing on our expertise in integrated health promotion. We also know that working together produces more powerful results than any single organisation could achieve alone.

Addressing the social determinants of violence against women is our best evidenced strategy for addressing the attitudes and beliefs that support gender inequality and enable violence against women to continue. Women's health services are leading prevention efforts across the state, with WHV leading and coordinating these efforts.

Regional plans for preventing violence against women by addressing gender inequality led by women's health services across Victoria include:

- Gippsland preventing violence against women strategy: A coordinated approach (led by Gippsland Women's Health)
- Together for Equality and Respect: A Strategy to Prevent Violence Against Women in Melbourne's East 2013-2017 (led by Women's Health East)
- Hume Region Preventing Violence Against Women & Children Regional Strategy (led by Women's Health Goulburn North-East)
- Building a Respectful Community: Preventing Violence against Women - A Strategy for the Northern Metropolitan Region of Melbourne 2011-16 (led by Women's Health in the North)
- Great South Coast Strategy to Prevent Violence Against Women and Children (led by Women's Health & Wellbeing Barwon South West)
- Preventing Violence Together: Western Region Action Plan to Prevent Violence Against Women (led by Women's Health West)
- Loddon Mallee Action Plan for the Primary Prevention of Violence Against Women 2016-2019 (led by Women's Health Loddon Mallee).
- Women's Health in the South East and Women's Health Grampians are also working towards action plans for their regions.

As an example, *Preventing Violence Together* was Victoria's first collaboratively-developed, regional action plan and partnership dedicated specifically to the primary prevention of violence against women. Launched in 2010 and led by Women's Health West, the agreement involves partnerships with 18 organisations including local governments, community health, family violence services, police and others.

Women's Health West's role as lead agency for *Preventing Violence Together* was to design and deliver prevention of violence against women training packages and capacity building forums, write policy and law reform submissions, and develop audit tools and conceptual frameworks to support

partners to undertake gender equity work in their organisations. Each partner organisation committed to a number of actions that it would implement internally.

The Australian Research Centre for Sex, Health and Society completed an independent evaluation of the project in December 2015, which is yet to be publicly released. However, key outcomes from the project include:

- All partners have prevention of violence against women embedded in their strategic or operational plans;
- A model Gender Equity policy and Gender Audit Guidelines Tool have been developed;
- A Prevention of Violence against Women training package and Preventing Violence Together resource hub have been developed; and
- Various capacity building sessions have been delivered for staff within partner organisations, for example on engaging men in prevention of men's violence against women, conducting gender audits, women's leadership and unconscious gender bias, and working with culturally and linguistically diverse communities.

In seeking to end men's violence against women, regional action planning led by women's health services demonstrates a promising model in which women's health services take the lead in advancing the primary prevention of men's violence against women in Victoria.

However, short-term funding for violence prevention initiatives means that many promising approaches end just as they are gathering momentum and opportunities to scale up are squandered. WHV is hopeful that, in responding to the recommendations of the Royal Commission into Family Violence, the Victorian Government will commit to a dedicated, long-term funding stream for initiatives to prevent violence against women.

6. Establish a monitoring and accountability framework, and invest in data, evaluation, tools and workforce development

A Victorian gender equality strategy has the potential to achieve significant momentum and meaningful change in a relatively short time, and to make a significant contribution to the national and international evidence base for how gender equality can be achieved.

The OECD has identified the following as some of the critical enablers for effective pursuit of gender mainstreaming approaches:

- effective accountability mechanisms for gender mainstreaming across government ministries and agencies;
- availability of gender-disaggregated data;
- development (and awareness of) methodologies for incorporating gender perspectives into legislation, policy and programs; and
- gender analysis skills within the public service.¹⁹³

A comprehensive monitoring and accountability framework, which involves regular reporting against priority outcomes, and is supported by gender-disaggregated data and informed by research and robust evaluation of initiatives, will be essential for prioritising effort, holding government and stakeholders accountable, and tracking progress over time.

A clear outcomes framework, supported by accountability mechanisms

The Victorian gender equality strategy should outline a long-term vision, supported by a practical 'road map' for achieving that vision. Recognising that 'the road to equality is long and we cannot achieve everything at once',¹⁹⁴ the strategy should also establish a unified set of intersecting short-, medium- and long-term goals (or outcomes) that support staged progress towards gender equality, similar to the approach taken under the *National Plan to Reduce Violence against Women and their Children 2010-2022*.

Reporting against a clear **outcomes framework** will be crucial for clarifying priorities and measuring change over time. Measuring change is critical for sustaining momentum, strengthening approaches and prioritising investment. The development of gender-disaggregated **outcome measures** across all socio economic indicators will inform the design and targeting of interventions and strategies across different regions and population groups.

Outcome measures should be devised at the outset of the development of the strategy (rather than being retrofitted) to assist in clarifying purpose and priorities, and co-designed with relevant non-government partners, who will play a key role in contributing to their achievement.

Ultimately, a **Gender Equality Index** should be developed, perhaps similar to the Index developed by the European Institute for Gender Equality (EIGE). Like the proposed Victorian Family Violence Index, the EIGE Gender Equality Index synthesises gender indicators into a single summary measure. It

¹⁹³ OECD (2014) Women, government and policy making in OECD countries : fostering diversity for inclusive growth, pp. 174-176. Available from: [URL](#)

¹⁹⁴ Broderick, Goldie and Rosenman (2010) Gender equality blueprint 2010, p 1. Available from: [URL](#)

consists of six core domains (work, money, knowledge, time, power and health) and two satellite domains (intersecting inequalities and violence). The satellite domains are used to include phenomena applying to a selected group of the population.¹⁹⁵

Closer to home, the work undertaken by the City of Greater Dandenong, which compiles scores against seven social outcomes (relating to education, fertility, income, unpaid work, professional status and family violence reports) to generate a composite measure of gender equality across Victorian local government areas, provides a compelling example of what is possible.¹⁹⁶

The outcomes framework will need to be accompanied by effective mechanisms for holding government bodies (across the whole of government), employers and service providers **accountable** for their performance against the strategy, including through consequences for non-performance. The outcomes framework should be overseen and monitored by an independent body, such as a new Commission for the Status of Women or a strengthened Victorian Equal Opportunity and Human Rights Commission (VEOHRC).

Given the complex factors contributing to gender (in)equality and existing data limitations, a pragmatic and staged approach may be required at first. However, it is crucial that outcomes measurement for gender equality is not ignored simply because it is difficult. We know that what gets measured gets done. **Regular reporting against gendered indicators**, for example through inclusion of gendered outcomes measures for all portfolios in Budget Paper 3 could provide a starting point.¹⁹⁷ (A Gender Budget Statement is discussed under Principle 3.) Some states and territories, such as NSW and Western Australia, also publish annual women's report cards – 'dashboard' reports that measure progress against key gender equality indicators.¹⁹⁸

Collection of gender-disaggregated data

Gendered data reveals differences in the experiences of women and men and exposes gender inequalities. Collection of **gender-disaggregated data**, including longitudinal data to measure change over time, is essential for prioritising action and investment towards gender equality, and supporting outcomes measurement and accountability. Government must play a lead role in improving the availability of gender-disaggregated data, both through its own data collection and by incentivising (or mandating) its partners and stakeholders to collect gendered data. Existing data sets only provide a limited picture of gender inequality in Victoria. New data sets and indicators need to be developed to generate a fuller picture of gender inequality across all life domains, and enable progress towards gender equality to be measured.

Gender-disaggregated data must recognise sub-groups of women and men, to make visible the ways in which gender intersects with race, culture, age, ability, sexual orientation and geography to influence women's experiences. There is also an urgent need to improve data collection in relation to priority groups including Aboriginal women, culturally and linguistically diverse women and women with disabilities, to make sure we know what works for all women.

