Equality and Respect 2030
A Strategy to prevent violence against women by promoting gender equity in the City of Melton

Background Paper
2017
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1. Introduction

Melton City Council is committed to creating a safe and equitable community as outlined in its Council and Wellbeing Plan 2017-2021. Violence against women and their children is a prevalent, serious and preventable abuse of human rights. Preventing such violence is a matter of national, state and local urgency.

As the level of government closest to the community, local government can play a pivotal role in promoting gender equity and preventing violence against women (Municipal Association of Victoria 2017a). The recommendations of the Royal Commission into Family Violence require local government to report on the measures taken to reduce family violence and respond to the needs of victims through Municipal Public Health and Wellbeing Plans. Council can lead this societal change through the services it delivers, organisational structure and operations, and most importantly through leadership in the community. There are opportunities to promote gender equity across the wide range of council responsibilities, including maternal and child health, early years education, cultural and arts activities, special events, the management of libraries and sporting grounds, and importantly through organisational policies and procedures.

Council has been active in family violence response, support and prevention for many years and was one of five local governments to receive a VicHealth Prevention of Violence against Women grant in 2006 for the ‘Melton Says No’ project to promote respectful relationships in schools. Council was then one of the first local governments to include family violence in its Municipal Public Health and Wellbeing Plan in 2008. The national, state and local policy environment has changed dramatically since Council’s Preventing Violence Against Women and their Children Strategy 2013-2016 and this background paper is reflective of the current policy context. All jurisdictions have made significant investments and undertaken wide-ranging reform. Council has the opportunity to build on those commitments to deliver significant outcomes for the City of Melton.

The purpose of this background paper is to inform the development of the Equality and Respect 2030: A Strategy to prevent violence against women by promoting gender equity in the City of Melton (Strategy). Using a mixed methods approach, including analysis of primary and secondary data and information gathered through community and stakeholder consultation, this paper specifically aims to:

- Understand the rates of family violence in the City of Melton
- Define what drives and contributes to violence against women
- Identify approaches to address the gendered drivers of violence against women
- Explore the role of local government in promoting gender equity and preventing violence against women.

It is well understood that violence against women is a gendered problem, with the majority of intimate partner violence, sexual assault and family violence in Australia perpetrated by men against women (Australian Bureau of Statistics 2013). Importantly, violence against women is not inevitable,
it is preventable, and can be prevented by taking action to redress the gendered drivers of violence against women (Our Watch et al 2015). Further, if we do not stop violence from occurring in the first place, children will continue to experience and witness family violence, with its impacts continuing for generations.

Violence against women shatters lives, families and communities (State Government of Victoria 2017b). The violence is not only or always physical. It includes psychological, economic, emotional and sexual violence and abuse, and a range of controlling, coercive and intimidating behaviours. One in three women over the age of 15 has experienced physical violence, one in four has experienced physical or sexual violence by a current or former partner and one in five has experienced sexual violence (State Government of Victoria 2017b).

Council has embedded its commitment to preventing violence against women through the Council and Wellbeing Plan 2017-2021.

Theme 1 A proud, inclusive and safe community
Objective 1.2 A safe and equitable community
Strategy 1.2.4 Contribute to a gender equitable community to prevent violence against women

The Strategy will provide a platform for Council to continue its collaborative approach to working in partnership with individuals, stakeholders and the community to create a community that is safe and equitable.

There are a number of terms that need to be defined to ensure a sound understanding of this background paper and the new Strategy. It is also important to understand the contexts in which this issue arises.

The next three sections of the background paper define the violence against women and gender inequity, outline the context in which it can arise and highlights the role of various levels of government relevant to this issue. It then goes on to explore the City of Melton context in regards to this issue and identifies possible ways in which Council can approach it. These recommendations will inform the development of the new Equality and Respect 2030 Strategy.
2. Development of the Background Paper

This background paper has been developed to provide supporting evidence for the development of Council’s Equality and Respect 2030 Strategy. In 2013 Council developed its first Preventing Violence against Women and their Children Strategy 2013-2016 (Melton City Council 2013). The previous strategy was based on the VicHealth Framework: Preventing Violence Before it Occurs (2007) which has since been superseded by Change The Story: A shared framework for the primary prevention of violence against women and their children in Australia, developed by Our Watch, ANROWS and VicHealth in 2015. Change The Story (Our Watch et al 2015) recognises the fundamental link between gender inequality and violence against women. The new Strategy will reflect this learning and focus on promoting gender equity as the most effective way of preventing violence against women.

Council’s previous strategy was instrumental in paving the way for prevention of violence against women work to be seen as core Council business. A number of successful initiatives were implemented, including:

- implementation of the Take A Stand program with Council staff
- development of a White Ribbon Action Team
- led community and Council activities that include family violence prevention messages such as White Ribbon Day and the 16 Days of Activism against Gender Based Violence
- implementation of Preventing Violence Together: Western Region Action Plan to Prevent Violence against Women led by Women’s Health West
- development of a workplace Family Violence Policy
- supported the role of women in sport and leisure through improvements in facilities that previously had poor access for women.

Building on the momentum and achievements of the first strategy, the new Strategy will carry forward a number of the key focus areas identified in the first strategy, in addition to considering new approaches. New content will draw on the most current evidence and theoretical frameworks to ensure a strategic and evidence-based approach to preventing violence against women in the City of Melton. In addition to that, the new Strategy will review and provide advice on current Council services and processes, seeking to identify ways service provision can further promote gender equity.

To inform the new strategy, data from recent family violence, violence against women and gender equity related research has been collated and analysed including:

- Australian Bureau of Statistics
- Australian Institute of Criminology
- Crime Statistics Agency
- National Community Attitudes towards Violence against Women Survey
- Victoria Police Statistics.

Localised data was also obtained from stakeholder and community consultations that were specifically undertaken to gather localised evidence to inform the development of the Strategy. A
mixed-methods approach was administered including workshops, face-to-face surveys and listening post engagements. This information will be key to preparing the new Strategy.
3. The Policy Context

Over the past few years, substantial policy advances have been made to promote gender equity and prevent violence against women across the international, national, state and local levels. The laws, policies and strategies that have been considered in the development of the Strategy are listed in the table below.

