

# Prevention of gender-based violence in and through public health settings

Teaching resources



**Our  
Watch**

Preventing violence  
against women

## **Acknowledgements**

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## **Acknowledgement of Country**

Our Watch acknowledges the traditional owners of the land across Australia on which we work and live. We pay our respects to Aboriginal and Torres Strait Islander peoples past and present.

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# Introduction

## **These materials have been prepared to assist academic teaching of primary prevention of gender-based violence content through undergraduate programs in the field of public health.**

The World Health Organization defines public health as ‘the art and science of preventing disease, prolonging life and promoting health through the organised efforts of society’ ([National Health and Medical Research Council \(NHMRC\)](#)). Public health spans almost every aspect of human life and its collective social systems, from disease prevention to health promotion, epidemiology, community health, and policy development. The core aims of public health are ‘protection, promotion and prevention’.

Public health professionals work to prevent problems from happening or recurring through implementing educational programs, recommending policies, administering services and conducting research. Public health professionals work with populations as small as local neighbourhoods, or as big as an entire country or region of the world. ([Public Health Assoc Australia](#))

The primary prevention of gender-based violence is a public health approach to providing safe and healthy communities. Public health professionals are critical to preventing gender-based violence, that is, stopping it before it starts. Whilst not all public health professionals will be in public facing roles, it is important that all public health students have an understanding of gender-based violence, and how to address it using public health principles and practice, wherever they work.

Gender-based violence is violence that is specifically ‘directed against a woman because she is a woman or that affects women disproportionately. It includes acts that inflict physical, mental or sexual harm or suffering, threats of such acts, coercion and other deprivations of liberty.’ ([UN Convention on the elimination of all forms of discrimination against women](#)).

As outlined in [Change the Story](#), evidence tells us that to prevent gendered violence we need action across Australia to:

1. Challenge the condoning of violence against women.
2. Promote women’s independence and decision-making in public life and relationships.
3. Build new social norms that foster personal identities not constrained by rigid gender stereotypes.
4. Support men and boys in developing healthy masculinities and positive, supportive male peer relationships.
5. Promote and normalise gender equality in public and private life.
6. Address the intersections between gender inequality and other forms of systemic and structural oppression and discrimination and promote broader social justice.
7. Build safe, fair and equitable organisations and institutions by focusing on policy and systems change.
8. Strengthen positive, equal and respectful relations between and among women and men, girls and boys, in public and private spheres.

## How to use this resource

This resource includes discipline-specific teaching resources, and hypothetical scenarios that have been developed by Our Watch in collaboration with teaching academics.

The teaching resources can be used in tutorials, as group exercises or modified to form assessments. While they are designed with specific student groups in mind, they can also be tailored to meet the requirements of your teaching and learning needs. Further advice on using and tailoring the resources can be found in the *Educators' guide to upskilling preservice professionals to support the prevention of gender-based violence*, which provides general advice to teaching academics about integrating prevention of gender-based violence concepts into teaching content and practice.

## Threshold Concepts

These teaching resources are underpinned by three threshold concepts. These threshold concepts inform students' way of thinking and knowing. It is valuable to spend some time on them, developing students' understanding, so that when students experience unique and complex public health situations involving gendered violence, they will have an approach that supports their problem solving and practice that is evidence informed and best practice.

The threshold concepts within this resource are:

- Gender, sexual identity and systems of power, privilege and oppression
- Intersectionality and gender equality
- Addressing gender-based violence

For additional information about teaching the threshold concepts that underpin these materials, please refer to Facilitation Guidance – Prevention of gender-based violence in and through public health.

Not all university staff are expected to become experts at responding to violence – **but everyone has a role to play.**



## Safety and support: Responding to Disclosures

Teaching on this topic can result in students or staff recognising that what they have previously experienced, or are currently experiencing, is a form of gender-based violence or sexual assault. Therefore, they may feel more confident to disclose, seek support and possibly report their experience.

Appropriate response policies, referral pathways and support services for staff and students need to be in place before teaching about the prevention of gender-based violence in any course. It is important for staff to have a basic understanding of their professional role in responding appropriately to disclosures of violence.

Every university is different and will have its own system, policies, and procedures to respond to disclosures or formal reports of violence experienced by staff and students. Make sure you are familiar with your university's policies and procedures. **Not all university staff are expected to become experts at responding to violence – but everyone has a role to play.**

The Victorian Multi-Agency Risk Assessment and Management Framework ([MARAM](#)) offers best practice guidance on how to assess family violence risk. MARAM recommends that professionals across a broad range of services, organisations, professions, and sectors have a shared responsibility for identifying, assessing, and managing family violence risk, even where it may not be core business.

Key staff and educators should be trained in responding to disclosures. Staff members need to be aware of **how** and **where** to refer students or colleagues who disclose being a victim or a perpetrator of violence.

It is important that individuals are connected to the service system through referral to university Student

Services and/or local family violence and sexual assault services. If there has been a disclosure of someone using violence, they can be linked to the perpetrator intervention services.

The key steps to safely and effectively responding to disclosures include:

1. **Recognise** the signs of gendered violence.
2. **Respond** with appropriate care.
3. **Act** in accordance with relevant university gendered violence response and prevention policies and procedures.
4. **Refer** to support services.

For further advice on how you and the universities can respond to disclosures and embed a victim- survivor-centred approach, you can also refer to:

- [Educating for Equality Practice Guidance: A victim/survivor-centred approach to responding to violence](#)
- Visit the '[Help and Support](#)' page on Our Watch's website

[1800RESPECT](#) provides information and resources for professionals supporting people impacted by sexual assault and domestic and family violence, including online or telephone secondary consultation and support for work-related stress and trauma. Call 1800 737 732, (free 24/7 service) or use their online resources for professionals.

The [Men's Referral Service](#) (1300 766 491) can support men who are seeking counselling, information or support for domestic and family violence.

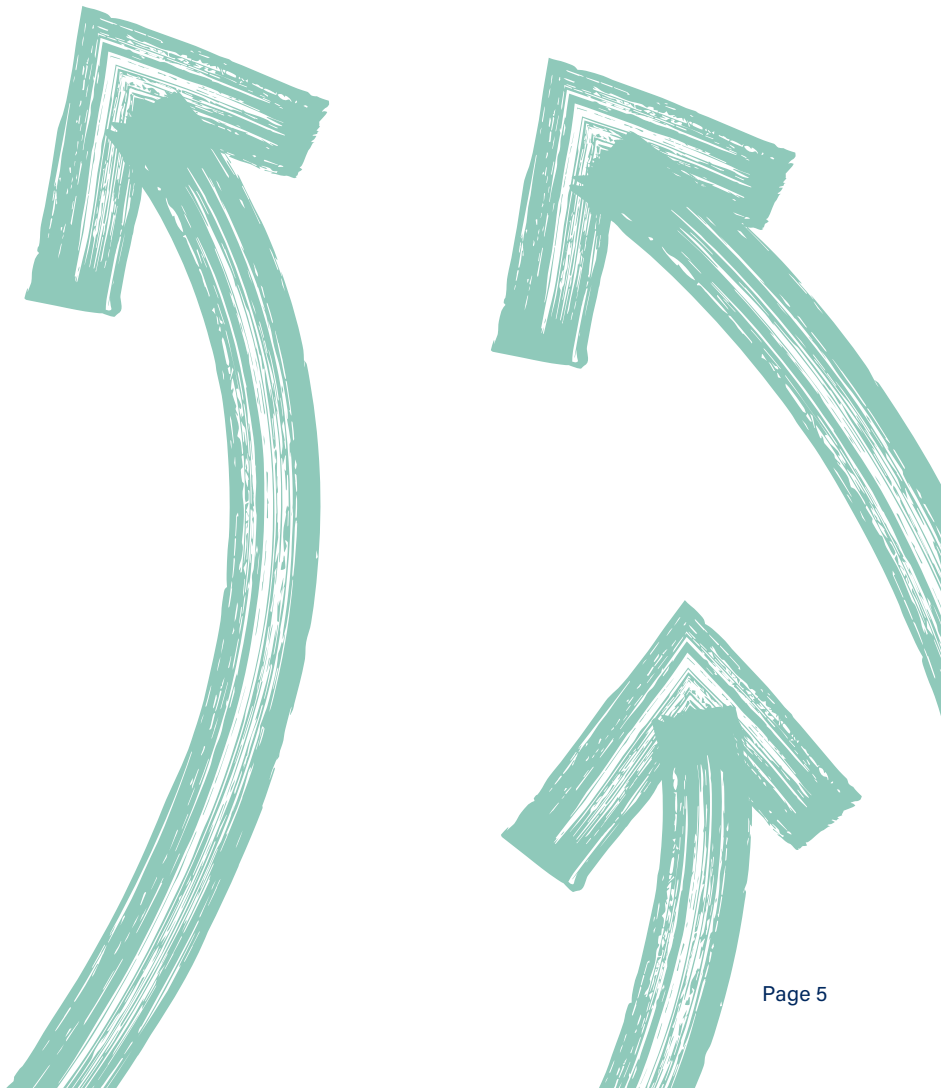
[Relationships Australia](#) offers counselling to both men who perpetrate domestic and family violence and women and children who are victims and/or survivors.