¹⁹⁵ European Institute for Gender Equality (2016) Gender equality index : About. Available from: [URL](#)

¹⁹⁶ City of Greater Dandenong (2013?) Social statistics : gender equity. Available from: [URL](#)

¹⁹⁷ WHV understands that the BP3 measures for women's policy are expected to change in the 2016-17 Budget:Finance (2015) Service delivery 2015-16 : Budget paper 3, p. 394. Available from: [URL](#)

¹⁹⁸ See, for example: New South Wales. Women NSW (2015) Women in NSW 2015 : annual report on women's progress towards equality in NSW. Available from: [URL](#); and Western Australia. Department of Local Government and Communities (2016) Women's report card 2015 : an indicator report of Western Australian women's progress. Available from: [URL](#)

Gendered data also needs to be published, usable and current. For example, the **Victorian Women's Health Atlas**, developed by Women's Health Victoria in 2015, provides reliable gender-disaggregated data, in a web-based interactive format, for each local government area (LGA) in Victoria. The Atlas makes visible gender differences across indicators for Sexual Health & Reproduction, Mental Health, Violence against Women and Gendered Demographics. With additional investment, the Atlas has significant potential for expansion, for example to include new data sets and indicators, as well as trend/time series data.¹⁹⁹ Further development of existing data sets would also enhance the Atlas. For example, it would be useful to include data from the National Survey on Community Attitudes to Violence Against Women, but this data is not currently broken down at LGA level.

Investment in research and evaluation

Government must invest in research and evaluation of gender equality initiatives to build the evidence base for further investment.

In the case of both road safety and tobacco control, **the case for investment** in prevention was clear and well-documented.²⁰⁰ This underscores the need for investment in data, research and evaluation to quantify costs associated with gender inequality, and to build the evidence base for effective gender equality interventions and calculate the return on investment.

The increasing appetite for and interest in pursuing gender equality, both in government and more broadly, has created a demand for strong evidence and clear answers to very complicated questions. No country has achieved gender equality as yet, so there is no single, pre-existing model to turn to and implement. However, the international evidence base for effective, whole-of-community intervention is emerging, with Victoria already making a strong contribution in the related field of preventing violence against women.

Evidence, expertise and effective interventions can only be developed from **research**. Victoria's world-leading work in preventing violence against women relied upon the research undertaken initially by VicHealth, and subsequently by the Australian National Research Organisation for Women's Safety (ANROWS) and Our Watch, as well as by university bodies and networks such as the Melbourne Research Alliance to End Violence against women and their children (MAEVe) and the Centre for Ethical Leadership at the University of Melbourne. These organisations and networks are well-equipped to undertake further research into gender equality.

Research will provide us with a clear path forward and provide the evidence of our success. Planning for and resourcing research programs must be considered within the government's gender equality strategy.

Similarly, funding for **evaluation** must be seen as an essential element of funding for initiatives to address gender inequality, not an optional extra. A proportion of program funding and/or resources should be dedicated to designing and implementing rigorous evaluation.

¹⁹⁹ Other sources of gendered data include: *Gender Indicators, Australia*, which provides a collection of 52 gender equality indicators including economic security, education, health, work and family balance, safety and justice, and democracy, governance and citizenship: ABS (2016) 4125.0 - Gender Indicators, Australia, Feb 2016. Available from: [URL](#); and the *WGEA Data Explorer*, which provides data on pay equity, women in leadership and flexible working arrangements in different industries: Workplace Gender Equality Agency (2016) WGEA Data Explorer. Available from: [URL](#)

²⁰⁰ In the case of the Transport Accident Commission, there is a built-in incentive within their social insurance model for up-front investment in prevention in order to manage future costs arising from traffic accidents. In the case of tobacco, advocates were able to draw on clear evidence from the health literature on the burden of disease attributable to smoking and the associated cost to government.

Evaluation must also be built into the planning process for interventions so that the foundations are laid for learning, improving and accountability. In particular, we need to continue to build the evidence base for what works for particular population groups.²⁰¹

While the evidence base is being built in this emerging field, however, 'a lack of evaluation evidence must not be a reason or excuse for inaction'. In the context of the Royal Commission into Family Violence, nine leading organisations (including Women's Health Victoria) have argued:

As a human rights abuse, violence against women imposes an immediate obligation on funders and governments to take action to prevent it, not just to improve responses. International analyses caution that the evidence-based demands of traditional public health prevention as a discipline or science must not be used by governments or funders as a justification for avoiding investment or innovation in policy and programming.²⁰²

In due course, a consistent approach to evaluation should be adopted statewide so that evaluation findings are comparable across initiatives. Specialist organisations with expertise in evaluating gender equality initiatives (such as women's health services) should be involved in developing standards or benchmarks for evaluation practice.²⁰³ Non-government partners should also be supported to undertake their own program evaluations, in line with any benchmarks.

Given the long-term nature of cultural change, evaluating outcomes over the first few years of a gender equality strategy may not result in measurable changes; it may be more useful to focus on impact evaluation. It is also important to monitor and evaluate whether the process, as well as the impact and outcomes, is gender equitable (for example, representation of women on research or project teams).

In addition to evaluation of specific gender equity initiatives, it is also important to ensure that evaluations of 'mainstream' policies and programs are gender-sensitive, as part of a gender mainstreaming approach.

Ultimately, an adequately resourced, comprehensive evaluation of integrated approaches to gender equality across sectors will be needed, which aligns with the overarching monitoring and accountability framework and outcomes indicators.

Resources and tools to support gender equality initiatives

Government will also need to support the development of resources and tools to support gender mainstreaming and implementation of gender equality initiatives. These should build on resources and tools that have already been developed to support gender equality work. For example, women's health services have developed **applied gender analysis training and tools** to assist policy makers and implementers in identifying gender equality concerns, and the direct and indirect impact of policies, programs and projects on women and men. The Women's Health Association of Victoria will shortly release a **Gender Equity Training Manual**, with different modules that can be used to suit

²⁰¹ (2015) Getting serious about change : the building blocks for effective primary prevention of men's violence against women in Victoria : a Joint Statement, p. 5. Available from: [URL](#)

²⁰² *ibid.*, p. 5. Available from: [URL](#)

²⁰³ See, for example, 'Measure' in: Women's Health Association of Victoria (2015) Equality and safety for women : preventing violence before it occurs [Website]. Available from: [URL](#)

different contexts. Gender analysis toolkits for those making policy and delivering programs have also been developed in other jurisdictions, like Queensland and South Australia.²⁰⁴

Resources and training should use accessible and appropriate language for diverse audiences, and be brought together in a user-friendly way, for example through an online resource hub that enables organisations to select and tailor tools and resources that best suit their needs and audience. Examples include the ***Equality and Safety for Women Planning Guide***, a dynamic web-based planning hub for leading regional action to prevent violence against women (with a focus on gender equality), developed by the Women's Health Association of Victoria in 2015.²⁰⁵ *Equality and Safety for Women* brings together information, evidence, tools, resources and best practice examples to support a consistent and coordinated approach to planning, implementation and measurement of primary prevention efforts in the Victorian regional context. At an international level, organisations such as the European Institute for Gender Equality also bring together tools to assist with gender equity work, including on topics such as gender budgeting, gender procurement, gender evaluation, gender-sensitive stakeholder consultation, and institutional transformation.²⁰⁶

A skilled gender equity workforce

Gender equity and the prevention of violence against women is a specialist field and requires a **specialist workforce**. This needs to be recognised, valued and supported.

Women's health services have provided leadership, advice, technical assistance, and support for policy and program development in this field for many years. Demand for our leadership, advice and training – from sporting clubs, workplaces, local government and other sectors – is at an all time high and is now exceeding capacity. Significant investment in workforce and organisational development and capacity building is required to meet existing demand effectively, and is essential if we are to expand the reach of current activities in gender equity and primary prevention of violence against women across Victoria. This includes expansion of our workforce so that it better reflects the diversity of our community.²⁰⁷

Not only do we need to support and expand our existing specialist workforce, but we also need to ensure that people working and volunteering across all sectors, both within and outside government, are **trained in gender equity and gender analysis**. This should include pre-service training for key professionals (such as early childhood educators and teachers, health professionals, human resources professionals, business administrators, government policy makers and program designers, journalists and urban planners), as well as incorporating gender equity training into ongoing professional development. With additional resourcing, women's health services are well-placed to advise on curriculum and provide training.

²⁰⁴ Queensland. Office For Women (2009) Gender analysis toolkit; Available from: [URL](#); and South Australia. Office for Women (2010) Inclusion matters : a public sector guide towards gender equity. Available from: [URL](#)

²⁰⁵ Women's Health Association of Victoria (2015) Equality and safety for women : preventing violence before it occurs [Website]. Available from: [URL](#)

²⁰⁶ European Institute for Gender Equality (2016) Gender mainstreaming : methods and tools. Available from: [URL](#)

²⁰⁷ (2015) Getting serious about change : the building blocks for effective primary prevention of men's violence against women in Victoria : a Joint Statement. Available from: [URL](#)

WHV'S proposed framework for a Victorian gender equality strategy

Shifting gender unequal structures, norms and practices across Victoria to measurably improve gender equality is an ambitious and complex task. For this reason WHV has developed the following model (**Figure 4**) which visually represents the six principles outlined in this submission and provides a conceptual framework for a Victorian gender equality strategy. This model brings together the concentric circles representing whole-of-community action from **Figure 2**, with the approaches required to drive gender equality outlined under Principles 3 to 6.