<table>
<thead>
<tr>
<th>International</th>
<th></th>
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<tbody>
<tr>
<td>• Universal Declaration of Human Rights (1948)</td>
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<tr>
<td>• Convention on the Elimination of All Forms of Discrimination against Women (1979)</td>
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<td>• Declaration on the Elimination of Violence against Women (1993)</td>
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<tr>
<th>National</th>
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<tbody>
<tr>
<td>• Sex Discrimination Act (1984)</td>
<td></td>
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<tr>
<td>• Workplace Gender Equality Act (2012)</td>
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<tr>
<td>• National Plan to Reduce Violence Against Women and Their Children 2010-2022</td>
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<tr>
<th>Victoria</th>
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<tr>
<td>• Equal Opportunity Act (2010)</td>
<td></td>
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<tr>
<td>• Charter of Human Rights and Responsibilities Act (2006)</td>
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<tr>
<td>• Family Violence Protection Act (2008)</td>
<td></td>
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<tr>
<td>• Public Health and Wellbeing Act (2008)</td>
<td></td>
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<tr>
<td>• Local Government Act (currently being reviewed)</td>
<td></td>
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<tr>
<td>• Royal Commission into Family Violence (2015)</td>
<td></td>
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<tr>
<td>• Ending Family Violence: Victoria’s Plan for Change (2016)</td>
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<tr>
<td>• Safe and Strong: A Victorian Gender Equality Strategy (2016)</td>
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<tr>
<td>• Indigenous Family Violence Primary Prevention Framework (2012)</td>
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<tr>
<td>• Free from Violence: Victoria’s strategy to prevent family Violence and all forms of violence against women (2017)</td>
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<tr>
<td>• Victorian Health and Wellbeing Plan 2015-2019</td>
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<td>• Victorian Public Health and Wellbeing Outcomes Framework (2016)</td>
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<tr>
<td>• Building from Strength: 10-Year Industry Plan for Family Violence Prevention and Response (2017)</td>
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<tr>
<td>• Roadmap for Reform: Strong Families, Safe Children (2016)</td>
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<tr>
<td>• Strong Culture, Strong Peoples and Strong Families: Towards a safer future for Indigenous families and communities (2008)</td>
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<thead>
<tr>
<th>Melbourne’s Western Region</th>
<th></th>
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<tbody>
<tr>
<td>• Preventing Violence Together 2030: Western Region Strategy to Prevent Violence Against Women</td>
<td></td>
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<tr>
<td>• Women’s Participation in Sport and Recreation in Melbourne’s West: An Action Plan</td>
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<th>City of Melton</th>
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<td>• Melton City 2036 – The City We Imagine</td>
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<td>• Council and Wellbeing Plan 2017-2021</td>
<td></td>
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<tr>
<td>• Melton: A City for All People 2017-2021</td>
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<tr>
<td>• Intercultural Plan 2017-2021</td>
<td></td>
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<tr>
<td>• Open Space Plan 2016-2026</td>
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Table 1. The laws, policies and strategies relevant to the Strategy
4. Defining Violence against Women and Gender Equity

Below are the explanations behind some of the key terms. Please see the glossary for more succinct definitions.

**Violence against Women and Family Violence**

Violence against women and girls is one of the most systematic and widespread human rights violations. The United Nations defines violence against women as “any act of gender-based violence that results in, or is likely to result in, physical, sexual or psychological harm or suffering to women, including threats of such acts, coercion or arbitrary deprivation of liberty, whether occurring in public or in private life” (United Nations 1993). It is rooted in gendered social structures rather than individual and random acts. It cuts across age, socio-economic, educational and geographic boundaries, and affects all societies (United Nations 2006).

The focus of this background paper is on preventing two different but overlapping and related forms of violence. The first is family violence, as defined in the Family Violence Protection Act 2008 (Vic):

(a) behaviour by a person towards a family member of that person if that behaviour
(i) is physically or sexually abusive or
(ii) is emotionally or psychologically abusive or
(iii) is economically abusive or
(iv) is threatening or
(v) is coercive; or
(vi) in any other way controls or dominates the family member and causes that family member to feel fear for the safety or wellbeing of that family member or another person;
or

(b) behaviour by a person that causes a child to hear or witness, or otherwise be exposed to the effects of, behaviour referred to in paragraph (a).

The second is violence against women, as defined above by the United Nations (1993). In line with Ending Family Violence: Victoria’s Plan for Change, the background paper approaches family violence as a deeply gendered issue. While family violence takes many forms and affects many people in the community, structural inequalities and unequal power relations between men and women mean women are more likely to experience family violence.

While much violence against women occurs in a family or relationship context, violence against women is broader than what is covered by the terms ‘family violence’ or ‘domestic violence’. For example, sexual assault and harassment can be perpetrated by someone other than a partner or family member. While family violence, domestic violence and violence against women can stem from gender inequality and discrimination, inequalities resulting in racism, ageism, ableism and heterosexism can also on their own, or in combination, influence the patterns of violence perpetrated in society. This Strategy will not explore these additional inequalities and will focus primarily on gender inequality and violence against women.
In recognition of the gendered nature of violence, gendered language is used throughout this document. For ease of reading, this document uses the term ‘violence’ interchangeably and as an umbrella term, to encompass ‘family violence’, ‘domestic violence’ and ‘all forms of violence against women’. The term ‘violence against women’ covers a range of forms of violence that may be criminal or non-criminal in nature. It is recognised predominantly as behaviour intended to exercise power and control over women.

The background paper also recognises that violence against women can have serious impacts on children. This includes children who experience family violence, witness or are exposed to such violence.

**Gender Equity and Gender Equality**

Gender inequality is the root cause of violence against women and sets the necessary context for it to occur (Our Watch et al 2015). Gender inequality is a social condition characterised by unequal value afforded to women and men and an unequal distribution of power, resources and opportunity between them. It often results from formal laws and policies that constrain the rights and opportunities of women which are reinforced and maintained through more informal mechanisms. These informal mechanisms include social norms such as the belief that women are better suited to care for children, practices that raise boys and girls differently, and structures such as pay inequity between women and men.

Norms, practices and structures such as these encourage women and men, boys and girls to adopt distinct gender identities and stereotyped gender roles that historically position men as superior to women and masculinity as superior to femininity. Research has found that factors associated with gender inequality are the most consistent predictors of violence against women, and explain why 95% of all victims of violence, whether women or men, is perpetrated by men (Our Watch et al 2015).

As defined in Victoria’s Gender Equality Plan (State Government of Victoria 2016), gender equality is “the equal rights, responsibilities and opportunities of women, men, trans and gender diverse people. Equality does not mean that women, men, trans and gender diverse people will become the same but that their rights, responsibilities and opportunities will not depend on their gender.” Similarly gender equity “entails the provision of fairness and justice in the distribution of benefits and responsibilities on the basis of gender. The concept recognises that people may have different needs and power related to their gender and that these differences should be identified and addressed in a manner that rectifies gender related imbalances” (State Government of Victoria 2017b). Gender equity is the process to achieve the outcome of gender equality.

For the purpose of the background paper and Strategy, the succinct definitions included in the glossary will be used.
5. Causes of Violence against Women

Gendered Drivers of Violence against Women

The social conditions that lead to violence are referred to as ‘drivers’ or ‘causes’ of violence. Understanding the drivers of violence is key to knowing how to prevent it. Gender inequality sets the necessary social context for violence against women to occur (Our Watch et al 2015). Particular expressions of gender inequality consistently predict higher rates of violence against women which is why the promotion of gender equity is so important in being able to prevent violence against women before it occurs. The gendered drivers of violence against women are:

- Condoning of violence against women
  e.g. men who support violence against women are more likely to perpetrate violence against women, and both women and men that justify/excuse/trivialise/downplay violence against women are less likely to take action to support victims and hold perpetrators to account.