You may also be required by law to report disclosures of violence when children are involved. Check with your State or Territory police for more information on your obligations.

# Scenarios

**These scenarios aim to represent a diversity of situations that demonstrate the drivers of gender-based violence and others forms of inequality and oppression.**

They can be tailored to meet the learning objectives of your unit or used as they are. If you plan to adjust any details of the scenarios, refer to the guidance in the [\*Educators' guide to upskilling preservice professionals to support the prevention of gender-based violence.\*](#)



Scenario 1 –

# The Fire

Audience/level	Purpose	Key concepts
<p><b>First-year public health students</b></p>	<ul style="list-style-type: none"> <li>• To explore gender assumptions, construction, and stereotypes.</li> <li>• To provide students with the opportunity to tap into their own feelings in relation to the characters in the case study.</li> <li>• To unpack some of the myths and misconceptions surrounding gender-based violence.</li> <li>• To explore power and control along with the gendered drivers and essential actions.</li> <li>• To support students to critically reflect on how they can plan for and respond to sexism and other forms of discrimination in their future professions.</li> </ul>	<p>Rural setting, disaster recovery plan, power and control, gender-based violence, intimate partner violence, family violence, disability, critical reflection, strengthening the gender lens, planning for gender equality in workplace activities.</p>

## Setting the scene

In the wake of a severe summer bushfire ravaging the Victorian country town of Darboo, Sharmila is leading the initiation of the town’s disaster recovery plan. There are multiple teams working across the community to action all elements of the plan, including a team responsible for establishing and resourcing a relief centre for people directly impacted by the fire.

Sharmila drops into the relief centre to check in with the centre coordinator, Frank. While she is there, Sharmila notices that, among the people seeking shelter at the centre, are Nella and her children. Nella’s partner, Robbie, is a fire fighter and is on the front line.

Nella had a stroke a few years ago and uses a wheelchair for mobility. Sharmila notices that Nella is sitting on the floor, propped up against the wall. Her wheelchair is not in sight. Sharmila also notices that Nella has a swollen, bruised eye and a bandage around her wrist. Her children, Banjo (17 years old) and Fleur (15 years old) are attending to her. Sharmila asks Frank if he knows where Nella’s wheelchair is and how she sustained her injuries. Frank explains that Robbie dropped Nella and the kids at the Centre a couple of hours earlier and said that Robbie was “extremely stressed” and seemed really “annoyed” with Nella.

## The challenge

It was a well-known, but rarely spoken about, fact that Robbie was physically violent towards Nella prior to her stroke, and that the children were often present when the violence occurred. Robbie is well respected in the community and, along with the other fire fighters, he is considered heroic and brave.

Sharmila asks Frank, *are you saying Robbie inflicted those injuries on Nella?*

Frank: *Maybe, but you know what, this is an emergency and he’s a heck of a good bloke! A hero, out there fighting those fires to keep us all alive. You’ve got to focus on the greater good he’s doing. If he did hurt Nella, he only would have done it because he was beyond stressed, and he’d be feeling terrible about it now. Imagine the pressure he’s under having to care for Nella, the kids and fight the fires. Really, Nella’s lucky to have Robbie; she wouldn’t be able to manage without him.*

Sharmila: *Yeah, Robbie’s fighting for our community, literally, and that’s great, but it doesn’t give him a licence to hurt his family. Imagine what it must be like for Nella living with a disability, two children and a violent partner. They’re experiencing an emergency too.*



Frank: *I don't think Nella knows if she's coming or going anymore, Sharmila.*

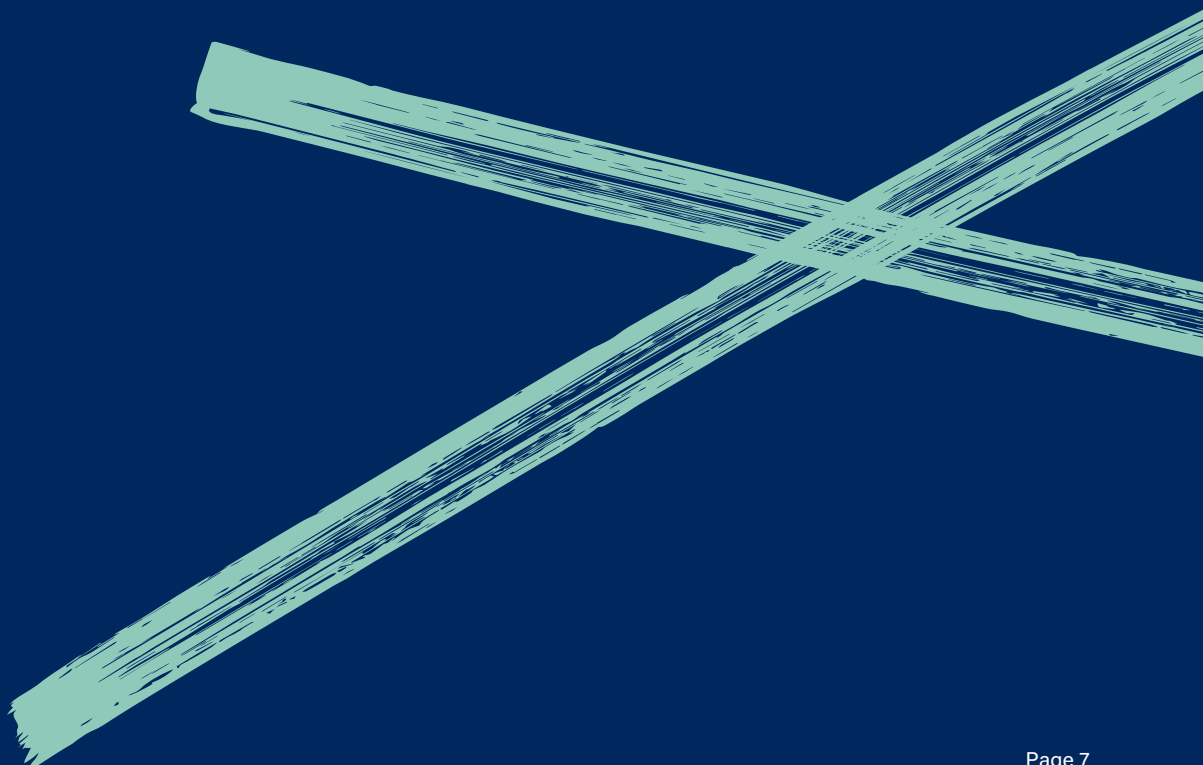
Sharmila: *She has a disability, Frank, all the more reason for us to support her.*

Frank: *Let's just stay out of it! It's none of our damn business! We've got enough on our plate without getting into their private business.*

Sharmila: *I'm approaching this recovery plan from a public health perspective, Frank, and that means factoring in the health and wellbeing of the whole community. Nella's a part of our community. What's our plan for keeping her and the kids safe.*

Frank: *Look, I've got to get back to the supply boxes... do whatever the hell you want but leave me out of it! I'm focussed on keeping the community safe.*

Sharmila is worried about Nella and wants to offer help, but she feels small and embarrassed after the way Frank spoke to her, maybe it is more important to respond to the fire than the violence, and she's worried she'll make things worse for Nella if she gets involved.



## Exploring the scenario

Below are some *sample questions and suggested answers\** that teachers may like to work through with students to develop the students' knowledge and understanding of gender-based violence (GBV) and deepen their ability to engage in the primary prevention of GBV.

Depending on the amount of time you have for this scenario, and the level of your class, there are a few options available to you.

### Option 1:

Spend an extended period (over several classes) exploring all aspects set out below.

### Option 2:

Focus on just some of the questions.

### Option 3:

Apply your professional judgement and make your own decisions about how to use this resource in a way that is going to be of most benefit to your students.

\*The suggested answers are intended for use by teachers to support delivery of this content. If you want to share the suggested answers with your students after the session that is fine, but it is not required.

## Additional resources

- Family Violence Law Help, [Domestic and family violence: Myths and misunderstandings](#)
- Gender and Disaster Australia - [National G&EM Guidelines](#) ([genderanddisaster.com.au](http://genderanddisaster.com.au))
- Safe and Equal, [Unpacking the gendered drivers of violence against women](#)
- Women with Disabilities Victoria, [Violence prevention resources](#)
- Women with Disabilities Victoria, [Workforce Resources for Action](#)
- Our Watch, [Doing Nothing Does Harm](#)
- United Nations Human Rights Office of the High Commissioner, [Gender stereotyping](#)

## Sample discussion questions and answers

### Sample questions and suggested answers

#### Q1 What feelings arose towards the different characters as you read this scenario?

- There are no right or wrong answers here. This is an opportunity for students to reflect on which characters they feel drawn to and to explore the different feelings that arose in relation to each of the characters.