The diagram has two major components:

- The series of **concentric circles** represent a multidimensional picture of where and how gender inequality is created, reinforced and experienced across the Victorian community (as discussed under Principles 1 and 2): **the drivers of gender inequality** (norms, practices and structures), **levels of society** (the social ecology), **life stages and life domains**. The **outer circle** represents the types of **settings** through which we can impact gender inequality.
- Overarching the concentric circles are the **critical factors and approaches** that must drive and inform gender equality interventions across the Victorian community (as discussed under Principles 3-6) in order to reverse the cycle of gender inequality.

Although the diagram is static, the arrows are intended to indicate that each concentric circle rotates independently, generating an enormous variety of mutually-reinforcing gender equality challenges *and* interventions. This model enables government and other stakeholders to locate their role and strategies for gender inequality within an overarching framework.

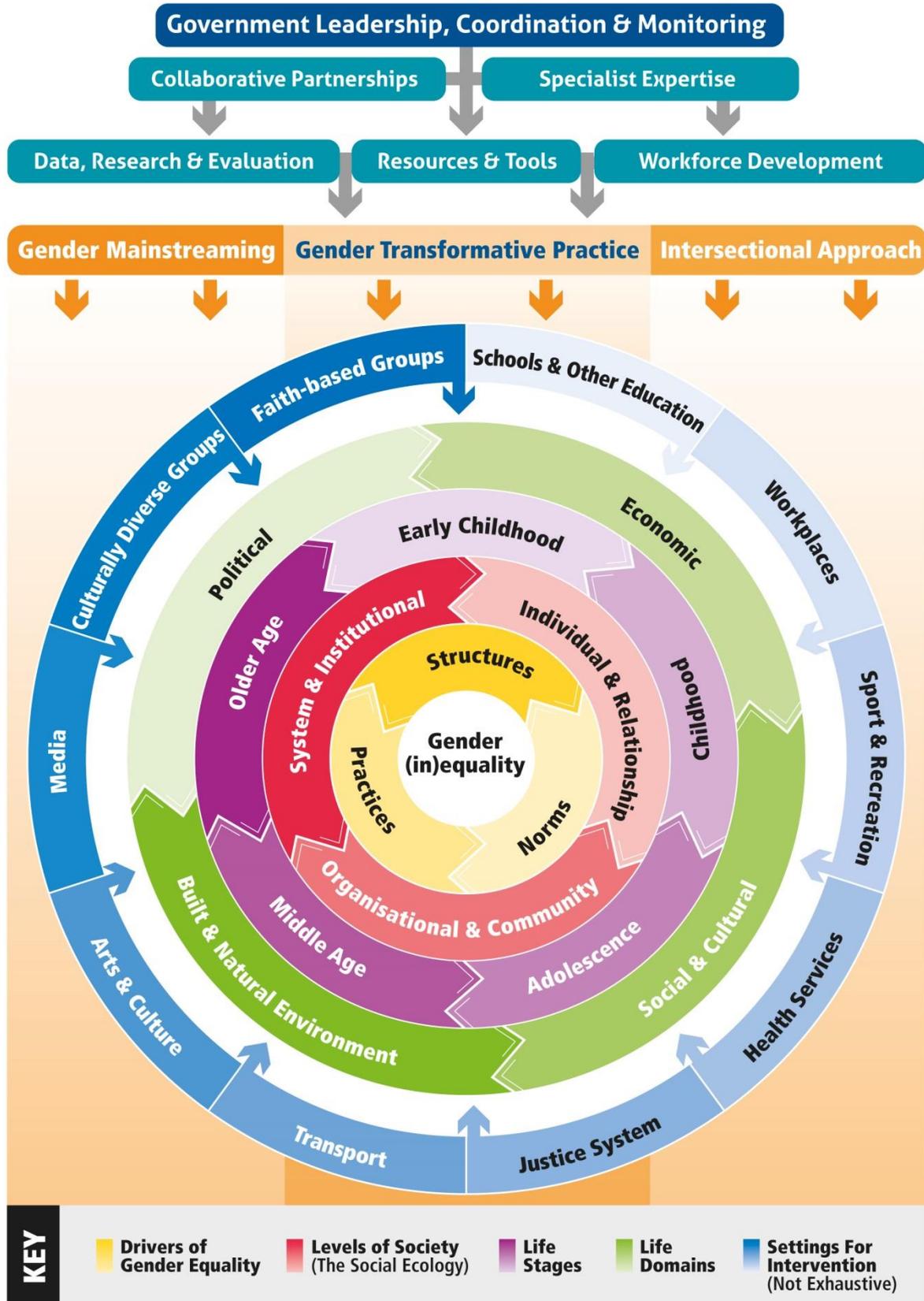
Drawing a line through the circle at any point (as each concentric circle rotates) creates a slice of Victorian community life that is impacted by, and can be mobilised against, gender inequality. For example, if we start our line outside the circles at the 'workplace' setting, and continue our line to the middle of the circles, we would travel through an element of each concentric circle as we move inwards. For example, we might intersect:

- Social & cultural (life domain)
- Childhood (life stage)
- Individual relationship (level of society)
- Norms (driver of inequality)

An example of a gender equity strategy for this context would be a program that is delivered through workplaces to improve gender equality in the social & cultural domain, involving children and addressing gender inequitable norms. This might be a workplace program mentoring employees on gender equitable parenting.

Figure 4

Proposed model for government-led whole-of-community action to address gender inequality



CONCLUSION

Gender inequality is expressed and maintained in Victoria today through norms, practices and structures that support rigid gender stereotypes and the unequal distribution of power between men and women at every level of society. These formal and informal systems are linked and mutually reinforcing, creating a cycle of inequality and making the task of achieving gender equality a daunting one.

However, the cyclical nature of gender inequality is also our greatest opportunity to progress comprehensive change. Interrupting and reversing the cycle of gender inequality will require a 'mirroring' of this process whereby norms, practices and structures are simultaneously targeted and transformed in order to build momentum towards gender equality.

Our submission provides what we believe to be a strong, evidence-based foundation for a truly effective and meaningful gender equality strategy for Victoria, supported by clear principles that we hope will ensure a coordinated, collaborative and sophisticated whole-of-community approach.

We congratulate the Victorian Government on the strong leadership and vision it has already shown in relation to improving gender inequality in Victoria, including committing to the development of the strategy. WHV looks forwards to continuing to support the government in this endeavour, working together to create a world-leading model to end gender inequality and set a powerful precedent for others to follow.