- Men’s control of decision-making and limits to women’s independence in public and private life
  e.g. violence is more common in families and relationships where men control decision-making and where men adhere to notions of masculinity that involve male control and dominance; violence is more likely in relationships where men limit and control women’s financial or social independence.

- Rigid gender roles and stereotyped constructions of masculinity and femininity
  e.g. levels of violence are higher where there are rigid distinctions between what an ‘ideal’ man and woman are, such as where men are assumed to be the primary breadwinner and women are primarily responsible for childrearing.

- Male peer relations that emphasise aggression and disrespect towards women
  e.g. where male friendships are characterised by cultures that reinforce stereotypical and aggressive forms of masculinity, disrespect/objectification/hostility towards women is more likely (Our Watch et al 2015).

Figure 1 below illustrates the gendered drivers and how they contribute to violence against women.
Figure 1. The gendered drivers of violence against women (Our Watch et al 2015)

What drives violence against women and what can be done to prevent it is well explained in the images below from Change the Story: A shared framework for the primary prevention of violence against women and their children in Australia. Image 1 demonstrates how gender inequality sets the necessary social context in which violence against women occurs. Image 2 outlines the range of actions needed to be able to prevent violence against women.
While gender inequality is always influential as the key driver of violence against women, it cannot
be considered in isolation, nor is it experienced in the same way by every woman. Other forms of
systemic social, political and economic discrimination and disadvantage influence and intersect with
gender inequality, and in some cases, increase the frequency, severity and prevalence of violence
against women (Our Watch et al 2015). Gender inequality needs to be considered and addressed
alongside a range of other significant factors.
**Factors that Reinforce the Gendered Drivers of Violence against Women**

Factors that reinforce the gendered drivers of violence against women do not on their own cause violence but interact with the gendered drivers and increase the probability, frequency and severity of violence against women. The reinforcing factors are:

- Condoning of violence in general
- Experience of, and exposure to, violence
- Weakening of pro-social behaviour, especially harmful use of alcohol
- Socio-economic inequality and discrimination
- Backlash factors (when male dominance, power or status is challenged) (Our Watch et al 2015).

Violence against women is not caused or determined by any single factor. As the number of relevant factors and their degree of influence increases, so does the probability of violence against women (Our Watch et al 2015). The figure below describes the interactions between the gendered drivers of violence against women and the reinforcing factors.

![Image of the interactions between gendered drivers of violence against women and the reinforcing factors](image)

**Figure 2. The interactions between gendered drivers of violence against women and the reinforcing factors (Our Watch et al 2015)**

To prevent violence against women, all of the social factors that increase the probability of men using violence against women need to be considered. The gendered drivers need to be addressed in a holistic way that recognises how they interact and reinforce one another (Our Watch et al 2015).
Intersectionality

It is important to note that people’s lives are shaped not just by gender but by a range of other social categories of difference, including Aboriginality, culture, race, ethnicity, faith or spirituality, socio-economic status, ability, sexuality, gender identity, education, age and immigration status (Our Watch et al 2015). Violence against women occurs in all communities however research shows that when other forms of discrimination and inequality (such as racism or ableism) intersect with gender inequality, this can exacerbate the risk and impact of violence against women (Women’s Health West 2017b). Particular population groups of women are at greater risk of violence due to compounding structural and individual power inequalities, including Aboriginal and Torres Strait Islander women, women from migrant and refugee backgrounds, women living with a disability, women of diverse gender and sexual identities, and women living in rural, regional and remote locations (VicHealth; Webster & Flood; Our Watch, cited in Women’s Health West 2017b).

Intersectionality is a concept that recognises the discrimination and inequalities experienced by individuals as a result of compounding systems of oppression and privilege (Association for Women’s Rights in Development, cited in Women’s Health West 2017b). It applies a power analysis to identify the way that oppressive institutions — such as racism, sexism, homophobia, ableism, ageism and transphobia — intersect and impact an individual’s lived experience. Importantly, intersectionality acknowledges the multiple aspects of a person’s identity, and how they can experience many forms of overlapping privilege and oppression (Association for Women’s Rights in Development, cited in Women’s Health West 2017b).

Research has shown that taking an intersectional approach is an important factor in effectively preventing violence against women (Michau et al, cited in Women’s Health West 2017b). It is essential to develop specialised prevention approaches for communities affected by compounding forms of discrimination and inequalities (Our Watch et al 2015). This includes tailored and responsive strategies for specific groups of women that are at greater risk of violence.
6. Role of Commonwealth, State and Local Government in the Prevention of Violence against Women and Promotion of Gender Equity

The ‘primary prevention’ of violence against women means stopping violence before it occurs by identifying the social norms, structures and practices that influence individual attitudes and behaviours that lead to violence. Prevention requires the whole community to drive social and cultural change. It will only be effective when the whole community is involved in changing attitudes and challenging the cultures that can lead to violence. The complex and deeply entrenched causes or ‘drivers’ of violence against women mean that a sustained approach to prevention is needed.

Historically, violence against women was understood through a crime prevention lens with a focus on reactive responses and individual factors (Women’s Health in the North 2017). In 2002, the World Health Organisation reframed violence against women as a public health issue and used a public health lens to analyse the effects and causes. Prevention is one of the many important elements within a broader violence against women reform agenda. An effective primary prevention approach will support and complement early intervention and crisis response efforts by reducing pressure on these other parts of the system. The figure below illustrates the relationship between primary prevention and other work to address violence against women.

**Figure 3. The continuum of prevention (State Government of Victoria 2017b)**

<table>
<thead>
<tr>
<th>What it is</th>
<th>Primary prevention</th>
<th>Secondary prevention (early intervention)</th>
<th>Tertiary prevention (response)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Preventing violence before it occurs</td>
<td>Intervening early to prevent recurring violence</td>
<td>Preventing long-term harm from violence</td>
<td></td>
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</table>

<table>
<thead>
<tr>
<th>What we need to focus on</th>
<th>The population as a whole, and the range of settings in which inequalities and violent behaviour are shaped, to address factors that lead to or condone violence</th>
<th>Individuals and groups with a high risk of perpetrating or being a victim of violence, and the factors contributing to that risk</th>
<th>Those affected by violence, and on building systemic, organisational and community capacity to respond to them and hold perpetrators to account</th>
</tr>
</thead>
<tbody>
<tr>
<td>What we need to do</td>
<td>Build social structures, norms and practices that prevent violence from happening or reduce the risk of it occurring</td>
<td>Challenge the impact that exposure to the drivers and reinforcing factors of violence has had on individuals</td>
<td>Contribute to social norms against violence by demonstrating accountability for violence and women’s right to support and recovery</td>
</tr>
</tbody>
</table>
No one organisation can prevent violence against women alone, all stakeholders must contribute as part of a shared national approach. Commonwealth, state and local government all have an important role to play in preventing violence against women and promoting gender equity. The policy environment has changed dramatically since Council’s Preventing Violence against Women and their Children Strategy 2013-2016 was developed and this background paper is reflective of the current policy context. All jurisdictions have made significant investments and undertaken wide-ranging reform. The Victorian Government has made notable investments, with the Royal Commission into Family Violence in 2015, followed by Ending Family Violence: Victoria’s Plan for Change 2016, which commits to implementing all 227 recommendations from the Royal Commission. The relevant laws, policies and strategies are outlined below.