#### Q2. Who has or takes the power in this case study? Who is disempowered or silenced?

- Although we don't meet Robbie, we quickly learn that he is a well-respected figure in the community, considered brave and heroic. This makes him a powerful person, not just in his home but in the broader community.
- Nella is a woman with a disability who is experiencing family violence. Although we don't hear directly from Nella herself, it is clear that she does not have equal power in her relationship with Robbie, nor does she have the respect of some community members, such as Frank.
- The way Frank speaks to Sharmila is dismissive and rude. He clearly feels entitled to tell Sharmila what to do and strongly asserts his opinion.
- Sharmila comes across as a clear communicator, competent and confident, however Frank's words and demeanour have made her feel small and embarrassed. His prioritisation of the risk posed by the fire, minimise the risk to Nella and the kids.

### Q3. Can you identify any drivers of gender-based violence in the scenario?

- **Driver 1:** Condoning of violence against women
  - The silence of the townspeople even though it was 'common knowledge' that Robbie perpetrated violence against Nella.
  - Frank downplaying Robbie's use of violence and suggesting it's excusable because of stress and remorse.
  - Frank's assertion that Robbie is a good person and that his violence against Nella can be excused because of his heroic status as a firefighter.
  - Frank stating that, despite Robbie's violence against her, Nella is lucky to have Robbie because she wouldn't manage without his care. This implies that women with a disability who have a partner who is also their carer should be grateful for what they've got. This is sexist, ableist and harmful.
  
- **Driver 2:** Men's control of decision-making and limits to women's independence in public and private life
  - Robbie making decisions for Nella.
  - Frank telling Sharmila what to do and what not to do in an emergency.
  - Frank disregarding Sharmila's expertise in public health.
  
- **Driver 3:** Rigid gender stereotyping and dominant forms of masculinity
  - Through Robbie and Frank, it is implied that aggression and violence are acceptable and justifiable ways of communicating your feelings if you are a man.
  
- **Driver 4:** Male peer relations and cultures of masculinity that emphasise aggression, dominance and control
  - Robbie and Frank seem to have a friendship that's based on an expression of masculinity that is harmful to others.

### Q4. There are eight essential actions aimed at addressing the drivers of gender-based violence, and the social context in which this violence occurs.

- Essential actions 1-4 address the **gendered drivers**.
- Essential actions 5-8 address the **social context** that gives rise to gender-based violence.

This question focuses on the first 4 essential actions. As an extension activity, you could introduce essential actions 5-8 to students (see pp. 60–65 of [Change the Story](#)).

Referring to the first four essential, what are some approaches that could be used to counter the gendered drivers present in the scenario?

- **Essential action 1:** Challenge the condoning of violence against women.
  - This means addressing attitudes, beliefs, behaviours, systems and practices that excuse, justify or trivialise gender-based violence.
  - Utilise a variety of ways to challenge attitudes like Frank's (e.g., directly, through campaigning, workplace training, workplace policies and practices, social events and casual conversations). Sharmila does this by challenging Frank's portrayal of Robbie and characterisation of Nella.
  
- **Essential action 2:** Promote women's independence and decision-making in public life and relationships.
  - Promote the right for all women, including women with disabilities, to have autonomy and enjoy the right to make decisions about their own lives, bodies and minds.
  - In non-fire season ensure there are opportunities for women and girls with disabilities to plan for emergency.
  - Support girls and women to enter the fire brigade and other professions overrepresented by men.

- **Essential action 3:** Build new social norms that foster personal identities not constrained by rigid gender stereotypes.
  - Promote a range of ways of 'doing' gender identity and expression.
  - Enable and support boys and men to engage in roles traditionally associated with women: e.g. caring, nurturing roles and girls and women to engage in roles which are traditionally associated with men - decision making and senior leadership roles, firefighting and coordination of evacuation centres
- **Essential action 4:** Support men and boys in developing healthy masculinities and positive, supportive male peer relationships.
  - Create opportunities for boys and men to communicate freely and respectfully about emotions, feelings and vulnerability.
  - Model male friendships and working relationships that are founded on kindness, dignity and respect for women.
  - Show boys and men that being 'vulnerable', talking about your feelings and showing 'weakness' are all forms of strength and bravery.

**Q5. Being aware of and debunking myths surrounding gender-based violence is a key part of primary prevention work and education. The next couple of questions explore some of the myths and misconceptions that exist in society.**

**Q5(a) Can Robbie's violent behaviour be put down to "stress"?**

- It is clear that Robbie is highly stressed, and while the presence of stress and other factors, such as alcohol/drugs and unemployment, can exacerbate the frequency and severity of violence, these factors are not causing the violence.
- People of all genders live with stress, sometimes extreme stress, and most of those people don't perpetrate violence as a result of being stressed.

- Gender inequality is the social context in which gender-based violence occurs. It underpins the four gendered drivers (see CtS pp 36-45).

**Q5(b) What myths about gender-based violence and family violence are presented through the character of Frank? What are some of the outcomes of these myths in society?**

- Victim-survivors are to blame, or at least partially responsible.
- If the perpetrator is remorseful, his use of violence can be excused.
- When a perpetrator does "good" things in his community, such as working hard or like Robbie, fighting fires, his use of violence against his family is outweighed by his broader 'contribution' to society.
- Stress is the cause of the violence.
- Family violence is a private matter.
- Some outcomes of these sorts of myths are that:
  - Victim-survivors are less likely to be believed or taken seriously, less likely to disclose the violence or seek help, and more likely to be isolated.
  - Perpetrators are more likely to be excused for their use of violence and more likely to gain empathy and allies.

**Q6. How does Sharmila challenge gender stereotypes and norms in this scenario? As part of your answer, consider other forms of discrimination, such as ableism.**

- When Frank downplays, justifies and excuses Robbie's behaviour, and suggests that Nella is lucky to have Robbie because she has a disability, Sharmila challenges this by inviting Frank to see things from Nella's perspective.
- Sharmila says that fighting the fires and helping the community survive doesn't give him a licence to hurt his family.
- Sharmila challenges Frank's ableist remark that "Nella doesn't know if she coming or going" by

naming the fact that Nella has a disability and that this means more, not less, intervention might be needed.

**Q6. What actions could Sharmila take after this scenario to ensure that future disaster recovery plans include a focus on gender equality and the prevention of gender-based violence? Address this question in relation to one or more of the drivers of gender-based violence.**

- Engage with Nella and other women and gender diverse people in the community to understand their needs, ensure representation on decision making committees and bodies involved in planning and preparation for emergency management, search for and use existing evidence-based resource for gender and disaster.
- Ensure gendered violence response services are represented in evacuation centres, and there is a communications plan in place to make it clear that violence is never ok. Ensure that resources and contact details for family violence and gender-based violence services (e.g. 1800RESPECT and local services) are readily available. Placing this information in women's toilets, cafes, bars, medical clinics, gyms, swimming pools, etc as well as online will help ensure women who are at risk have safer ways to access safety and support.
- Implement gender equality, primary prevention and response training for all staff and volunteers involved in emergency management.
- Openly support anyone who challenges gender stereotypes and gender inequality and commend their efforts.



Scenario 2 –

# Jamila's Community of Practice

Audience/level	Purpose	Key concepts
<b>Second-year public health students</b>	<ul style="list-style-type: none"><li>• To explore gender stereotypes and assumptions.</li><li>• To provide students with the opportunity to explore the gendered drivers more deeply.</li><li>• To provide students with the chance to delve into some of the more complex issues of resistance/backlash and active bystander behaviours.</li><li>• To support students to critically reflect on how they can plan for and respond to sexism and gendered stereotypes in their workplace.</li></ul>	State-wide health service context, gender-based violence, family violence, power and control, critical reflection, planning for and responding to dynamics of sexism and gender power imbalances.

## Setting the scene

Jamila is a recent Public Health graduate who started working at a state-wide peak mental health service in the role of Program Co-ordinator six months ago. After several discussions with colleagues across the sector, Jamila has become aware of the prevalence of gender-based violence and the wellbeing impact that disclosures are having on Jamila and her colleagues. Like Jamila, many of her colleagues feel ill-equipped to respond appropriately and confidently when a disclosure is made. With the support of her manager, Anesti, Jamila is leading the development and implementation of a community of practice where colleagues can come together on a regular basis to share, discuss and workshop professional responsibilities when responding well and the impacts of disclosures of gender-based violence on individual and collective wellbeing.

## The challenge

Jamila is chatting with her colleague, Rahela, who is also a public health graduate, about the community of practice she's developing. Rahela says, "I'd join in a heartbeat! Just the other day I was in a session with a woman who told me she feared her ex-partner because he would get really angry if she got home from work late, and that he used a tracking app to monitor her movements. I mean, that's got to be considered abuse, right? And I really didn't know what to say to her. I'd love to talk with others about this sort of thing because it's just so common."