REFERENCES

- (2015) **Getting serious about change : the building blocks for effective primary prevention of men's violence against women in Victoria : a Joint Statement**. Our Watch, Melbourne. Available from: <https://www.ourwatch.org.au/MediaLibraries/OurWatch/Our-Watch-Content/Getting-serious-about-change-Joint-Statement-28052015.pdf>.
- (2015) **Violence against women : perceptions of safety : % people who feel safe when walking alone at night**. In: Victorian Women's Health Atlas. Women's Health Victoria, Melbourne. Available from: http://victorianwomenshealthatlas.net.au/#!/atlas/Violence%20against%20Women/V/Perceptions%20of%20Safety/V_01/%25%20People%20who%20feel%20safe%20when%20walking%20alone%20at%20night/10/state/all/F/false.
- ABS (2012) **Stroke**. In: 4429.0 - Profiles of Disability, Australia, 2009. Australian Bureau of Statistics, Canberra. Available from: <http://www.abs.gov.au/ausstats/abs@.nsf/Lookup/4429.0main+features100262009>.
- ABS (2014) **4517.0 - Prisoners in Australia**. Australian Bureau of Statistics, Canberra. Available from: <http://www.abs.gov.au/AUSSTATS/abs@.nsf/DetailsPage/4517.02014?OpenDocument>.
- ABS (2016) **4125.0 - Gender Indicators, Australia, Feb 2016**. Australian Bureau of Statistics, Canberra. Available from: <http://www.abs.gov.au/ausstats/abs@.nsf/mf/4125.0>.
- AIHW (2006) **Socioeconomic inequalities in heart disease in Australia : current picture and trends since 1992**. Australian Institute of Health and Welfare, Canberra. - (AIHW Bulletin; 37). Available from: <http://www.aihw.gov.au/WorkArea/DownloadAsset.aspx?id=6442453523>.
- AIHW (2010) **Women and heart disease : cardiovascular profile of women in Australia**. Australian Institute of Health and Welfare, Canberra. Available from: <http://www.aihw.gov.au/publications/index.cfm/title/10748>.
- American College of Cardiology (2015) **Young women less likely to be informed of heart disease risk by providers**. *Science Daily* (Oct 26). Available from: <http://www.sciencedaily.com/releases/2015/10/151026172107.htm>.
- Antoniucci D (2006) **Acute myocardial infarction: do women benefit from primary angioplasty? PCR Online**. *Euro PCR 2006. Course Slides* (May 17). Available from: <http://www.pconline.com/Lectures/2006/Acute-myocardial-infarction-do-women-benefit-from-primary-angioplasty>.
- Australia. Department of Health (2016) **Girls Make Your Move [Campaign]**. Australia. Department of Health, Canberra. Available from: <http://www.health.gov.au/internet/girlsmove/publishing.nsf/Content/home>.
- Australia. National Preventative Health Taskforce (2009) **Alcohol : reshaping the drinking culture in Australia**. In: Australia : the healthiest country by 2020 : National preventative health strategy : the roadmap for action. NPHT, Canberra. p. Chapter 4. Available from: [http://www.preventativehealth.org.au/internet/preventativehealth/publishing.nsf/Content/CCD7323311E358BECA2575FD000859E1/\\$File/nphs-roadmap-5.pdf](http://www.preventativehealth.org.au/internet/preventativehealth/publishing.nsf/Content/CCD7323311E358BECA2575FD000859E1/$File/nphs-roadmap-5.pdf).
- Australia. Parliament. Senate Standing Committees on Economics. Economics References Committee (2015) **Inquiry into the economic security for women in retirement**. Australia. Department of the Senate, Canberra. Available from: http://www.aph.gov.au/Parliamentary_Business/Committees/Senate/Economics/Economic_security_for_women_in_retirement.
- Australian Association of National Advertisers (2012) **AANA code of ethics**. AANA, Sydney. Available from: <http://aana.com.au/content/uploads/2014/05/AANA-Code-of-Ethics.pdf>.

- Australian Institute of Family Studies. Child Family Community Australia (2013) **Dad and partner pay : implications for policy-makers and practitioners**. AIFS, no location. - (CFCA Paper; No. 12). Available from: <https://aifs.gov.au/cfca/publications/dad-and-partner-pay-implications-policy-makers-and-prac/international-policy-and>.
- Baldry E, et al. (2015) **A predictable and preventable path : Aboriginal people with mental and cognitive disabilities in the criminal justice system [report of the IAMHDCD Project]**. University of NSW. School of Social Sciences Sydney. Available from: https://www.mhdcd.unsw.edu.au/sites/www.mhdcd.unsw.edu.au/files/u18/pdf/a_predictable_and_preventable_path_2nov15.pdf.
- Bell W (1998) **Women and community safety** *In*: Safer Communities : Strategic Directions in Urban Planning Conference (1998 : Sep 10-11 : Melbourne). Australian Institute of Criminology. Available from: http://aic.gov.au/media_library/conferences/urban/bell.pdf.
- Beyond Blue (2011) **Depression and anxiety disorders in women**. Beyond Blue, Hawthorn West, Vic. - (Beyond Blue Factsheet; 13). Available from: <http://resources.beyondblue.org.au/prism/file?token=BL/0671>.
- British Columbia Centre of Excellence for Women's Health (2014) **Approaches to integrating gender in health promotion : July 2014 [Slide presentation]**. BCCEWH, Vancouver, BC. Available from: <http://promotinghealthinwomen.ca/wordpress/wp-content/uploads/2015/02/Integrating-Gender-into-Health-Prom-Jul-2014.pdf>.
- Broderick E (2012) **Applying a gender perspective in public policy : what it means and how we can do it better : address for International Women's Day Forum : Addressing Gender Equality and Women's Rights in Public Policy, 9 March 2012**. Australian Human Rights Commission, Sydney. Available from: <https://www.humanrights.gov.au/news/speeches/applying-gender-perspective-public-policy-what-it-means-and-how-we-can-do-it-better>.
- Broderick E, Goldie C, Rosenman E (2010) **Gender equality blueprint 2010**. Australian Human Rights Commission, Sydney. Available from: http://www.hreoc.gov.au/sex_discrimination/publication/blueprint/index.html.
- Budlender D (2001) **Review of gender budget initiatives**. Community Agency for Social Enquiry, Cape Town. Available from: <http://www.internationalbudget.org/wp-content/uploads/Review-of-Gender-Budget-Initiatives.pdf>.
- Burgess A, Flynn C (2013) **Supporting imprisoned mothers and their children : a call for evidence**. *Probation Journal*. 60 (1):pp. 73-81.
- Cale J, Breckenridge J (2015) **Gender, age and the perceived causes, nature and extent of domestic and dating violence in Australian society : prepared for White Ribbon Australia and Youth Action**. Gendered Violence Research Network, UNSW Australia, Sydney. Available from: http://www.whiteribbon.org.au/uploads/media/Schools_and_Youth/Youth_survey_results_release/WR_Y_A_Youth_Survey_Gender_Age_and_the_Perceived_Causes_Nature_and_Extent_of_Domestic_and_Dating_Violence_in_Australian_Society.pdf.
- Canadian Women's Foundation (2015) **Improving gender equality improves economic and social conditions for everyone**. CWF. Available from: <http://www.canadianwomen.org/improve-equality>.
- Canto JG, Rogers WJ, Goldberg RJ, et al. (2012) **Association of age and sex with myocardial infarction symptom presentation and in-hospital mortality**. *Journal of the American Medical Association (JAMA)*. 307 (8):813-22. Available from: <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC4494682/>.
- Carrington Health (2016) **Baby Makes 3 : Key Achievements Communique : Draft**. [Unpublished].

- Carrington K (2016) **Why are more women in prison and mostly for violence?** *QUT Law News* (Mar 1). Available from: <https://www.qut.edu.au/law/about/news-events/news?news-id=102333>.
- Centre for the Human Rights of Imprisoned People (2010) **Culturally and linguistically diverse women in Victorian prisons : final report**. CHRIP, Flemington, Vic. Available from: <http://www.flatout.org.au/wp-content/uploads/2012/04/Culturally-and-Linguistically-Diverse-Women-in-Victorian-Prisons1.pdf>.
- Chappell L, Brennan D, Rubinstein K (2012) **Australian intergovernmental relations : a gender and change perspective**. In: *Tomorrow's federation : reforming Australian Government* / edited by Paul Kildea ... et al. Federation Press, Leichardt, N.S.W.
- Chronholm A (2007) **Fathers' experience of shared parental leave in Sweden**. *Recherches Sociologiques et Anthropologiques*. 38 (2):9-25. Available from: <http://rsa.revues.org/456?lang=en>.
- City of Greater Dandenong (2013?) **Social statistics : gender equity**. City of Greater Dandenong, Dandenong. Available from: <http://www.greaterdandenong.com/document/29821/gender-equity-social-statistics>.
- City of Whittlesea (2014) **Gender equity strategy**. Whittlesea City Council, South Morang, Vic. Available from: <https://www.whittlesea.vic.gov.au/your-council/plans-strategies-and-policies/gender-equity-strategy>.
- Clarke J (2010) **The health impacts of climate change and drought on women in the Loddon Mallee Region : a literature review with recommendations**. Women's Health Loddon Mallee, Bendigo, Vic. Available from: <http://www.whlm.org.au/publications/literary-reviews/>.
- Committee on the Elimination of Discrimination against Women (CEDAW) (2004) **General recommendation No. 25 ... on temporary special measures**. UN Women. Available from: [http://www.un.org/womenwatch/daw/cedaw/recommendations/General%20recommendation%2025%20\(English\).pdf](http://www.un.org/womenwatch/daw/cedaw/recommendations/General%20recommendation%2025%20(English).pdf)
- Cornet A, Dieu A-M, Tshiamalenge V, et al. (2011) **Manual for the application of gender mainstreaming within the Belgian federal administration**. Institute for the Equality of Women and Men, Brussels. Available from: http://igvm-iefh.belgium.be/sites/default/files/downloads/32%20-%20Gender%20Mainstreaming_ENG.pdf.
- Corrections Victoria (2016) **Key statistics on the Victorian prison system 2009-2010**. Victoria. Department of Justice and Regulation. Available from: http://assets.justice.vic.gov.au/corrections/resources/8d4eab63-fd36-4cd0-9382-dffa924910d5/key_stats_vicprisons2015.pdf.
- Currie G, Delbosc A, Mahmoud S (2010) **Perceptions and realities of personal safety on public transport for young people in Melbourne**. In: *Australasian Transport Research Forum Proceedings (2010 : Sep 29-Oct 1 : Canberra)*. Australia. Department of Infrastructure and Regional Development. Available from: http://atrf.info/papers/2010/2010_currie_delbosc_mahmoud.pdf.
- Daley J (2012) **Game changers : economic reform priorities for Australia**. Grattan Institute, Carlton, Vic. Available from: <https://grattan.edu.au/report/game-changers-economic-reform-priorities-for-australia/>.
- de Madariaga IS (2013) **From women in transport to gender in transport : challenging conceptual frameworks for improved policymaking**. *Journal of International Affairs* (Sep 22). Available from: <http://www.thefreelibrary.com/.print/PrintArticle.aspx?id=353517742>.
- Durey R, Women's Health Victoria (2001) **Working Together Against Violence : final project report**. Women's Health Victoria (WHV), Melbourne. Available from: <http://whv.org.au/publications-resources/publications-resources-by-topic/post/working-together-against-violence-final-project-report/>.