**Figure 4. Policy and legislative context for the prevention of violence against women (Women’s Health in the North 2017)**

Local government involvement in the primary prevention of violence against women is critical in creating safe, inclusive and respectful workplaces and communities. Every area of council can play a role in the long-term cultural and social change needed for preventing violence against women. As a large employer and through its role in delivering over 140 services in the community, local government provides fantastic opportunities to embed actions into policy and practice (Municipal Association of Victoria 2014). In addition, councils are legislated to build safe, healthy communities and provide equal access to services and facilities through the *Local Government Act*, 1989.
Local governments are well placed to respond to local concerns and to lead primary prevention activities through existing mechanisms and partnerships. To ensure community ownership of prevention work, and the inclusion of diverse perspectives, building trusted and transparent relationships between local government and the local community is important through design, implementation and monitoring.
7. About the City of Melton

The City of Melton comprises a combination of larger activity centres including Caroline Springs and Melton (19km and 35km west of Melbourne’s CBD respectively) as well as other communities and smaller townships including Aintree, Bonnie Brook, Brookfield, Burnside, Burnside Heights, Cobblebank, Deanside, Diggers Rest, Exford, Eynesbury, Fieldstone, Fraser Rise, Grangefields, Harkness, Hillside, Kurunjang, Melton South, Melton West, Mount Cottrell, Parwan, Plumpton, Ravenhall, Rockbank, Strathallan, Taylors Hill, Thornhill Park, Toolern Vale, Truganina and Weir Views. Below is a map of the City of Melton including the newest suburbs.

Map 1. City of Melton (Melton City Council 2017)

The City of Melton is experiencing a sustained period of rapid population growth, the fourth largest growth in Victoria. During the last decade, the City has increased from 86,196 to 138,641 which is an increase of 52,445 people or 61 per cent (the size of Coffs Harbour). The current annual population growth rate is 4.4 per cent and it is predicted to remain strong for the next 25 years with projections
indicating a population of more than 315,000 by 2036 and an ultimate population of over 400,000 people. The strong population growth presents opportunities and challenges for Council, stakeholders and the community. As of 30 September 2017, the official population is 149,800.

Table 1 below highlights the population growth of people, families and babies born in the City of Melton during 2014-15 (as at March 2016) (id Consulting 2017).

<table>
<thead>
<tr>
<th></th>
<th>Year</th>
<th>Week</th>
<th>Day</th>
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<tbody>
<tr>
<td>People</td>
<td>5,114</td>
<td>98</td>
<td>14</td>
</tr>
<tr>
<td>Families</td>
<td>1,763</td>
<td>34</td>
<td>5</td>
</tr>
<tr>
<td>Babies</td>
<td>2,240</td>
<td>43</td>
<td>6</td>
</tr>
</tbody>
</table>

**SEIFA Index (Relative Socioeconomic Disadvantage)**

Socio-Economic Indexes for Areas (SEIFA) include a series of indices compiled by the Australian Bureau of Statistics and is applied to benchmark characteristics across small areas. A score less than 1,000 establishes the benchmark for net advantage, and the degree of relative disadvantage is indicated by lower scores. The SEIFA Index for relative disadvantage in 2011 for the City of Melton was 1002.1 (id Consulting 2017). This score is contrasted against the suburbs within the City presenting scores indicating significant levels of disadvantage. These include Melton South (893.8), Melton (899.5), Kurunjang (972.1), Diggers Rest (973.2) and Melton West (984.7).

**Gender Classifications**

Gender categorisations defined by the 2011 Census for the City of Melton population were limited to female and male only, without the inclusion of ‘intersex’ or ‘other’ categories. At this time, there were 54,993 females (50.3%) and 54,265 males (49.7%) compared to 50.8 per cent and 49.2 per cent respectively for Victoria.

**Age Profiles**

The age distribution across the City of Melton provides indicative insights into the level of demand for services and facilities aimed at supporting people at their respective life stages. As highlighted in the table 3 below, the City of Melton is one of the youngest municipalities in Victoria, with 55.3 per cent aged under 35 years and a median age of 31 years.

The high proportion of young families is also noted, with more than 20 per cent of the population aged under 11 years and approximately 17 per cent aged between 25 and 34 years. Additionally, more than 20 per cent of the population are aged over 50 years.

Table 3 also illustrates the projected age structures for the City of Melton are anticipated to increase by 136 per cent from 2017-21 for residents aged below 11 years and by 171 per cent for the same period for residents aged between 25-49 years. Further, residents aged over 50 years are projected to increase by 125 per cent from 2017-21 (id Consulting 2017).
Table 3. Age Profile Projections 2017–2036

<table>
<thead>
<tr>
<th>Age group (years)</th>
<th>2017</th>
<th>2021</th>
<th>2036</th>
<th>Change between 2017 - 2036</th>
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</thead>
<tbody>
<tr>
<td></td>
<td>Number</td>
<td>%</td>
<td>Number</td>
<td>%</td>
</tr>
<tr>
<td>0-4</td>
<td>10,884</td>
<td>7.8%</td>
<td>14,018</td>
<td>8.4%</td>
</tr>
<tr>
<td>5-11</td>
<td>12,173</td>
<td>11.6%</td>
<td>17,458</td>
<td>10.5%</td>
</tr>
<tr>
<td>12-17</td>
<td>11,204</td>
<td>8.0%</td>
<td>13,966</td>
<td>8.4%</td>
</tr>
<tr>
<td>18-24</td>
<td>13,363</td>
<td>9.6%</td>
<td>15,965</td>
<td>9.6%</td>
</tr>
<tr>
<td>25-34</td>
<td>22,618</td>
<td>16.2%</td>
<td>27,235</td>
<td>16.3%</td>
</tr>
<tr>
<td>35-49</td>
<td>32,179</td>
<td>23.1%</td>
<td>37,106</td>
<td>22.2%</td>
</tr>
<tr>
<td>50-59</td>
<td>14,677</td>
<td>10.5%</td>
<td>17,845</td>
<td>10.7%</td>
</tr>
<tr>
<td>60-69</td>
<td>10,674</td>
<td>7.7%</td>
<td>12,648</td>
<td>7.6%</td>
</tr>
<tr>
<td>70-84</td>
<td>6,558</td>
<td>4.7%</td>
<td>9,414</td>
<td>5.6%</td>
</tr>
<tr>
<td>85+</td>
<td>1,000</td>
<td>0.7%</td>
<td>1,368</td>
<td>0.8%</td>
</tr>
</tbody>
</table>

People with a Disability and Carers

In 2017 there were over 24,000 residents in the City of Melton with a disability (approximately 18 per cent of the population). The 2011 ABS census revealed that 4,488 people within the municipality (4.1%) reported a need for assistance in their daily lives due to disability (2316 female, 2172 male), compared to 4.8 per cent for Victoria (id Consulting 2017).