Jamila and Rahela's colleague, Matt, is sitting nearby and overhears their conversation. He chimes in, "Abusive is taking it a bit far, don't you think? He probably just really cared about her and was being protective. It's pretty normal for guys to feel protective, and I reckon lots of girls feel safer knowing their movements can be traced by someone who loves them. Seems like making an entire community of practice focused on that sort of thing would be a waste of time and resources. Don't you have more important stuff to focus on?"

Jamila responds to Matt's comments by informing him that Anesti is supportive of the project and that it's going ahead. Matt spins his chair back to face his computer, muttering, "of course Anesti's supportive of it, geez he's soft. He's going to have a feminist takeover on his hands if he's not careful!".

## Exploring the scenario

Below are some *sample questions and suggested answers\** that teachers may like to work through with students to develop the students' knowledge and understanding of gender-based violence (GBV) and deepen their ability to engage in the primary prevention of GBV.

Depending on the amount of time you have for this scenario, and the level of your class, there are a few options available to you.

### Option 1:

Spend an extended period (over several classes) exploring all aspects set out below.

### Option 2:

Focus on just one or two aspects (e.g. one or two of the drivers, or just the definition of gender-based violence, or just resistance and backlash).

### Option 3:

Apply your professional judgement and make your own decisions about how to use this resource in a way that is going to be of most benefit to your students.

Want to go further? Challenge the class to find additional examples of the gendered drivers; reinforcing factors; essential actions, etc. in the scenario.

\*The suggested answers are intended for use by teachers to support delivery of this content. If you want to share the suggested answers with your students after the session that is fine, but it is not required.

## Additional resources

- Our Watch (2022) Understanding, monitoring and responding to resistance and backlash. Melbourne, Respect Victoria and Our Watch.
- Our Watch 2017, [Workplace Equality and Respect: Practice Guidance, Dealing with backlash](#), Our Watch, Melbourne.
- Safe and Equal, [Unpacking Resistance video series and additional resources](#).
- VicHealth 2018, [\(En\)countering resistance: Strategies to respond to resistance to gender equality initiatives](#), Victorian Health Promotion Foundation, Melbourne.

## Sample discussion questions and answers

### Q1. Can you identify any drivers of gender-based violence in the scenario?

**Driver 1:** Condoning of violence against women

- Matt – **downplaying** the seriousness of controlling behaviours (suggesting that the ex-partner was just being “protective”); **justifying** the use of controlling behaviours (suggesting that women (“girls”) feel safer out in the world if they know that their male partner can track their whereabouts).

**Driver 2:** Men’s control of decision-making and limits to women’s independence in public and private life

- The ex-partner – instilling fear in his ex-partner by imposing consequences (getting angry) for arriving home from work later than expected, thus limiting her independence and removing her ability (and right) to make her own decisions, or to genuinely share the decision-making.
- Matt – ridiculing the idea for the development of the Community of Practice (CoP).

**Driver 3:** Rigid gender stereotyping and dominant forms of masculinity

- Matt – saying that Anesti is “soft”, implying that he needs to “man up”, or that the women in the organisation are starting to take over due to what Matt perceives as a weakness in his leadership style. Also, Matt’s reference to an impending “feminist takeover” can be seen as a ‘call to arms’ for the men in the organisation who need to step-up to the challenge of feminism in their organisation.

**Driver 4:** Male peer relations and cultures of masculinity that emphasise aggression, dominance and control

- Matt and the ex-partner – while they presumably don’t know each other, you can see that the two

men may have similar attitudes about women. Men who bond, or form closer connections, with each other through sexist comments and attitudes are more strongly associated with violence against women or gender-based violence.

### Q2. How would you define or describe family violence and gender-based violence?

- Family violence is a pattern of abuse that includes violent or threatening behaviour, or any other form of behaviour that coerces or controls a family member or causes that family member to be fearful.
- **Family violence** is a broader term than domestic violence, as it refers not only to violence between intimate partners but also to violence between family members. This includes, for example, elder abuse and adolescent violence against parents. (*CtS Glossary of terms p.134*)
- In Indigenous communities, family violence is often the preferred term as it encapsulates the broader issue of violence within extended families, kinship networks and community relationships, as well as intergenerational issues.
- For LGBTIQ+ people, ‘family’ may be defined as ‘chosen family’, sometimes created in the context of rejection by families of origin.
- The definition of family may also extend to anyone living under the same roof, for example housemates.
- **Gender-based violence** is violence that is specifically directed against a woman\* because she is a woman or that affects women disproportionately. (*CtS Glossary of terms p.134*)

\*It is good practice to use an inclusive definition of ‘women’ when talking about family violence and gender-based violence, meaning that the definition of ‘women’ includes cisgender women, transgender women, non-binary people and gender diverse people who may be perceived as women, female or feminine (regardless of their expression or identity), and therefore may share common experiences of violence and discrimination.



### Q3. How would you define or describe resistance or backlash?

- The resistance, hostility or aggression with which gender equality or violence prevention strategies are met by some people or groups. (*CtS Glossary of terms p.133*)
- From a feminist perspective, backlash can be understood as an inevitable response to challenges to male dominance, power or status, and is often interpreted as a sign that such challenges are proving effective.

### Q4. Can you identify any resistance/backlash in the scenario?

(Source: VicHealth's (En)countering Resistance and OW Understanding, monitoring and responding to resistance and backlash

- Matt's comments about a Community of Practice focused on gender-based violence being a waste of time amount to resistance. He appears to be resistant to the notion that gender-based violence encompasses controlling behaviours and this informs his resistance to the idea of the Community of Practice itself. Matt's mumbled comments about a "feminist takeover" could be seen as backlash, which is a more staunch/aggressive form of resistance. His comments are rude, disrespectful and could be perceived as intimidating.

### Q5 What, if any, course of action would you take if you directly experienced or witnessed behaviour like Matt's in your future workplace?

There are several possible answers to this question and no 'right' answers.

Some options include:

- Speaking directly with Matt about the impact of his words, but given the strength of Matt's attitude this may feel too risky or unsafe.
- Speak with your manager about Matt's behaviour, or to the appropriate person/people in the People and Culture (HR) team.
- If Matt's attitude was common across the organisation, then perhaps teaming up with a colleague (like Rahela) for a discussion with leadership could be useful. Being prepared with statistics and facts about gender-based violence could help this conversation. This could lead to all-staff training on gender-based violence and the importance of primary prevention.

Scenario 3 –

# Rani's Mission

Audience/level	Purpose	Key concepts
<b>Second- or third-year public health students</b>	<ul style="list-style-type: none"> <li>To explore gender assumptions, construction and stereotypes.</li> <li>To explore and complexify the gendered drivers and essential actions.</li> <li>To provide an opportunity for students to unpack the socio-ecological model of gender-based violence.</li> <li>To create an opportunity to delve more deeply into resistance/backlash and some strategies to overcome and challenge it.</li> </ul>	Health promotion setting, sexism, condoning of gender-based violence, challenging bias, socio-ecological model, planning for gender equality in workplace activities.

## Setting the scene

Rani works in the health promotion team of a large health organisation. She is working on a public campaign aimed at encouraging men to attend their GP more frequently. The Marketing & Communications Team at Rani's workplace is developing the visuals and script for the television campaign. Rani is reviewing the first round of mock-ups and notices that:

- the storyboard for the television campaign depicts a man sitting in a waiting room with about six other people, including an "attractive woman" wearing a low-cut top who glances across at the man and smiles coyly.
- The ad ends with a narrator saying, "Get checked-out at the GP. It's worth it."

Rani recognises that this sort of messaging contributes to sexist attitudes, which, in turn, contribute to increased rates of gender-based violence. Rani makes a time to meet with the Marketing & Communications Team Leader, Vince, to share her concerns.

## The challenge

The response Rani gets from the Team Leader, Vince, is quite the opposite to what Rani had hoped for. The following is an excerpt from their discussion.

*Vince: We're a health promotion agency and we're using the best tools we have to get the outcome we need – in this case, getting blokes to the doctor. We know from decades of experience across the advertising industry, that the use of a feminine presence in ads aimed at men have the best results.*

*Rani: We also know that sexualised imagery of women in relation to men, feeds into the widely held perception that women are objects for men's benefit. And it's these sorts of messages that perpetuate entrenched gender roles, stereotypes and disrespect toward women, which drive men's violence against women.*

*Vince: Oh Rani, you can't seriously be saying that this little ad will cause men to be violent to women?!*

*Rani: No, what I'm saying is that this ad is just one of many that represent men and women stereotypically,*

*that stereotypes are harmful and that they drive gendered violence and have a massive impact on gender inequality.*

*Vince: You know what? I reckon things have gone too far the other way and men are getting a bad rap these days. Not all men are violent. And for those who are, I reckon it's often because they're stressed, or because their wife just won't get off their back. The poor blokes get to breaking point and finally just snap. It's not their fault they're under so much pressure. And, sorry to be blunt, but the truth is sometimes women need to be reminded of who's in charge.*

*Rani: Ok, I'm starting to feel a bit uncomfortable now. I'll need to bring my manager in on this, so let's leave it at that for today.*

## Exploring the scenario

Below are some *sample questions and suggested answers\** that teachers may like to work through with students to develop the students' knowledge and understanding of gender-based violence (GBV) and deepen their ability to engage in the primary prevention of GBV.