- Duvander A-Z, Haas L (2013) **Sweden country note**. In: International review of leave policies and research 2013 / P. Moss (ed.). International Network on Leave Policies and Research, London. Available from: http://www.leavenetwork.org/lp_and_r_reports/country_reports/.
- Duvander A-Z, Johansson M (2015) **Reforms in the Swedish parental leave system and their effects on gender equality**. Swedish Social Insurance Inspectorate, Stockholm. - (Working Paper; 2). Available from: http://www.inspsf.se/digitalAssets/2/2135_wp_2015-2_slutlayout_20150525_reforms_in_the_swedish_parental_leave_system.pdf.
- Edström M, Mølster R (2014) **Making change : Nordic examples of working towards gender equality in the media**. Nordicom. - (Research Antologies. Available from: <http://www.nordicom.gu.se/en/publikationer/making-change>.
- European Institute for Gender Equality (2014) **Benefits of gender equality : online discussion report : women and political decision-making** EIGE. Available from: http://eige.europa.eu/sites/default/files/documents/MH0413192ENC_PDF.Web_.pdf.
- European Institute for Gender Equality (2016) **Gender equality index : About**. EIGE, Vilnius, Lithuania. Available from: <http://eige.europa.eu/gender-statistics/gender-equality-index/about>.
- European Institute for Gender Equality (2016) **Gender mainstreaming : methods and tools**. European Institute for Gender Equality, Vilnius, Lithuania. Available from: <http://eige.europa.eu/gender-mainstreaming/tools-and-methods>.
- Flat Out Inc, Centre for the Human Rights of Imprisoned People (2014) **Submission to the Victorian Ombudsman investigation into the rehabilitation and reintegration of prisoners in Victoria**. Flat Out Inc., Flemington, Vic. Available from: <http://www.flatout.org.au/wp-content/uploads/2015/01/Flat-Out-Submission-to-Victorian-Ombudsman-Dec2014-final.pdf>.
- Flood M (2013) **Evaluation capacity building in the Respect, Responsibility and Equality program : report on Stage 1 (2008–2010)**. Victorian Health Promotion Foundation (VicHealth), Carlton South, Vic. - (Trends in Evaluation : Preventing Violence Against Women; Paper 1). Available from: <https://www.vichealth.vic.gov.au/media-and-resources/publications/pvaw-evaluation-trends>.
- Flood M, Fergus L, Heenan M (2009) **Respectful Relationships Education : violence prevention and respectful relationships education in secondary schools**. Victoria. Department of Education and Early Childhood Development, Melbourne. Available from: <http://www.education.vic.gov.au/Documents/school/teachers/health/respectfulrel.pdf>.
- Flood M, Pease B (2006) **The factors influencing community attitudes in relation to violence against women : a critical review of the literature : paper three of the Violence Against Women Community Attitudes Project**. VicHealth, Melbourne. Available from: <https://www.vichealth.vic.gov.au/search/community-attitudes-to-violence-against-women>.
- Flynn D (2011) **Baby Makes 3 : project report**. Whitehorse Community Health Service Ltd; and VicHealth, Melbourne. - (Sharing the Evidence Forum : Preventing Violence Against Women : Resource 3). Available from: <https://www.vichealth.vic.gov.au/media-and-resources/publications/sharing-the-evidence>.
- George A, Barton P, Russell E (2014) **Decentering the prison : abolitionist approaches to working with criminalised women : paper presented at Sisters Inside Conference 'Is Prison Obsolete', Brisbane, 10 October 2014.** Flat Out, Inc. Available from: <http://www.flatout.org.au/wp-content/uploads/2014/11/Final-SIS-talk-101014.docx>.
- George A, Harris B (2014) **Landscapes of violence : women surviving family violence in regional and rural Victoria**. Deakin University. School of Law. Centre for Rural Regional Law and Justice, Geelong, Vic. Available from: http://www.deakin.edu.au/_data/assets/pdf_file/0003/287040/Landscapes-of-Violence-online-pdf-version.pdf.

- Geraci TS, Geraci SA (2013) **Considerations in women with hypertension**. *Southern Medical Journal*. 106 (7). Available from: http://www3.med.unipmn.it/papers/2013/LWW_Journals/2013-07-15_lww/Considerations_in_Women_with_Hypertension.11.pdf.
- Greaves L, Pederson A, Poole N (2014) **Making it better : gender-transformative health promotion**. Canadian Scholars' Press / Women's Press, Toronto.
- Guggisberg M (2006) **The interconnectedness and causes of female suicidal ideation with domestic violence**. *Australian e-Journal for the Advancement of Mental Health*. 5 (1):1-7. Available from: <http://pandora.nla.gov.au/pan/24225/20061003-0000/www.auseinet.com/journal/vol5iss1/index.html>.
- Hung J (2006) **Aspirin for primary prevention of cardiovascular disease in women : does sex matter?** *Medical Journal of Australia*. 184 (6):260-1. Available from: http://www.mja.com.au/public/issues/184_06_200306/hun11121_fm.html.
- Inter-Parliamentary Union (2016) **Women in national parliaments**. IPU, Geneva. Available from: <http://www.ipu.org/wmn-e/world.htm>.
- Kania J, Kramer M (2011) **Collective impact**. *Stanford Social Innovation Review* (Winter). Available from: http://ssir.org/articles/entry/collective_impact.
- Kaufman M, et al., MenEngage Steering Committee (2014) **Engaging men, changing gender norms : directions for gender-transformative action**. United National Population Fund (UNFPA) and MenEngage Alliance, New York. Available from: <http://www.unfpa.org/resources/brief-engaging-men-changing-gender-norms>.
- Khera S, et al. (2015) **Temporal trends and sex differences in revascularization and outcomes of ST-Segment elevation myocardial infarction in younger adults in the United States**. *Journal of the American College of Cardiology*. 66 (18):1961-72.
- Khosla P (2005) **Gendered cities : built and physical environments**. National Network on Environments and Women's Health; Toronto Women's Call to Action, Toronto. Available from: <http://www.nnewh.org/images/upload/attach/5912gendered%20cities%20EN.pdf>.
- Kim ES, Menon V (2009) **Status of women in cardiovascular clinical trials**. *Arteriosclerosis, Thrombosis, and Vascular Biology*. 29:279-83.
- Kotsadam A, Finseraas H (2011) **The state intervenes in the battle of the sexes : causal effects of paternity leave**. *Social Science Research*. 40 (6):1611–22. Available from: http://www.sdu.dk/~media/Files/Om_SDUCentre/C_Velfaerd/Paper%20Andreas%20Kotsadam.pdf.
- Lahey K (2015) **Tax and transfer policies and sex equality : what Australia, Canada and the UK should learn from experience**. In: Gender Equality in Australia's Tax and Transfer System Workshop (Canberra : 2015 : Nov 4). Australian National University. Gender Institute and Tax Transfer Policy Institute. Available from: https://taxpolicy.crawford.anu.edu.au/sites/default/files/events/attachments/2015-12/k_lahey_public_seminar_slides_4_nov_2015_klozttpolsxeqnv42015present.pdf.
- Leifheit-Limson E, et al. (2015) **Sex differences in cardiac risk factors, perceived risk, and health care provider discussion of risk and risk modification among young patients with acute myocardial infarction**. *Journal of the American College of Cardiology*. 66 (18):1949-57.
- Luhrs D (2013) **Daughters of farmers : farm succession and sustainable farming communities**. In: Footsteps to the future : collected thoughts on the sustainability of resources, people and community in Southwest Victoria / edited by K. Scholfield et al. . RMIT University. Hamilton Campus, Hamilton, Vic. p. 31-4. Available from: <http://mams.rmit.edu.au/sqjgnh2a9ybdz.pdf>.