Approximately 12 per cent of the Australian population are carers with the majority aged 45 years or older. There is a significantly higher proportion of women (68.2%) providing primary care than men (Australian Bureau of Statistics 2015).

Cultural Diversity

The City of Melton continues to increase in terms of cultural diversity. With over 30,000 residents born overseas (27.8% compared to 26.2% for Victoria), of which almost 25,000 are from non-English speaking backgrounds (22.2% compared to 19.5% for Victoria) (id Consulting 2017). The following table highlights the top ten birthplaces for the City of Melton, compared to Victoria:

Table 4. Top Ten Birthplaces City of Melton

<table>
<thead>
<tr>
<th>Birthplace</th>
<th>Number</th>
<th>%</th>
<th>% Victoria</th>
</tr>
</thead>
<tbody>
<tr>
<td>Australia</td>
<td>73,252</td>
<td>67.0</td>
<td>68.6</td>
</tr>
<tr>
<td>Other or not stated</td>
<td>11,782</td>
<td>10.8</td>
<td>10.1</td>
</tr>
<tr>
<td>United Kingdom</td>
<td>3,325</td>
<td>3.0</td>
<td>4.0</td>
</tr>
<tr>
<td>India</td>
<td>2,771</td>
<td>2.5</td>
<td>2.1</td>
</tr>
<tr>
<td>Philippines</td>
<td>2,761</td>
<td>2.5</td>
<td>0.7</td>
</tr>
</tbody>
</table>
### The top five countries of birth for recently arrived residents in the City of Melton

<table>
<thead>
<tr>
<th>Country</th>
<th>Births</th>
<th>Index</th>
<th>Growth</th>
</tr>
</thead>
<tbody>
<tr>
<td>New Zealand</td>
<td>1,977</td>
<td>1.8</td>
<td>1.5</td>
</tr>
<tr>
<td>Malta</td>
<td>1,836</td>
<td>1.7</td>
<td>0.4</td>
</tr>
<tr>
<td>Vietnam</td>
<td>1,427</td>
<td>1.3</td>
<td>1.3</td>
</tr>
<tr>
<td>Former Yugoslav Republic of Macedonia</td>
<td>1,018</td>
<td>0.9</td>
<td>0.3</td>
</tr>
<tr>
<td>Italy</td>
<td>964</td>
<td>0.9</td>
<td>1.4</td>
</tr>
</tbody>
</table>

The top five countries of birth for recently arrived residents in the City of Melton are India (19.9%), Philippines (15%), New Zealand (12.5%), United Kingdom (5.5%) and Sri Lanka (4.7%). Of these, the major differences between the City of Melton and Victoria are:

- A larger percentage of people born in Philippines (15.0% compared to 3.6%)
- A larger percentage of people born in New Zealand (12.5% compared to 6.6%)
- A smaller percentage of people born in United Kingdom (5.6% compared to 7.7%)

### Indigenous Community

The City of Melton has 804 Aboriginal and Torres Strait Islander people living in the municipality (Australian Bureau of Statistics 2011). Indigenous people make up 0.7% of the population in the City of Melton which is above average when compared to Greater Melbourne and the western region of Melbourne which have 0.5% (Australian Bureau of Statistics 2011). The median age of Indigenous people living in the municipality is 21 years in comparison to 32 years for non-Indigenous people (State Government of Victoria 2014).

### Family Violence Considerations

The City of Melton has the third highest rate of family violence in metropolitan Melbourne, behind only Frankston and Hume (Crime Statistics Agency 2017). It has a high proportion of population groups that are at an increased risk of experiencing family violence as identified in the evidence (VicHealth 2007) including young women, pregnant women (pre and post pregnancy), children (0 to 4 years old), women with disabilities, Aboriginal women and culturally and linguistically diverse women. In addition to this, as an interface Council experiencing significant growth, there are a number of factors that exacerbate the experience of family violence. Some of these factors include:

- high population growth coupled with limited access to early intervention community services
- economic factors and financial hardship
- alcohol and illicit drug use
- weak social connections and social cohesion
- women’s financial dependence.

One of the main concerns for people experiencing family violence in the City of Melton is the limited access to specialist family violence services. Further to this, the community and health service infrastructure is struggling to keep up with the growing demand and population growth in the municipality.
Gender Inequity Considerations

The following sex-disaggregated data reflects the lives of women and men in the City of Melton. Sex-disaggregated data recognises diversity and disadvantage between women and men and highlights where resources need to be directed to create equitable outcomes.

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Sex</th>
<th>City of Melton</th>
<th>Metro West Average</th>
<th>State Average</th>
</tr>
</thead>
<tbody>
<tr>
<td>Income</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Percentage of people who earned above minimum wage ($650)</td>
<td>F</td>
<td>27.6%</td>
<td>31.9%</td>
<td>29.3%</td>
</tr>
<tr>
<td></td>
<td>M</td>
<td>41.7%</td>
<td>43.3%</td>
<td>41.0%</td>
</tr>
<tr>
<td>Physical Activity</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Percentage of people who engage in sufficient physical activity</td>
<td>F</td>
<td>33.5%</td>
<td>37.1%</td>
<td>39.8%</td>
</tr>
<tr>
<td></td>
<td>M</td>
<td>33.7%</td>
<td>39.9%</td>
<td>43.0%</td>
</tr>
<tr>
<td>Chief Executives, General Managers and Legislators</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Number of people who are Chief Executives, General Managers or Legislators (per 10,000 persons)</td>
<td>F</td>
<td>6.41</td>
<td>11.8</td>
<td>9.3</td>
</tr>
<tr>
<td></td>
<td>M</td>
<td>17.57</td>
<td>30.1</td>
<td>27.8</td>
</tr>
<tr>
<td>Anxiety and Depression</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Percentage of people who have been diagnosed with depression or anxiety by a doctor</td>
<td>F</td>
<td>28.0%</td>
<td>23.5%</td>
<td>25.2%</td>
</tr>
<tr>
<td></td>
<td>M</td>
<td>11.4%</td>
<td>14.0%</td>
<td>15.9%</td>
</tr>
<tr>
<td>Perceptions of Safety</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Percentage of people who felt ‘very safe’ or ‘safe’ walking alone at night in the local area</td>
<td>F</td>
<td>43.7%</td>
<td>48.9%</td>
<td>63.1%</td>
</tr>
<tr>
<td></td>
<td>M</td>
<td>69.6%</td>
<td>76.3%</td>
<td>87.5%</td>
</tr>
<tr>
<td>Stalking, Harrassment and Threatening Behaviours</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Number of victim reports for stalking, harassment or threatening behaviours (per 10,000 people)</td>
<td>F</td>
<td>10.8</td>
<td>8.1</td>
<td>8.2</td>
</tr>
<tr>
<td></td>
<td>M</td>
<td>4.7</td>
<td>4.3</td>
<td>4.0</td>
</tr>
<tr>
<td>Family Violence</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Count of family violence victim reports in 2016 (per 10,000)</td>
<td>F</td>
<td>125.4</td>
<td>93.1</td>
<td>109.3</td>
</tr>
<tr>
<td></td>
<td>M</td>
<td>34.3</td>
<td>28.7</td>
<td>36.4</td>
</tr>
<tr>
<td>Indicator</td>
<td>Sex</td>
<td>City of Melton</td>
<td>Greater Melbourne</td>
<td></td>
</tr>
<tr>
<td>----------------------------</td>
<td>-----</td>
<td>----------------</td>
<td>-------------------</td>
<td></td>
</tr>
<tr>
<td><strong>Unpaid Care</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Percentage of people who provided unpaid assistance to a person with a disability, long term illness or old age</td>
<td>F</td>
<td>14.0%</td>
<td>13.3%</td>
<td></td>
</tr>
<tr>
<td></td>
<td>M</td>
<td>9.0%</td>
<td>9.2%</td>
<td></td>
</tr>
<tr>
<td><strong>Unpaid Domestic Work</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Percentage of people who did unpaid domestic work each week</td>
<td>F</td>
<td>70.5%</td>
<td>72.6%</td>
<td></td>
</tr>
<tr>
<td></td>
<td>M</td>
<td>59.1%</td>
<td>63.6%</td>
<td></td>
</tr>
<tr>
<td><strong>Education</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Percentage of people who achieved a Bachelor or Higher degree</td>
<td>F</td>
<td>18.3%</td>
<td>29.1%</td>
<td></td>
</tr>
<tr>
<td></td>
<td>M</td>
<td>13.6%</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Employment</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Percentage of people employed full-time</td>
<td>F</td>
<td>44.2%</td>
<td>45.1%</td>
<td></td>
</tr>
<tr>
<td></td>
<td>M</td>
<td>72.5%</td>
<td>69.6%</td>
<td></td>
</tr>
<tr>
<td>Percentage of people employed part-time</td>
<td>F</td>
<td>45.8%</td>
<td>46.4%</td>
<td></td>
</tr>
<tr>
<td></td>
<td>M</td>
<td>18.2%</td>
<td>21.9%</td>
<td></td>
</tr>
</tbody>
</table>