Depending on the amount of time you have for this scenario, and the level of your class, there are a few options available to you.

### Option 1:

Spend an extended period (over several classes) exploring all aspects set out below.

### Option 2:

Focus on just some of the questions.

### Option 3:

Apply your professional judgement and make your own decisions about how to use this resource in a way that is going to be of most benefit to your students.

\*The suggested answers are intended for use by teachers to support delivery of this content. If you want to share the suggested answers with your students after the session that is fine, but it is not required

## Additional Resources

- Our Watch 2017, [\*Workplace Equality and Respect: Practice Guidance, Dealing with backlash\*](#), Our Watch, Melbourne.
- Safe and Equal, [\*Unpacking Resistance video series and additional resources\*](#).
- VicHealth 2018, [\*\(En\)countering resistance: Strategies to respond to resistance to gender equality initiatives\*](#), Victorian Health Promotion Foundation, Melbourne.

## Sample discussion questions and answers

**Q1. Consider the four drivers of gender-based violence. Which of the drivers can you identify in the conversation between Rani and Vince?**

- **Driver 1: Condoning of violence against women** – Vince’s suggestion that some women are to blame for the violence that is perpetrated against them; that some of them are even ‘asking for it’; that men simply ‘snap’ or ‘lose control’; that it’s not their fault/they don’t have to take responsibility for their behaviour.
- **Driver 2: Men’s control of decision-making and limits to women’s independence in public and private life** – Vince believes that men have the authority to be in charge of women. This means having control of decision-making that will limit women’s independence and autonomy.
- **Driver 3: Rigid gender stereotyping and dominant forms of masculinity** – Vince’s opinion that women nag or pester men; that it’s natural for men to lose control when their female partner is ‘on their back’ about something; that men are the hard workers in families and are under a lot of pressure as a result; this implies that women are less likely to be bread winners.
- **Driver 4: Male peer relations and cultures of masculinity that emphasise aggression, dominance and control** – Vince’s comments about men’s violence against women suggests that he believes it’s natural for men to be in charge in relationships (in charge of women) and that expressions of aggression are an appropriate way to remind women of this.

**Q2. There are eight essential actions aimed at addressing the drivers of gender-based violence, and the social context in which this violence occurs.**

- Essential actions 1-4 addresses the **gendered drivers**.
- Essential actions 5-8 address the **social context** that gives rise to gender-based violence.

**This question focuses on the first 4 essential actions.** *As an extension activity, you could introduce essential actions 5-8 to students (see pp. 60–65 of Change the Story).*

Referring to essential actions 1-4, what are some approaches that could be used to challenge the gendered drivers present in the scenario?

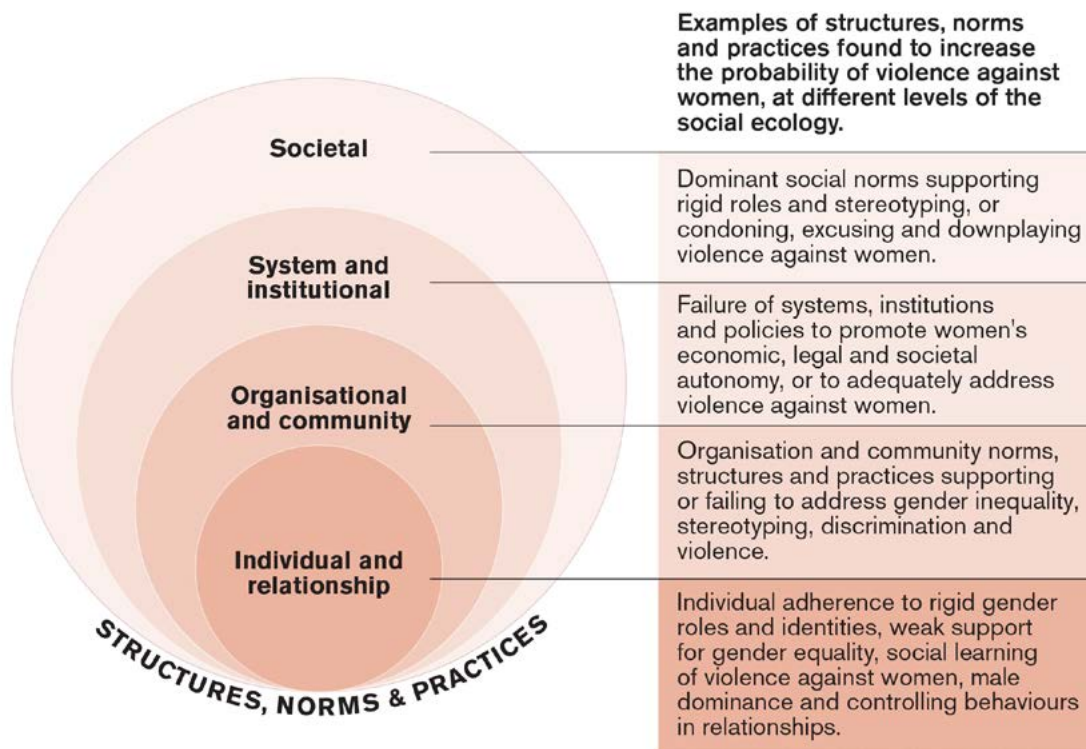
- **Essential action 1: Challenge the condoning of violence against women.** This means:
  - Addressing attitudes, beliefs, behaviours, systems and practices that excuse, justify or trivialise gender-based violence.
  - Implementing workplace policies and practices that show sexism and sexual harassment are taken seriously.
  - Raising awareness about the prevalence of gender-based violence and the impact of different forms of violence (e.g. physical, emotional, social, financial, coercive control, stalking, technological abuse).
  - Looking for and sharing media messaging and imagery that highlights perpetrator responsibility for their use of violence rather than focusing on victim-survivors’ behaviour or clothing.
- **Essential action 2: Promote women’s independence and decision-making in public life and relationships.**
  - Challenge the notion that anyone needs to be “in charge” in a relationship and promote the

idea that women are individuals who need and ought to have independence in their lives.

- Promote the idea that women can make decisions for themselves and that they should have equal access and opportunity to take on roles and responsibilities in the public field, including in their work.
- In the media and entertainment, portray women as multidimensional, independent characters rather than representing them in relation to a male protagonist.
- Recognise where men are overrepresented in the workforce. Consider structural actions that increase safety in these workforces in conjunction with any drive to recruit for gender equality.
- Ensure that all genders are given equal speaking time and rights in work meetings. Elevate women's voices, don't silence them.
- **Essential action 3: Build new social norms that foster personal identities not constrained by rigid gender stereotypes.**
  - Steer away from promotional materials that objectify women or use women to sell messages to men.
  - Encourage men to express their feelings and to express them in a range of ways that are not harmful to other people.
  - Use media and promotional materials to raise awareness of gender stereotypes and offer alternative ways of 'doing' masculinity and femininity.
  - Implement workplace policies and processes that address recruitment bias.
- **Essential action 4: Support men and boys in developing healthy masculinities and positive, supportive male peer relationships.**
  - Provide representations of boys and men in public-facing material, including health promotion campaigns, that are respectful and inclusive of a diversity of men (e.g. LGBTIQ+ people).
  - Show people around you that there are many ways to be a man and that masculinity is fluid.
  - Demonstrate that anger and frustration are legitimate emotions and that there are safe ways of engaging with these emotions that are not harmful to other people.
  - Support men who challenge other men's attitudes and behaviours that are harmful to women and children.

## The socio-ecological model of violence against women

See alternate text for this figure on page 36.



### Q3 The socio-ecological model of gender-based violence explains the structures, norms and practices, across four interconnected levels, that are found to increase the likelihood of gender-based violence.

Using the socio-ecological model, provide some examples of the ways this ad campaign could contribute to the occurrence of gender-based violence at each level of the model. (You may choose to focus on all, or just some of the levels).

- Individual and relationship level:** the purpose of having a woman as the centre-piece of an ad aimed at encouraging men to attend the GP more frequently, sends the message that women exist for the benefit or enjoyment of men, and that women can be seen as a 'prize' for men. For men who already believe that women exist for their pleasure, or in service to men, this messaging will only reinforce that belief.
- Organisational and community level:** the fact that the organisation opted for sexist messaging to sell a health promotion message, tells us that they are using a "sex sells" attitude to men's health promotion. It raises questions about the way in which the organisation values women and men more broadly, and this could be extended to their employees. The ad stereotypes both women and men. It represents the woman as someone who has something to "offer" the man, and it positions the man as someone who is primarily interested in sexualised interactions with women, and is entitled to take the offer, in fact, is someone who 'deserves' to take it (especially if he does the 'right' thing and attends the GP clinic more regularly).
- System and institutional level:** This form of messaging supports a system that is largely dominated by men (most GPs are men). It suggests that the use of women is the best way to sell something to men, even if it's regarding their own health – that the best way to get men to change their behaviour (in this case visiting the GP more

regularly) is to dangle the promise of a woman in front of them. It shows us that healthcare systems and the institutions in which those systems operate can be biased against women in favour of men.