- Martin B, Baird M, Brady M, et al. (2014) **PPL evaluation : final report**. University of Queensland. Institute for Social Science Research, Brisbane. - (ISSR Research Report). Available from: https://www.dss.gov.au/sites/default/files/documents/03_2015/finalphase4_report_6_march_2015_0.pdf.
- Mason CN (2010) **Leading at the intersections : an introduction to the intersectional approach model for policy and social change**. New York University. Robert F. Wagner Graduate School of Public Service. Women of Color Policy Network, New York. Available from: <http://www.intergroupresources.com/rc/Intersectionality%20primer%20-%20Women%20of%20Color%20Policy%20Network.pdf>.
- McCann J (2013) **Electoral quotas for women : an international overview**. Australia. Department of Parliamentary Services, Canberra. - (Parliamentary Library Research Paper). Available from: http://www.aph.gov.au/About_Parliament/Parliamentary_Departments/Parliamentary_Library/pubs/rp/rp1314/ElectoralQuotas.
- McEntyre E (2015) **How Aboriginal women with disabilities are set on a path into the criminal justice system**. *The Conversation* (Nov 3). Available from: <https://theconversation.com/how-aboriginal-women-with-disabilities-are-set-on-a-path-into-the-criminal-justice-system-48167>.
- Medew J (2015) **Barriers to abortion remain in Victoria seven years after decriminalisation**. *The Age* (Oct 9). Available from: <http://www.theage.com.au/victoria/barriers-to-abortion-remain-in-victoria-seven-years-after-decriminalisation-20151009-gk5dnz.html>.
- Mental Health Coordinating Council Inc. (2010) **The psychological needs of women in the criminal justice system : considerations for management and rehabilitation**. MHCC Inc., Lilyfield, NSW. Available from: <http://mhcc.org.au/media/11944/psychological-needs-of-women-in-the-cjs-27-05-2010.pdf>.
- Moser C (2012) **Mainstreaming women's safety in cities into gender-based policy and programmes** [Article]. *Gender and Development*. 20 (3):435-52.
- Moss P (ed.) (2013) **International review of leave policies and related research 2013**. International Network on Leave Policies and Research, London. Available from: <http://www.mega.public.lu/fr/publications/references-etudes-externes/2013/international-review/international-review-of-leave-policies.pdf>.
- National Foundation for Australian Women (2014) **Budget 2014-15 : a gender lens**. NFAW, Dickson, A.C.T. Available from: <http://www.nfaw.org/wp-content/uploads/2014/05/Budget-2014-NFAW-gender-lens-final.pdf>
- National Heart Foundation of Australia (2011) **Women and heart disease : forum report**. National Heart Foundation of Australia, Strawberry Hills, NSW. Available from: http://heartfoundation.org.au/images/uploads/publications/Women_and_Heart_Disease_Forum_Report.pdf.
- National Heart Foundation of Australia (2014) **Heart attack survivors survey : gender comparison**. National Heart Foundation of Australia, Sydney.
- National Heart Foundation of Australia (2014) **Women less likely to survive a heart attack than men**. *Heart Foundation News* (Jun 13). Available from: <http://heartfoundation.org.au/news/women-less-likely-to-survive-a-heart-attack-than-men>.
- Needham K (2015) **Target, quota, whatever it takes : just get more women into Parliament [Opinion]**. *Sydney Morning Herald* (Aug 22). Available from: <http://www.smh.com.au/comment/target-quota-whatever-just-get-more-women-into-parliament-20150821-gj52rd.html#ixzz3wVwa4lcQ>.

- New South Wales. Health Department (2000) **Gender equity in health**. NSW Health, Gladesville, NSW. Available from: http://www0.health.nsw.gov.au/pubs/2000/pdf/gender_equity.pdf.
- New South Wales. Women NSW (2015) **Women in NSW 2015 : annual report on women's progress towards equality in NSW**. Women NSW, North Sydney. Available from: https://www.women.nsw.gov.au/womens_data.
- Nichols M, Peterson K, Alston L, et al. (2014) **Australian heart disease statistics 2014**. National Heart Foundation of Australia, Melbourne. Available from: https://heartfoundation.org.au/images/uploads/publications/HeartStats_2014_web.pdf.
- Nicholson L (2015) **Appoint women or lose funding : State crackdown on sports bodies**. *The Age* (Dec 30). Available from: <http://www.theage.com.au/sport/appoint-women-or-lose-funding-state-crackdown-on-sports-bodies-20151224-glupfa>.
- Nicholson L (2016) **AFL and NRL clubs get a free kick on gender equality**. *The Age* (Feb 25). Available from: <http://www.smh.com.au/afl/afl-news/afl-and-nrl-clubs-get-a-free-kick-on-gender-equality-20160225-gn3svw.html>.
- Norwegian Labour and Welfare Administration (2016) **Parental benefit**. NAV, Oslo. Available from: <https://www.nav.no/en/Home/Benefits+and+services/Relatert+informasjon/parental-benefit>.
- OECD (2014) **Women, government and policy making in OECD countries : fostering diversity for inclusive growth**. OECD Publishing, Paris. Available from: <http://www.oecd.org/gov/women-government-and-policy-making.htm>.
- Our Watch (2016) **The Line Campaign evaluation : Wave 1 – Report : Summary of attitudes and behaviours of young people in relation to consent** Our Watch, Melbourne. Available from: <http://www.ourwatch.org.au/getmedia/fa1265e8-abfd-4ca3-ac3a-099bbb612910/The-Line-Evaluation-Research-on-consent-FINAL.pdf.aspx>.
- Our Watch, ANROWS, VicHealth (2015) **Change the story : a shared framework for the primary prevention of violence against women and their children in Australia**. Our Watch, Melbourne. Available from: <http://www.ourwatch.org.au/getmedia/1462998c-c32b-4772-ad02-cbf359e0d8e6/Change-the-story-framework-prevent-violence-women-children.pdf.aspx>.
- Palmieri SA (2011) **Gender mainstreaming in the Australian Parliament : achievement with room for improvement**. Australian National University. Parliamentary Studies Centre, Canberra. Available from: http://www.parliamentarystudies.anu.edu.au/pdf/publications/2011/Gender_Mainstreaming_in_the_Australian_Parliament.pdf.
- Patel V, WHO. Department of Gender and Women's Health (2004) **Gender in mental health research**. World Health Organization, Geneva. - (Gender and Health Research Series). Available from: <https://extranet.who.int/iris/restricted/handle/10665/43084>.
- Peacock D (2013) **South Africa's Sonke Gender Justice Network : Educating men for gender equality**. *Agenda : Empowering Women for Gender Equity* (Jun 24). Available from: <http://www.genderjustice.org.za/publication/south-africas-sonke-gender-justice-network/>.
- Pease B (2010) **Reconstructing violent rural masculinities : responding to fractures in the rural gender order in Australia**. *Culture, Society and Masculinity*. 2 (2):154-64.
- Penm E (2008) **Cardiovascular disease and its associated risk factors in Aboriginal and Torres Strait Islander peoples 2004-05** Australian Institute of Health and Welfare, Canberra. - (Cardiovascular Disease Series; no. 29). Available from: <http://www.aihw.gov.au/publications/index.cfm/title/10549>.