Table 3. Sex-disaggregated data for the City of Melton (F = Female M = Male)
8. Rates and Impacts of Violence against Women

Violence against women is prevalent and shatters lives, families and communities (State Government of Victoria 2017b). The violence is not only or always physical. It includes psychological, economic, emotional and sexual violence and abuse, and a range of controlling, coercive and intimidating behaviours. Figure 5 below describes the experience of men’s violence against women.

![Figure 5. The Duluth Power and Control Wheel](image)

While there is no comprehensive data on all people who experience or report violence, it is known that one in three women over the age of 15 has experienced physical violence, one in four has experienced physical or sexual violence by a current or former partner and one in five has experienced sexual violence. Some groups of women are disproportionately affected, including those with a disability and Aboriginal women (State Government of Victoria 2017b).

In comparison, 49 per cent of men over the age of 15 have experienced violence however most of the perpetrators of this violence are male and strangers to the victim. Both women and men are more likely to experience violence at the hands of men, with approximately 95 per cent of all victims of violence reporting that it was perpetrated by a male. Women are also five times more likely than
men to require medical attention or hospitalisation as a result of intimate partner violence, and five times more likely to report fearing for their lives (Mouzos 1999). On average, at least one woman a week is killed by a partner or former partner in Australia (Australian Institute of Criminology 2015).

The impacts of violence against women are far-reaching and can include:

- deteriorated physical and mental health
- loss of housing
- loss or limited access to employment
- precarious financial security
- isolation and alienation of extended family/social support
- in extreme cases death (Department of Premier and Cabinet 2017).

In Australia, violence in intimate relationships contributes more to the disease burden for women aged 18 to 44 years than any other risk factor like smoking, alcohol use or being overweight or obese (VicHealth 2004). Violence also has profound impacts on the overall development of children who witness it or are victims themselves. In addition to these personal impacts, the wider social and economic costs of failing to prevent violence against women are substantial and borne by the whole community. Estimates suggest that the annual cost of family violence in Victoria, in 2014–15, was approximately $3.1 billion (State Government of Victoria 2017b).

The City of Melton has the third highest rate of family violence in metropolitan Melbourne, behind only Frankston and Hume (Crime Statistics Agency 2017). Incidences of family violence increased in 2015-2016 to 2,110 incidents from 1,942 the previous year, a rate of 1,521.9 per 100,000 people (Crime Statistics Agency 2017). The rate of family violence is one of the highest in the North West Metropolitan Region of Melbourne second only to the City of Hume and is ranked 29th highest from 79 local government areas in the state of Victoria, highlighting the importance of preparing a Strategy to tackle this issue. The graph below illustrates the rates of family violence in the City of Melton and surrounding municipalities.
Graph 1. Rates of family violence in Melbourne’s North West Metropolitan region
9. Key Actions to Prevent Violence against Women

Change The Story (Our Watch et al 2015) outlines five essential actions to address the gendered drivers of violence against women. All five actions are essential because without all of them, violence against women cannot be sustainably reduced or prevented. To be effective, specialised policy support and mainstream implementation are required in the diverse settings where people live, work, learn and play. The five actions are to:

1. challenge condoning of violence against women
2. promote women’s independence and decision-making in public life and relationships
3. foster positive personal identities and challenge gender stereotypes and roles
4. strengthen positive, equal and respectful relationships between and among women and men, girls and boys
5. promote and normalise gender equality in public and private life (Our Watch et al 2015).

These actions address the factors that drive and reinforce violence against women. No one organisation can undertake all these actions, but all stakeholders can contribute as part of a shared national approach. Some of the areas that local government can contribute to are:

- encouraging and supporting children, young people and adults to reject rigid gender roles and develop positive personal identities that are not constrained by gender stereotypes
- promoting social and cultural networks and connections between women to provide sources of peer support
- supporting women’s collective advocacy and social movement activism to prevent violence and promote gender equality
- promoting and supporting gender-equitable domestic and parenting practices
- shifting social support for attitudes that justify or downplay violence against women, or shift the blame from the perpetrator to the victim
- working with children and young people to counter the early development of negative peer relationships and to promote respect and gender equality
- ensuring all prevention work has an inclusive and intersectional focus in order to prevent violence against all women
- improving the regulation of alcohol by considering violence against women in policy debates about the promotion and availability of alcohol
- establishing and maintaining processes to assess all public policy for its impact on women (Our Watch et al 2015).

Techniques that have proven effective in reducing violence against women are:

- Direct participation programs
- Civic society advocacy
- Communications and social marketing
- Community mobilisation and strengthening
- Organisational development (Women’s Health West 2017b).