- **Societal level:** is largely perceived by society as a more effective 'health promotion' strategy for men's health than using men's health itself, tells us a great deal about our societal attitude towards women (givers, helpers, nurturers, 'for' men) and men (in control, decision-makers, 'users' of women).

- *Not all men are violent. And for those who are, I reckon it's often because they're stressed, or because their wife just won't get off their back.*
- *The poor blokes get to breaking point and finally just snap. It's not their fault they're under so much pressure.*
- *...sorry to be blunt, but the truth is sometimes women need to be reminded of who's in charge.*

**Q4(a) Backlash/resistance is a normal part of any social change process - when things change, many people's response is to push back because they feel uncertain, threatened or disagree with the change being proposed.**

If you're leading initiatives in your workplace to prevent gender-based violence, thinking about backlash as part of your planning will support you to reduce risk, increase engagement and make progress.

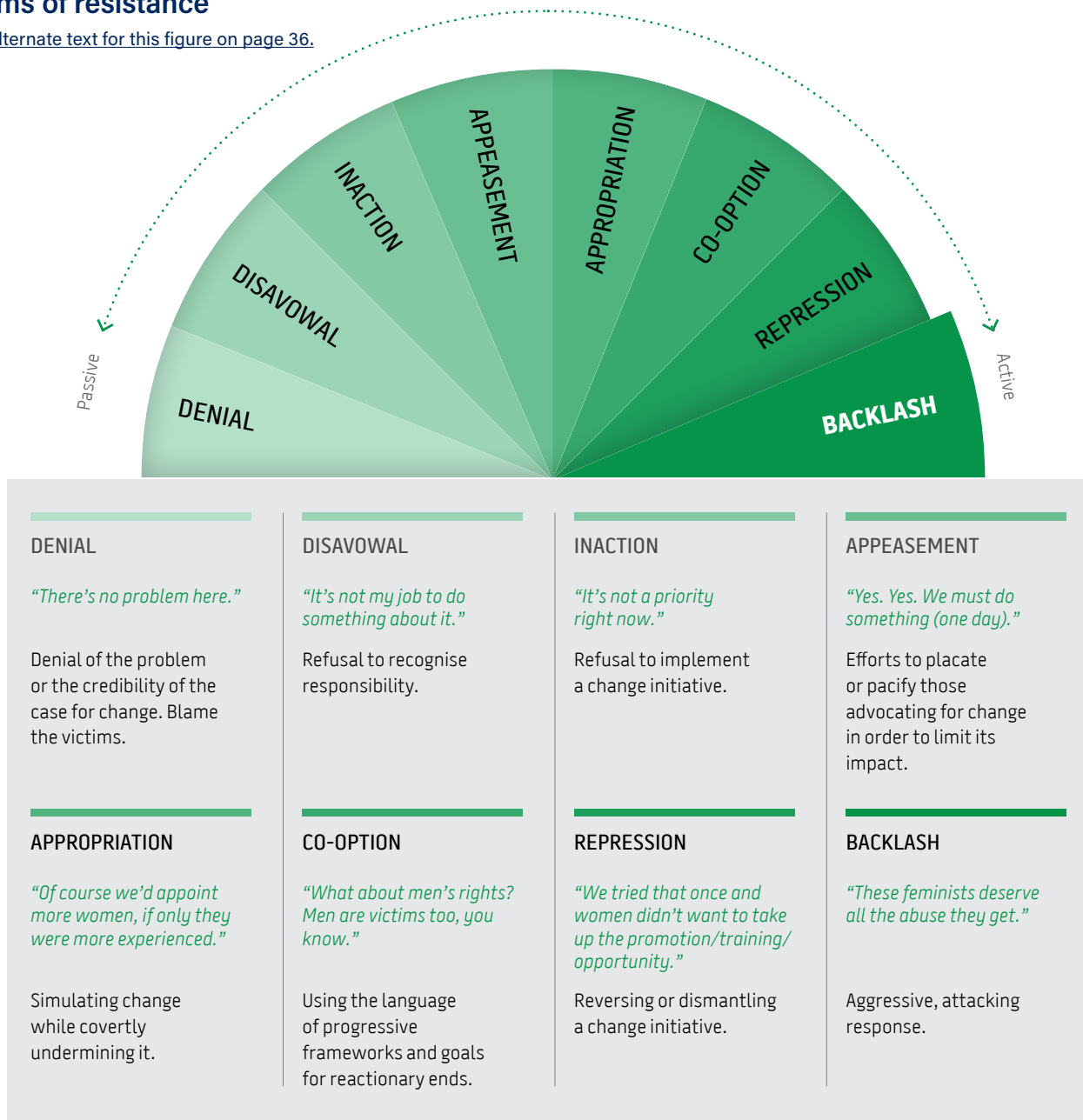
Vince is showing some strong resistance to what Rani is presenting about the reality of gender-based violence. Re-read the conversation between Rani and Vince and note the things Vince says that amount to resistance.

Vince's words of resistance:

- *We're a health promotion agency and we're using the best tools we have to get the outcome we need - in this case, getting blokes to the doctor.*
- *We know from decades of experience across the advertising industry, that the use of a feminine presence in ads aimed at men have the best results.*
- *Oh Rani, you can't seriously be saying that this little ad will cause men to be violent to women?!*
- *I reckon things have gone too far the other way and men are getting a bad rap these days.*

## Forms of resistance

See alternate text for this figure on page 36.



**Q4(b) Refer to [VicHealth's \(En\)countering Resistance resource](#) (p. 4). Which of the eight forms of resistance can Vince's comments be categorised under?**

Vince's comments primarily fall under four of the eight forms of resistance:

- **Disavowal:**
  - *We're a health promotion agency and we're using the best tools we have to get the outcome we need – in this case, getting blokes to the doctor.*
- **Denial:**
  - *Oh Rani, you can't seriously be saying that this little ad will cause men to be violent to women?!*
  - *I reckon things have gone too far the other way and men are getting a bad rap these days.*
- *We know from decades of experience across the advertising industry, that the use of a feminine presence in ads aimed at men have the best results.*



▪ **Co-option:**

- *Not all men are violent. And for those who are, I reckon it's often because they're stressed, or because their wife just won't get off their back.*
- *The poor blokes get to breaking point and finally just snap. It's not their fault they're under so much pressure.*

▪ **Backlash:**

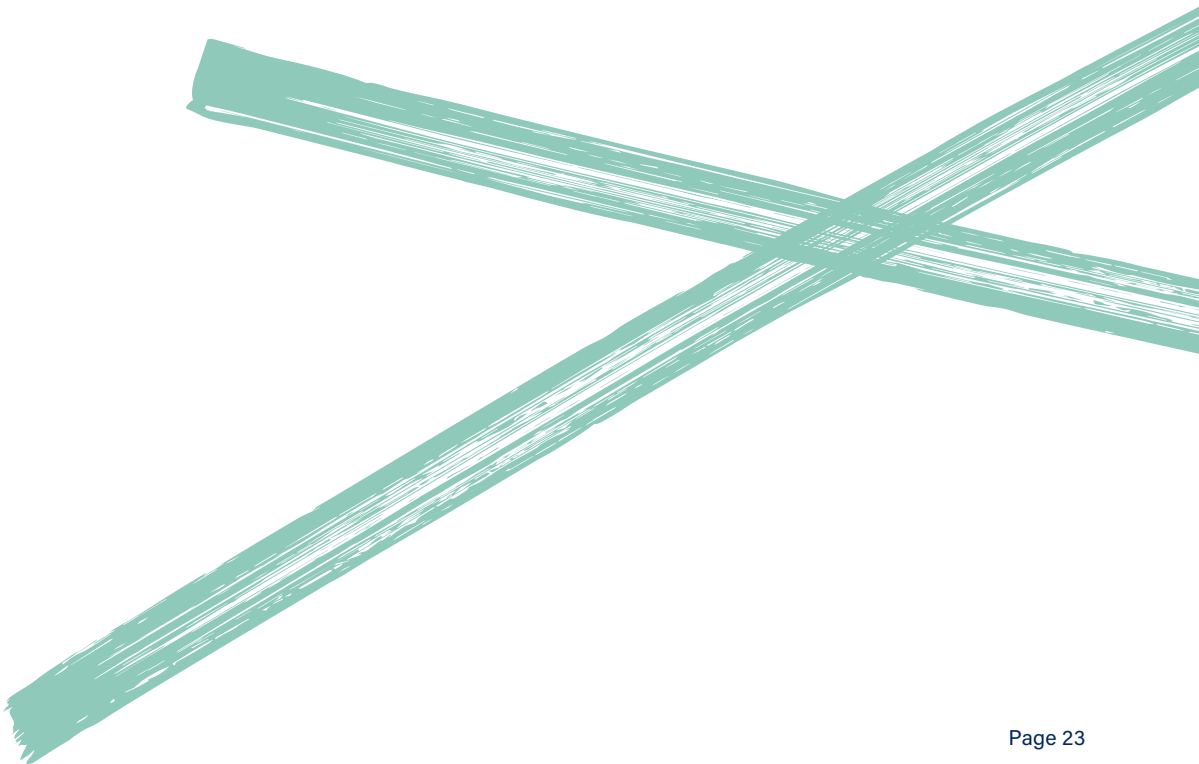
- *...sorry to be blunt, but the truth is sometimes women need to be reminded of who's in charge.*

**Q4(c) Refer to the '13 steps to manage resistance' in [VicHealth's \(En\)countering Resistance resource](#) (pp.14–15). Imagine you are preparing to deal with resistance such as Vince's in your workplace. Which of these steps would you personally find most useful in helping you feel more confident to tackle resistance?**

- There are no right or wrong answers here. This questions provides an opportunity for students to become familiar with the 13 steps to manag resistance identified by VicHealth and reflect on which of these steps they personally may need to focus their preparation on in order to build confidence when they encounter resistance.