- PricewaterhouseCoopers Australia (2015) **A high price to pay : the economic case for preventing violence against women**. Our Watch; Victorian Health Promotion Foundation (VicHealth), Melbourne. Available from: <http://www.thelookout.org.au/sites/default/files/The-economic-case-for-preventing-violence-against-women-2015.pdf>
- Queensland. Office For Women (2009) **Gender analysis toolkit**. Queensland. Office for Women, Brisbane. Available from: <https://www.communities.qld.gov.au/communityservices/women/about-the-office-for-women/gender-analysis/gender-analysis-toolkit-resource>.
- Rughla P, Women's Health Victoria (2011) **Women and suicide**. Women's Health Victoria, Melbourne. - (Gender Impact Assessment; 15). Available from: <http://whv.org.au/publications-resources/publications-resources-by-topic/post/women-and-suicide-gender-impact-assessment/>.
- Rural services of the Women's Health Association of Victoria (2012) **Victorian rural women's access to family planning services : survey report, August 2012**. Rural services of the Women's Health Association of Victoria, Ballarat, Vic. Available from: <http://whv.org.au/publications-resources/publications-resources-by-topic/post/victorian-rural-women-s-access-to-family-planning-services-survey-report-august-2012/>.
- S.H. [pseud.] (2014) **Why Swedish men take so much paternity leave**. *The Economist* (Jul 22). Available from: <http://www.economist.com/blogs/economist-explains/2014/07/economist-explains-15>.
- Safe Women Project (Liverpool Women's Resource Centre) (1996) **Plan It Safe : women talking about safety in public places**. In: Plan It Safe [Kit]. New South Wales. Attorney General's Department. Crime Prevention Division, Sydney. Available from: http://www.lawlink.nsw.gov.au/swp/swp.nsf/pages/swp_toc.
- Salter M, Carmody M, Presterudstuen G (2015) **Resolving the prevention paradox : the role of communities and organisations in the primary prevention of violence against women**. In: Asia-Pacific Conference on Gendered Violence and Violations; (2015 : Sep 17-20 : Bangkok). Gendered Violence Research Network.
- Schofield T, Goodwin S (2005) **Gender politics and public policy-making: prospects for advancing gender equality**. *Policy and Society*. 24 (4):25-44. Available from: http://www.engagingmen.net/files/resources/2010/emmafulu/Public_policy-SchofieldGoodwin_2006.pdf.
- Sharp R, Broomhill R (2013) **A case study of gender responsive budgeting in Australia**. Commonwealth Secretariat, London. - (Research Report). Available from: <http://www.sapo.org.au/binary/binary13061/Gender.pdf>.
- South Australia. Office for Women (2010) **Inclusion matters : a public sector guide towards gender equity**. South Australia. Office for Women, Adelaide. Available from: http://www.officeforwomen.sa.gov.au/_data/assets/pdf_file/0015/5136/Inclusion-Matters-OVERVIEW.pdf.
- South Australia. Office for Women (2015) **Achieving women's equality : South Australia's women's policy**. South Australia. Office for Women, Adelaide. Available from: https://www.officeforwomen.sa.gov.au/_data/assets/pdf_file/0010/29656/FINAL-AWE-Womens-Policy-CONTENT.pdf.
- Stanley J, et al. (2015) **Connecting neighbourhoods : the 20 minute city**. Bus Industry Confederation and University of Sydney, Sydney. Available from: http://sydney.edu.au/business/_data/assets/pdf_file/0006/228786/Moving-People-4.pdf
- Stathopoulos M, Quadara A, Fileborn B, Clark H (2012) **Addressing women's victimisation histories in custodial settings**. Australian Centre for the Study of Sexual Assault, Melbourne. - (ACCSA Issues No. 13) 13). Available from: <https://aifs.gov.au/publications/addressing-womens-victimisation-histories-custodial-settings>.

- Suicide Prevention Australia (2015) **Suicide and suicidal behaviour in women : issues and prevention : a discussion paper**. Suicide Prevention Australia, Sydney. Available from: <http://suicidepreventionaust.org/wp-content/uploads/2015/07/Suicide-and-Suicidal-Behaviour-in-Women.pdf>.
- Swedish Institute (2015) **Gender equality : the Swedish approach to fairness**. Swedish Institute Stockholm. Available from: <https://sweden.se/wp-content/uploads/2015/11/Gender-equality-low-res.pdf>.
- The Institute for Equality of Women and Men (2014) **Gender budgeting**. The Institute for Equality of Women and Men, Brussels. Available from: http://igvm-iefh.belgium.be/nl/actiedomeinen/gender_mainstreaming/toepassen/gender_budgeting.
- The Institute for Equality of Women and Men (2014) **The gender test**. The Institute for Equality of Women and Men, Brussels. Available from: http://igvm-iefh.belgium.be/nl/actiedomeinen/gender_mainstreaming/toepassen/de_gendertest.
- The Institute for Equality of Women and Men (2014) **Procurement**. The Institute for Equality of Women and Men, Brussels. Available from: http://igvm-iefh.belgium.be/nl/actiedomeinen/gender_mainstreaming/toepassen/overheidsopdrachten.
- The Institute for Equality of Women and Men (2014) **Subsidies, grants and endowments**. The Institute for Equality of Women and Men, Brussels. Available from: http://igvm-iefh.belgium.be/nl/actiedomeinen/gender_mainstreaming/toepassen/subsidies_toelagen_en_dotaties.
- Turnbull F, Arima H, Heeley E, et al. (2011) **Gender disparities in the assessment and management of cardiovascular risk in primary care : the AusHEART study**. *European Journal of Cardiovascular Prevention and Rehabilitation*. 18 (3):498-503.
- UNIFEM (2010) **Investing in gender equality : ending violence against women and girls**. *In: Ending Violence against Women and Girls : UNIFEM Strategy and Information Kit*. UN Women, New York. Available from: <http://www.unwomen.org/en/digital-library/publications/2010/1/ending-violence-against-women-and-girls-unifem-strategy-and-information-kit#view>.
- United Nations Population Fund (2015) **Gender equality [Webpage]**. UNFPA, New York. Available from: <http://www.unfpa.org/gender-equality>.
- United Nations. Fourth World Conference on Women (1995) **Beijing Declaration and Platform for Action**. United Nations, New York. Available from: <http://www.un.org/womenwatch/daw/beijing/platform/index.html>.
- United Nations. Fourth World Conference on Women (1995) **J. Women and the media**. *In: Beijing Declaration and Platform for Action*. United Nations, New York. Available from: <http://www.un.org/womenwatch/daw/beijing/platform/media.htm>.
- United Nations. General Assembly (1997) **Report of the Economic and Social Council for 1997**. (United Nations General Assembly [Proceedings] , 1997 : 52nd Session (Sep 18) : A/52/3). Available from: <http://www.un.org/documents/ga/docs/52/plenary/a52-3.htm>.
- United Nations. Office of the Special Adviser on Gender Issues and the Advancement of Women (2001) **Important concepts underlying gender mainstreaming**. United Nations, New York. Available from: <http://www.un.org/womenwatch/osagi/pdf/factsheet2.pdf>.
- VicHealth (2007) **Preventing violence before it occurs : a framework and background paper to guide the primary prevention of violence against women in Victoria**. Victorian Health Promotion Foundation (VicHealth), Carlton South. Available from: <https://www.vichealth.vic.gov.au/media-and-resources/publications/preventing-violence-before-it-occurs>.