There is a growing body of research on the attitudes and beliefs that support and contribute to the causes of violence against women. The National Community Attitudes Survey (VicHealth 2013)
measured the beliefs, knowledge and attitudes held by the community about violence against women, relationships, acceptable behaviour and men’s and women’s roles in society. This is the most important data to track when looking at the effectiveness of prevention strategies, as it is data that can best reflect and measure improvements in attitudes across the whole population.

As the level of government closest to the community, local government can play a pivotal role in promoting gender equity and preventing violence against women (Municipal Association of Victoria 2017a). Council can lead this societal change through the services it delivers, organisational structure and operations, and most importantly through leadership in the community. There are opportunities to promote gender equity across the wide range of council responsibilities, including maternal and child health, early years education, cultural and arts activities, special events, the management of libraries and sporting grounds, and importantly through organisational policies and procedures.

Local government has a wide reach across the community since councils are located where people live, work, play and learn. Council is in a unique position to take a place-based participatory approach, embedding gender equity and the prevention of violence against women across all of these community settings and services, and examples are outlined in Figure 6. Council can do this through its role as deliverer of services, large local employer and civic leader in the community.

![Figure 6. Examples of councils’ reach for prevention of violence against women programs (Municipal Association of Victoria 2017a)](image-url)
Promising Practice in Local Government

In the past ten years, local government has been a strong leader in Victoria promoting gender equity and preventing violence against women. There has been notable growth over the past decade in this space and is outlined in Figure 5 below. The VicHealth framework developed in 2007 catalysed local government involvement and this has recently expanded to The National Prevention Framework Change the Story in 2015. In 2017, legislated requirements following the Royal Commission into Family Violence require all councils to report on measures to address family violence. In addition to this, the review of the Local Government Act in 2018 will require all Local Government Chief Executive Officers to develop and maintain a workforce plan that sets out measures to seek to ensure gender equity (State Government of Victoria 2017a).
Figure 5. Timeline of key prevention of violence against women milestones in local government (Municipal Association of Victoria 2017b)

Some of the most promising practice in Victoria has been delivered by local government and examples of this work is outlined in the table below.
<table>
<thead>
<tr>
<th>Local Government</th>
<th>Project</th>
<th>Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>Darebin City Council</td>
<td>Creating Gender Equity in the Early Years</td>
<td>The key objectives of the project were the development of a resource for local government to foster equal and respectful relationships through the delivery of early years services, and to strengthen gender equitable skills and practices across Darebin early years centres. It has successfully developed audit and assessment tools based on evidence on safe, inclusive, and gender equitable early years spaces.</td>
</tr>
<tr>
<td>Whittlesea City Council</td>
<td>Gender Equitable Design of Community Facilities</td>
<td>The project aimed to ensure that Whittlesea’s community facilities are designed and built as safe, welcoming, and inclusive places that are respectful of and able to be equitably accessed and used by people of all genders. The completion of the guidelines has created a tool to embed gender equity in community facilities and provides a resource to be shared, adapted, and built upon by all local governments. The development of the design guidelines provided a mechanism to highlight inequality in the allocation of council facilities and council budgets, and was useful for progressing conversations about gender equity and preventing violence against women more broadly among staff.</td>
</tr>
<tr>
<td>Ballarat City Council</td>
<td>Strengthening Culturally and Linguistically Diverse Communities by Preventing Violence Against Women</td>
<td>The project aimed to prevent gendered violence in Ballarat culturally and linguistically diverse (CALD) communities. This was done by raising awareness about the issue and supporting the community to take actions that support women and men to participate equally in all spheres of public and private life. The project delivered a series of workshops aimed at women and girls, and men and boys respectively.</td>
</tr>
<tr>
<td>Frankston City Council</td>
<td>Baby Makes 3 Antenatal Pilot</td>
<td>The Baby Makes 3 Antenatal Pilot implemented an evidence based primary prevention program in partnership with Carrington Health and Peninsula Health. The program supports new parents to negotiate their roles and to build knowledge and skills in equal and respectful relationships during the transition to parenthood. The Baby Makes 3 Antenatal Pilot aimed to build awareness and understanding within</td>
</tr>
</tbody>
</table>
expectant first time parents of how gender roles affect relationship equality, the importance of gender equality in new families, and why gender equality is important in preventing violence against women.

Maroondah City Council  
**Our Codes, Our Clubs: Changing the Story to Promote Gender Equality Together**

The project sought to develop local sporting clubs’ understanding of the practical action they can undertake to promote and normalise gender equality and prevent violence against women in their communities. In developing this understanding, Our Codes, Our Clubs aimed to encourage local sporting clubs to increase the number of initiatives they implement to promote gender equality and to create long term, structural, and cultural change within their clubs.

Macedon Ranges Shire Council  
**Rural Challenge: embedding gender equality in community groups**

The project worked with CFA brigades and football-netball clubs to enhance gender equality and prevent violence against women through organisational change. The aim of the project was the development of gender equity action plans for CFA brigades and football-netball clubs that were focused on practical activities to embed the principles of gender equality and the prevention of violence against women through lasting organisational and cultural change.

Nillumbik Shire Council  
**Gender Equity in HR Tool**

The project involved researching, reviewing and developing a gender equity tool (including the development of a set of standards for gender equity) to be applied across council’s internal employment practices. It aimed to create behavioural and cultural change within council by applying a gender equity lens to the way it recruits and allocates work, the way staff access conditions of the Award, EBA and organisational policies. The resulting product is a simple, three-page, user-friendly equity tool that can help to identify barriers to achieving gender equity within the workplace.

| Table 5. Promising Practice in Local Government 2016-2017 (Municipal Association of Victoria 2017a) |
It is important that Council considers the above approaches that other councils have taken when preparing the new Strategy. It is also important for the new Strategy to consider existing Council services and networks such as Family Services, Housing, Neighbourhood Houses etc. and tailoring approaches to the current City of Melton context.
10. Strategic Alignment

The Equality and Respect 2030 Strategy will not operate in isolation, rather it will rely on collaborative action and partnership for an effective response to violence against women. The Strategy will interact with a variety of strategic documents produced by Council and key stakeholders.

The Council and Wellbeing Plan 2017-2021 identifies the prevention of violence against women as a key priority under theme one.

Objective 1.2  A safe and equitable community
Strategy 1.2.4 Contribute to a gender equitable community to prevent violence against women

The Strategy will also align with a number of other Council adopted documents including:

- Melton: A City for All People
- Safer City Plan 2015-2017
- Intercultural Plan 2017-2021
- Municipal Emergency Management Plan 2017
- Domestic Animal Management Plan 2012-2016

This background paper draws heavily on Change The Story: A shared framework for the primary prevention of violence against women and their children in Australia, developed by Our Watch, ANROWS and VicHealth. Change The Story (Our Watch et al 2015) provides a conceptual model and practical approach to the prevention of violence against women and is considered best practice internationally. This paper is also aligned with the following state government plans:

- Free from Violence: Victoria’s Plan to Prevent Family Violence and all forms of Violence against Women 2017

In addition to aligning with state government plans, Council is required to respond to recommendation 94 of the Royal Commission into Family Violence. The action required is to “report on the measures councils propose to take to reduce family violence and respond to the needs of victims” in the Municipal Public Health and Wellbeing Plan. This recommendation has been met through the Council and Wellbeing Plan 2017-2021.
11. Key Stakeholders

No one organisation can prevent violence against women alone, all stakeholders must contribute as part of a shared national approach. All sectors of the community, including prevention and response sectors, will need to work hand-in-hand to deliver meaningful and lasting change. Melton City Council is committed to collaboration and partnerships with key stakeholders.