**Q5 Have you, or someone you know, faced resistance to a social justice/change effort, campaign or activism? What happened? How did you respond? What did you learn?**

- There are no right or wrong answers here. This simply gives students an opportunity to share their experiences, or knowledge, of resistance to doing social change work or activism.



Scenario 4 –

# Mani (they/them)

Audience/level	Purpose	Key concepts
<b>Third-year public health students</b>	<ul style="list-style-type: none"> <li>• To support students to explore how they can work supportively with people who face multiple forms of discrimination based on their intersecting identities.</li> <li>• To create space for students to insert themselves into the scenario to problem-solve and more deeply understand the importance and value of an evidence-based, inclusive understanding of gender-based violence.</li> <li>• To enable students to further understand and develop intersectional practice for their future professions.</li> </ul>	<p>Challenging gender binaries, intersectionality, LGBTIQ+ experiences, discrimination, gender identity, trauma, homelessness, gender-based violence, family violence, condoning of violence, mental health, critical reflection, local government setting, community engagement.</p> <p>Driver 3: Strict binary gender norms</p>

## Setting the scene

Frankie has been working in local government since completing her Master of Public Health three years ago. She has recently stepped into a 12-month parental leave position as Acting Senior Policy Advisor in the Policy Programs and Evaluation team. As part of Frankie’s new role, she is leading the re-development of Council’s framework for engagement with Aboriginal families, with a specific focus on families with lived experience of mental illness.

To gain a deeper understanding of the issues important to and impacting Aboriginal families in the municipality, particularly since the outbreak of COVID-19, Frankie dedicates a large portion of her time to community engagement. In addition, Frankie is interested to hear about the work her colleagues are already doing with Aboriginal families experiencing mental illness. One of the ways Frankie does this is by attending some mental health outreach worker meetings.

## The challenge

While attending one of the meetings, Rumi, an outreach worker, is updating the team about her client, Mani, who identifies as non-binary and uses they/ them pronouns. The following conversation unfolds between Rumi and her colleague, Daniel.

Daniel: *Geez, how many Manis are there?*

Rumi: *What do you mean?*

Daniel: *Well, you keep saying “they”, so I’m just wondering how many Manis you’re working with? Like, are you over-allocated, because that’s an OHS issue you know, if you are.*

Rumi (taking a deep breath to centre herself and remain calm): *I’m working with one Mani, and you know that Daniel. Mani is non-binary and uses they/them pronouns. They are also Aboriginal and they are also somebody living with mental illness, and they are also a young person. They need our support, Dan, not our judgement.*

Daniel (scoffing): *Reckon he'll need more support than we can ever give!*

Rumi: *They! Please say **they**, not he. You're being really disrespectful, Dan.*

Daniel (laughing): *Look, all I'm saying is, no wonder Mani's depressed – doesn't even know if they're Arthur or Martha! And the poor dad! He must be at his wits end – no wonder he finally snapped. Beat the crap out of Mani, I heard. Can't blame him for trying to knock some sense into the kid!*

Rumi: *I can't believe I'm hearing this. We're aware of the violence happening in Mani's home and we're working with the local family violence service to support Mani and their mum in ways that feel culturally safe for them. It's a serious situation, Dan, not a joke.*

## Exploring the scenario

Below are some *sample questions and suggested answers\** that teachers may like to work through with students to develop the students' knowledge and understanding of gender-based violence (GBV) and deepen their ability to engage in the primary prevention of GBV.

Depending on the amount of time you have for this scenario, and the level of your class, there are a few options available to you.

### Option 1:

Spend an extended period (over several classes) exploring all aspects set out below.

### Option 2:

Focus on just some of the questions.

### Option 3:

Apply your professional judgement and make your own decisions about how to use this resource in a way that is going to be of most benefit to your students.

\*The suggested answers are intended for use by teachers to support delivery of this content. If you want to share the suggested answers with your students after the session that is fine, but it is not required.

## Additional resources

- Rainbow Health Victoria, [\*Pride in Prevention: A guide to primary prevention of family violence experienced\*](#)
- Rainbow Health Australia, [\*Pride in Prevention: Partnership Guide\*](#)
- Safe and Equal, [\*Fast Facts on Family and Gender-based Violence\*](#) resource.

## Sample discussion questions and answers

**Q1 What is your internal/personal reaction to the conversation that unfolds in the meeting? Thinking specifically about Daniel's words, how do they make you feel?**

- There are no right or wrong answers here.
- Some students may prefer to do a personal reflection, some may like to share with the group.
- The idea behind this question isn't to get into a class debate, rather create a space for the students to get in touch with how they feel about what arose in the scenario.

**Q2 If you were in the meeting, what do you think you might do or say, if anything? Would you feel safe (culturally, physically, emotionally) to do or say anything? Consider why/why not?**

- Again, there are no right or wrong answers here.
- Some students might like to share their thoughts with the group, others may like to keep their reflections to themselves.

**Q3 The work of Frankie, as well as the mental health outreach team, is focused on Aboriginal community experiences of mental illness, not gender-based violence specifically. Referring to the case study, discuss why an evidence-based understanding of gender-based violence is important when doing any form of community engagement work, whether it be redeveloping a framework or policy, or managing a case load.**

- Gender-based violence is highly prevalent across Australia (refer to [Fast Facts on Family and Gender-based Violence](#) for statistics).

- As in all sectors, working in the public health sector will mean coming across gender-based violence.
- In order to advocate for change, address the gendered drivers and challenge and transform attitudes like Daniel's, we need to know about the nature and prevalence of gender-based violence.
- Rigid gendered norms and attitudes that are imposed on others are a form of gender-based violence
- Gender-based violence cannot be ignored and having the skills to identify it, respond to it and engage in primary prevention activity at the population level to stop it before it starts requires knowledge of the facts and stats.

**Q4(a) To develop an evidence-based framework for engagement with Aboriginal families experiencing mental illness, especially when family violence is a factor, it is essential for Frankie to bring an intersectional approach to her work. What does the term 'intersectionality' mean? Using this case study as an example, explain why intersectional practice is important to the field of public health.**

- Intersectionality describes the interactions between multiple systems and structures that can result in experiences of oppression or privilege for different people, for example sexism, racism, classism, ageism, ableism, heteronormativity, cissexism and fatphobia. (See *Change the Story Glossary of Terms p.135*)
- Intersectionality calls for reflective practice around ideas, unconscious bias, assumptions and experiences of identity, gender, power, discrimination, privilege, and violence.
- An intersectional approach is 'a lens, a prism, for seeing the way in which various forms of inequality often operate together and exacerbate each other'. (see *Change the Story Glossary of Terms p.135*). Conversely, intersectionality also highlights the intersection of multiple forms of power and

privilege (e.g. being a white, middle class, able-bodied, cisgender, heterosexual man).

- Gender-based violence occurs in the context of both gender inequality and multiple other forms of structural and systemic inequality, oppression and discrimination (e.g. racism and ableism). All of these intersect to influence the perpetration of violence, the prevalence, nature and dynamics of violence, and people's experiences of violence.
- Understanding and addressing these intersections is necessary to effectively address the drivers of gender-based violence and prevent this violence across the population.
- In terms of the framework Frankie is developing, intersectionality is essential because it provides a lens to view and understand the intragroup variations and the diversity of lived experiences that exist within the Aboriginal community (e.g. the intersection of mental illness, Aboriginality and gender identity and/or age and/or disability and/or sexuality).
- As a wide-ranging and wide-reaching discipline, that impacts the lives of every single person at various times throughout our lives, public health must hold intersectionality at the heart of its purpose, practice, systems and processes. This will help ensure that the complex identities and lived experience of all people is not only understood, but respected, valued and welcomed.