- VicHealth(2015) **Evidence Review: Settings for addressing the social determinants of health inequities.** Victorian Health Promotion Foundation (VicHealth), Carlton South. Available from: https://www.vichealth.vic.gov.au/~media/resourcecentre/publicationsandresources/health%20inequality%20foundations/full%20reviews/healthequity_settings-evidence-review.pdf?la=en
- Victoria. Department of Justice (2011) **Acquired brain injury in the Victorian prison system.** Victoria. Department of Justice, Melbourne. - (Corrections Research Paper Series; No. 4). Available from: <http://www.corrections.vic.gov.au/utility/publications+manuals+and+statistics/acquired+brain+injury+in+the+victorian+prison+system>.
- Victoria. Department of Health **Service guideline on gender sensitivity and safety : promoting a holistic approach to wellbeing.** Victoria. Department of Health, Melbourne. Available from: <http://docs.health.vic.gov.au/docs/doc/Service-Guideline-for-Gender-Sensitivity-and-Safety>.
- Victoria. Minister for Women (2016) **Stella Prize schools pilot lifts lid on gender bias in books.** *Victorian Government Media Releases* (Mar 8). Available from: <http://www.premier.vic.gov.au/stella-prize-schools-pilot-lifts-lid-on-gender-bias-in-books/>.
- Victoria. Office of the Public Advocate (2013) **Interagency guideline for addressing violence, neglect and abuse (IGUANA).** Victoria. Office of the Public Advocate, Carlton, Vic. Available from: <http://www.publicadvocate.vic.gov.au/our-services/publications-forms/research-reports/abuse-neglect-and-exploitation/responding-to-abuse/264-interagency-guideline-for-addressing-violence-neglect-and-abuse-iguana-1>.
- Victoria. Office of Women's Policy (2009) **A right to respect : Victoria's plan to prevent violence against women 2010-2020.** Victoria Office of Women s Policy, Melbourne.
- Victoria. Parliament. Drugs and Crime Prevention Committee (2010) **Inquiry into the impact of drug-related offending on female prisoner numbers.** Victoria. Parliament. Drugs and Crime Prevention Committee, Melbourne. Available from: <http://www.parliament.vic.gov.au/vufind/Record/83873>.
- Victoria. Sentencing Advisory Council (2010) **Gender differences in sentencing outcomes.** Sentencing Advisory Council, Melbourne. Available from: <https://www.sentencingcouncil.vic.gov.au/sites/default/files/publication-documents/Gender%20Differences%20in%20Sentencing%20Outcomes.pdf>.
- Victoria. Department of Treasury and Finance (2015) **Service delivery 2015-16 : Budget paper 3.** Victoria. Department of Treasury and Finance, Melbourne. Available from: <http://www.dtf.vic.gov.au/Publications/State-Budget-publications/2015-16-State-Budget/2015-16-Budget-Papers>.
- Victorian Equal Opportunity and Human Rights Commission (2013) **Unfinished business : Koori women and the justice system.** VEOHRC, Carlton, Vic. Available from: <http://www.humanrightscommission.vic.gov.au/index.php/our-resources-and-publications/reports/item/679-unfinished-business-koori-women-and-the-justice-system>.
- Victorian Equal Opportunity and Human Rights Commission (2014) **Protecting us all : 2014 report on the operation of the Charter of human rights and responsibilities.** VEOHRC, Carlton, Vic. Available from: <http://www.humanrightscommission.vic.gov.au/index.php/our-resources-and-publications/charter-reports/item/1260-2014-report-on-the-operation-of-the-charter-of-human-rights-and-responsibilities>.
- Victorian Equal Opportunity and Human Rights Commission (2014) **Submission to Ombudsman Victoria investigation into the rehabilitation and reintegration of prisoners in Victoria.** VEOHRC, Melbourne. Available from: <http://www.humanrightscommission.vic.gov.au/index.php/2012-10-18-01-21-18/submissions/item/1124-submission-to-ombudsman-victoria-investigation-into-the-rehabilitation-and-reintegration-of-prisoners-in-victoria-dec-2014>.

- Victorian Ombudsman (2015) **Investigation into the rehabilitation and reintegration of prisoners in Victoria**. Victorian Ombudsman, Melbourne. Available from: <https://www.ombudsman.vic.gov.au/Investigations/Investigation-into-the-rehabilitation-and-reintegr>.
- Walby S (2005) **Gender mainstreaming : productive tensions in theory and practice**. *Social Politics: International Studies in Gender, State and Society*. 12 (3):321-43. Available from: <http://eurogender.eige.europa.eu/documents/s-walby-gender-mainstreaming-productive-tensions-theory-and-practice>.
- Webster K, Flood M (2015) **Framework foundations 1 : a review of the evidence on correlates of violence against women and what works to prevent it. Companion document to Change the Story : a shared framework for the primary prevention of violence against women and their children in Australia**. Our Watch, Melbourne. Available from: <https://www.ourwatch.org.au/getmedia/d53470daf17-4af1-baca-bedfd7f9b235/Change-the-story-framework-foundations-1-updated.pdf.aspx>.
- Western Australia. Department of Local Government and Communities (2016) **Women's report card 2015 : an indicator report of Western Australian women's progress**. Western Australia. Department of Local Government and Communities, Perth. Available from: <https://www.dlgc.wa.gov.au/News/Pages/Report-on-WA-women.aspx>.
- Whelan J, Wood R (2012) **Targets and quotas for women in leadership : a global review of policy, practice and psychological research**. University of Melbourne, Melbourne.
- Whitzman C (2013) **Women's safety and everyday mobility**. In: Building inclusive cities : women's safety and the right to the city / edited by Carolyn Whitzman, Crystal Legacy, Caroline Andrew. Routledge, Abingdon, UK.
- Whitzman C, Shaw M, Andrew C, Travers K (2009) **The effectiveness of women's safety audits**. *Security Journal*. 22 (3):205-18. Available from: http://www.ncdsv.org/images/SecJourn_EffectWomen'sSafetyAudits_May2009.pdf.
- WHO. Department of Gender Women and Health (2010) **Policy approaches to engaging men and boys in achieving gender equality and health equity**. World Health Organization, Geneva. Available from: <http://www.who.int/gender-equity-rights/knowledge/9789241500128/en/>.
- Women's Health Association of Victoria (2015) **Equality and safety for women : preventing violence before it occurs [Website]**. Women's Health Association of Victoria, Melbourne. Available from: <http://equalityandsafetyforwomen.org.au/>.
- Women's Health Association of Victoria (2015) **Understand : Toolbox : Community consultation models and tools [Website]**. In: Equality and safety for women : preventing violence before it occurs. Women's Health Association of Victoria, Melbourne. Available from: <http://equalityandsafetyforwomen.org.au/the-guide/understand/#4>.
- Women's Health East (2015) **Together for equality and respect : gender audit tool and guidelines**. Women's Health East. Available from: <http://whe.org.au/tfer/wp-content/uploads/sites/2/2014/06/Gender-Audit-Tool-and-Guidelines1.pdf>.
- Women's Health Goulburn North East **CENTSable : a resource for No Interest Loan Scheme (NILS) workers when assisting women with issues in: domestic violence, health, housing, insurance, legal, money and transport** WHGNE, Wangaratta, Vic. Available from: <http://centsable.org.au/>.
- Women's Mental Health Network Victoria Inc. (2013) **Promoting safety and gender sensitivity for women consumers in mental health services**. WMHNV, Carlton, Vic. Available from: <http://www.wmhnv.org.au/wp-content/uploads/2013/08/WMHNV-Brochure-Mar13.doc>.

- Women's Mental Health Network Victoria Inc. (2016) **Programs**. WMHNV, Carlton, Vic. Available from: <http://www.wmhnv.org.au/programs/>.
- Women With Disabilities Victoria (2014) **Violence against women with disabilities : Fact Sheet 3**. WDV. Available from: <http://www.wdv.org.au/documents/Fact%20Sheet%203%20Violence.pdf>.
- Women With Disabilities Victoria (2015) **Workforce Development Program on Gender and Disability : summary paper of independent evaluation findings**. Women With Disabilities Victoria,, Melbourne. Available from: <http://www.wdv.org.au/documents/Evaluation%20Summary%20-%20WDV%20Workforce%20Development%20Program%20on%20G&D%20October%202015.pdf>.
- Women With Disabilities Victoria (2016) **Enabling Women : a community based leadership program for women with disabilities [Brochure]**. Women With Disabilities Victoria, Melbourne. Available from: [http://wdv.org.au/documents/Enabling%20Women%20brochure%20\(PDF\).pdf](http://wdv.org.au/documents/Enabling%20Women%20brochure%20(PDF).pdf).
- Workplace Gender Equality Agency (2013) **The business case for gender equality**. WGEA, Sydney. Available from: https://www.wgea.gov.au/sites/default/files/business_case_for_gender_equality.pdf.
- Workplace Gender Equality Agency (2016) **WGEA Data Explorer**. WGEA, Sydney. Available from: <http://data.wgea.gov.au/>.
- World Economic Forum (2015) **Australia : Gender Gap Index 2015**. *In: Global Gender Gap Report 2015 : Part 2 : Country profiles*. World Economic Forum, Geneva. - (Insight Report). Available from: <http://www3.weforum.org/docs/GGGR2015/AUS.pdf>.
- Yarra City Council. Staff Gender Equity Committee (2013) **Gender equity strategy for a respectful, just and fair Yarra : 2013-2016**. Yarra City Council, Richmond, Vic. Available from: <http://www.yarracity.vic.gov.au/DownloadDocument.ashx?DocumentID=10039>.