Council has demonstrated leadership by establishing two committees that bring together key local stakeholders to contribute to the prevention of violence against women. These committees are the Preventing Family Violence Advisory Committee established in 2017 and the Melton Family Violence Network established in 2005.

A key local partnership for Council is Preventing Violence Together which is the regional partnership and strategy that guides the primary prevention of men’s violence against women across Melbourne’s west, led by Women’s Health West. Established in 2010, it was Victoria’s first primary prevention regional partnership to prevent violence against women.

The Preventing Violence Together 2030: Western Region Strategy to Prevent Violence Against Women (Women’s Health West 2017a) vision is that “women and girls across Melbourne’s west live free from violence and discrimination and have equal status, rights, opportunities, representation and respect”. The goals are to:

- Eliminate the norms, practices and structures that condone men’s violence against women
- Promote and support women’s decision-making and independence
- Challenge rigid gender roles and stereotyped constructions of masculinity and femininity
- Strengthen and promote positive, equal and gender equitable respectful relationships
- Normalise gender equality in theory, practice and public discourse
- Contribute to the evidence base for the primary prevention of violence against women (Women’s Health West 2017a).

Council also actively participates in the Western Integrated Family Violence Committee and Municipal Association of Victoria Prevention of Violence against Women Network.

In addition to the existing partnerships, the following stakeholders and sectors are ideal partners to prevent violence against women and promote gender equity in the City of Melton:

- Community Health Services (e.g. Djerriwarrh Health Services)
- Education sector
- Arts sector
- Community organisations
- Legal and justice organisations
- Faith-based organisations
- Sports clubs
- Workplaces
- Media
- Internal Council departments (e.g. People & Culture, Community Care, Families & Children, Community Planning, Libraries, Recreation & Youth and City Design Strategy & Environment).
12. Conclusion

This background paper informs the development of Council’s Equality and Respect 2030 Strategy. It clearly outlines the need for Council to focus its efforts on prevention as opposed to response when addressing violence against women. Preventing violence against women means stopping violence before it occurs by identifying the social norms, structures and practices that influence individual attitudes and behaviours that lead to violence. Prevention requires the whole community to drive social and cultural change by promoting gender equity. It will only be effective when the whole community is involved in changing attitudes and challenging the cultures that can lead to violence.

The rate of family violence in the City of Melton is one of the highest in the North West Metropolitan Region of Melbourne second only to the City of Hume and is ranked 29th highest from 79 local government areas in the state of Victoria (Crime Statistics Agency 2017). These statistics highlight the urgency in addressing the issue.

The paper explores the critical role that local government plays in creating safe, inclusive and respectful workplaces and communities. Every area of council can play a role in the long-term cultural and social change needed for promoting gender equity and preventing violence against women. As a large employer and through its role in delivering over 140 services in the community, local government provides fantastic opportunities to embed actions into policy and practice (Municipal Association of Victoria 2014).

Building on the momentum and achievements of the Preventing Violence against Women and their Children Strategy 2013-2016, the new Strategy will be able to draw on the most current evidence and theoretical frameworks to ensure a strategic and evidence-based approach. No one organisation can prevent violence against women alone, all stakeholders must contribute as part of a shared national approach. All sectors of the community, including prevention and response sectors, will need to work hand-in-hand to deliver meaningful and lasting change. The national, state and local policy environment has changed dramatically since the previous strategy in 2013 and this background paper is reflective of the current policy context. The Strategy will provide a platform for Council to continue its collaborative approach to working in partnership with individuals, stakeholders and the community to create a community that is safe, healthy and free from violence.
13. Glossary

Below are some of the key terms used in the Strategy.

**Family violence**
Any violent, threatening, coercive or controlling behaviour that occurs in current or past family, domestic or intimate relationships. It encompasses violence that might occur between any family members, including across generations. The term ‘family violence’ is also the preferred term of Aboriginal communities, as it more accurately reflects extended kinship ties and how the impacts of violence affect all members of a family (State Government of Victoria 2015).

**Gender**
The socially learnt roles, behaviours, activities and attributes that any given society considers appropriate for men and women; gender defines masculinity and femininity (Australian Women’s Health Network, 2014). Gender expectations vary between cultures and can change over time (World Health Organization 2015).

**Gender-based violence**
An umbrella term for any harmful act that is perpetrated against a person’s will and that is based on socially ascribed (i.e. gender) differences between men and women. It includes acts that inflict physical, sexual or mental harm or suffering, threats of such acts, coercion, and other deprivations of liberty (UN Inter-Agency Standing Committee 2015).

**Gendered drivers**
The underlying causes that are required to create the necessary conditions in which violence against women occurs. They relate to the particular structures, norms and practices arising from gender inequality in public and private life, but which must always be considered in the context of other forms of social discrimination and disadvantage (Our Watch et al 2015).

**Gender equity**
The provision of fairness and justice in the distribution of benefits and responsibilities between women and men (United Nations Development Program, 2001). It is not about the equal delivery of services or distribution or resources; rather, equity recognises diversity and disadvantage and seeks to direct resources and services towards those most in need to ensure equal outcomes for all (Australian Women’s Health Network 2014).

**Gender equality**
The equal rights, responsibilities and opportunities of women, men, and trans and gender-diverse people. Equality does not mean that women, men, and trans and gender diverse people will become the same but that their rights, responsibilities and opportunities will not depend on their gender (State Government of Victoria 2016).

**Gender identity**
Refers to a person’s deeply felt sense of being a man or a woman, both, neither, or in between (La Trobe University 2016).
Gender inequality
The unequal distribution of power, resources, opportunity, and value afforded to men and women in a society due to prevailing gendered norms and structures (Our Watch et al 2015).

Gendered norms
Consist of a set of dominant beliefs and rules of conduct which are determined by a society or social group in relation to the types of roles, interests, behaviours and contributions expected from boys and girls, men and women (Our Watch et al 2015).

Gendered practices
The everyday practices, processes and behaviours undertaken at an individual/relationship level, organisational/institutional and societal level that reinforce and perpetuate gendered norms and structures (Our Watch et al 2015).

Gender roles
The functions and responsibilities expected to be fulfilled by women and men, girls and boys in a given society (World Health Organization 2015).

Gendered structures
The laws and systemic mechanisms that organise and reinforce an unequal distribution of economic, social and political power and resources between men and women (Our Watch et al 2015).

Gender transformative
Policy and practice that examines, challenges and ultimately transforms structures, norms and behaviours that reinforce gender inequality and strengthens those that support gender equality (Women’s Health Victoria 2012).
14. References


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