#### **Q4(b) Turning to Rumi's work with Mani, what signs are there that Rumi values intersectionality in her work? How do you think Mani might feel if they were assigned Daniel as their case manager?**

- Mani is a **young non-binary Aboriginal** person with **mental illness** who is **experiencing gender-based violence**.
- For anyone engaging with Mani (in this case Rumi), this means understanding the ways in which Mani may experience multiple layers of discrimination and oppression, from the way individuals and society interact with them to the systems and structures that operate in ways that are not inclusive of their full identity.
- Intersectionality asks us to work with someone like Mani in ways that respect their whole identity, rather than focusing on each identity separately. For example, it would be counterproductive and disrespectful to work with Mani purely from a mental illness perspective, or a 'cultural' perspective, or a 'gender' perspective, or an 'age' perspective because Mani's identity requires an approach that can hold, represent and respect each of these.
- Rumi holds respect for Mani while addressing Daniel's cissexist and violence supportive attitude. Rumi confidently and respectfully challenges Daniel's disrespectful, judgemental comments while also centering Mani's identity and lived experience.
- If Daniel had been allocated as Mani's case manager, it is likely that they would feel unseen, devalued, possibly like they are a burden, and they may be unlikely to confide in, trust or work productively with Daniel. It is possible that being matched with Daniel would exacerbate Mani's experience of discrimination and oppression. It is also possible that Mani's mental health may further deteriorate. The likelihood of Daniel colluding with Mani's dad, who is perpetrating gender-based violence against Mani, would also be a concern.

Scenario 5 –

# The Centre

Audience/level	Purpose	Key concepts
<b>Third year and above public health students</b>	<ul style="list-style-type: none"> <li>To explore importance of intersectionality in prevention work.</li> <li>To explore a response that a practitioner could take when encountering a discriminatory and resistant colleague.</li> <li>To unpack the value of community partnerships in the delivery of programs and projects.</li> <li>To provide an opportunity for students to explore what sits behind a person's resistance to progressive initiatives.</li> </ul>	Rural setting, community health setting, intersectionality, community engagement, cultural and linguistic diversity, cultural stereotypes, sexual health, sexuality education, disability, racism, ableism, family violence, planning an intervention.

## Setting the scene

Sebastian moved to the town of Binola in country Victoria shortly after graduating from his public health degree. With a particular focus and interest in adolescent sexual health, Sebastian took up a position at the Binola and District Community Health Centre (The Centre) as the Youth Engagement and Wellbeing Coordinator. Part of his role is to develop and deliver a series of sexual health clinics and sexuality education sessions for young people living in the area. Having studied at a university that places emphasis on person-centred care and intersectional practice in public health, Sebastian values the importance of providing a service that feels safe for all young people to access. Sebastian recognises that school-based sexuality education is not always inclusive in its approach and delivery, often ostracising LGBTIQ+ students, as well as those from culturally and linguistically diverse backgrounds, and students who have a disability, particularly if their disability is visible.

Being new to the area, Sebastian is keen to get to know and understand the community of Binola. He observes that the population includes a large community of Kenyan families living on the outskirts of town. He also notices that there is very little interaction between the long-term locals and the Kenyan families, who have moved to the area in more recent years.

## The challenge

One day Sebastian is on a lunch break with a colleague, Janine, and Sebastian asks her about the dynamics of the town and the people who access The Centre.

*Sebastian: I've noticed that the Kenyan families never utilise our drop-in clinics.*

*Janine: Yeah, they keep to themselves.*

*Sebastian: What about the kids? The teenagers? Do they mingle with the other local kids?*

*Janine: Don't think so. They can hardly speak English, so wouldn't be much point. I mean, they hardly live like us. They've got their way of doing things and we've got ours; you know?*

*Sebastian: Yeah. I guess I see that as diversity though, rather than reason for division. I think it's awesome that there's a mix of people and cultures in the town.*

*Janine: Look, I've got nothing against them, I just prefer not to mingle with them. And I wouldn't feel safe going to their part of town, especially on my own.*

*Sebastian: I wonder how safe they feel coming into the centre of town to do their shopping, go to the doctor, the bank, that sort of thing?*

Janine: *I've never really thought about it. I guess they feel fine – they're usually in groups. They kinda get around like gangs. Those men are so aggressive, and I've heard family violence is rife. And the poor women – they're always carting those kids around on their backs! And the girls often stay home from school to look after younger siblings while their parents work on the farms picking fruit. They don't value education like we do.*

Sebastian: *Maybe, but I'm curious to know about their experience from their own perspective. You know, like maybe the parents are working their guts out to make ends meet, to put food on the table, pay the bills and care for their older people. It must be pretty intense being in a town that's in no way set up to recognise, let alone embrace, your needs and your culture.*

Janine: *Well, they moved here, so they've got to fit in with us.*

Sebastian: *Yeah, but maybe we can also create spaces that are welcoming, safe and inclusive for **everyone** who lives here. Like, I'd really like the youth sexual health clinic I'm setting up to be accessible to everyone.*

Janine: *Oh geez, you'll be in way over your head!*

Sebastian: *What do you mean?*

Janine: *Well, you know, you'll be dealing with HIV and full-on stuff like that. Better off just leaving them to their own devices, I say.*

Sebastian: *Oh wow, Janine, that's a pretty full-on thing to say. Bit of a generalisation don't you think?*

Janine: *Look, all I'm saying is they've got different needs to us, and they value different things. You'd just be making a rod for your own back trying to involve them in everything. If they come, they come, but don't bend over backwards to get them through the door!*

Sebastian: *Well, we are a community health centre, and the Kenyan families are a part of our community whether you like it or not, Janine.*

Janine: *Geez, you're not going to let this go, are you Seb? Ah well, good luck to you!*

Sebastian's conversation with Janine has further deepened his determination to create a sexual health clinic for young people that is truly inclusive. To this end, Sebastian applies for and is successful in securing funding from Health and Wellbeing Australia (HWA), a national organisation dedicated to improving the physical, mental and emotional health of all Australians. Sebastian partners with Pip from the Inclusion and Diversity team at HWA to develop a project plan, including a community engagement component.

Through the community engagement element of the project, Tambo and Akeyo join Sebastian and Pip in the development and delivery of the youth sexual health clinic. Tambo is 22 years old. He identifies as having a disability – he has a limp and a vision impairment as a result of being in a car crash as a young child. Akeyo is 26 years old. She studied psychology at university, is passionate about youth mental health and wellbeing, and has a particular interest in the connection between physical, sexual and emotional health in young people. They are both respected members of the Kenyan community.

Tambo and Akeyo come to The Centre to meet Sebastian's colleagues. Afterwards Sebastian bumps into Janine in the tearoom.

Janine: *Well, you're a motley crew, aren't you?! But well done, you got what you were hoping for. I s'pose they can just come and go as they please now?*

Sebastian: *Tambo and Akeyo? Yeah, it's a community centre, Janine, anyone can come and go. And yeah, they will be around more often because they're an important part of this project.*

Janine: *Fair enough, but Tambo seems a bit... um...NQR for the role, but I guess you've just got to take what you can get, even if it is someone who's half blind and can't walk properly!*

Sebastian: *Janine!...*

Janine: *What? I'm just being realistic. I mean, what kid, what young person, is going to take advice about sex from a cripple?*

Previously Sebastian has reluctantly tolerated Janine's attitude towards the Kenyan community, but now her comments are personal, and they're deeply racist and ableist. Sebastian wants The Centre to be a culturally safe space and Janine represents the opposite to this. Sebastian decides it's time to do something about it.

## Exploring the scenario

Below are some *sample questions and suggested answers\** that teachers may like to work through with students to develop the students' knowledge and understanding of gender-based violence (GBV) and deepen their ability to engage in the primary prevention of GBV.

This is a longer case study. Depending on the amount of time you have for this scenario, and the level of your class, there are a few options available to you.

### Option 1:

Spend an extended period (over several classes) exploring all aspects set out below.

### Option 2:

Focus on just one or two aspects.

### Option 3:

Apply your professional judgement and make your own decisions about how to use this resource in a way that is going to be of most benefit to your students.

Want to go further? Challenge the class to find examples of the gendered drivers; reinforcing factors; essential actions, etc. in the scenario.

\*The suggested answers are intended for use by teachers to support delivery of this content. If you want to share the suggested answers with your students after the session that is fine, but it is not required.

## Additional resources

- 1800RESPECT, [\*Domestic and family violence and children\*](#)
- Multicultural Centre for Women's Health, [\*Challenging myths about culture and violence in migrant and refugee communities\*](#)
- [\*Women with Disabilities Victoria\*](#)



## Sample discussion questions and answers

**Q1 Discuss how gender and/or cultural stereotypes have impacted your life. Reflect on how they may have impacted your experience of the healthcare system (e.g. how you have been treated by healthcare professionals in your life?).**

- Students should be encouraged to reflect on their own experiences of gender and/or cultural stereotypes. Some students may find this uncomfortable or confronting as it encourages them to consider their identity more deeply. Encourage them to sit with the discomfort and share your own experiences of gender stereotypes if you feel comfortable doing so.

**Q2 Identify and discuss the stereotypes, gender roles and myths presented in this scenario. What forms of discrimination are depicted in the scenario?**

- People from the city who move to the country always want to change rural life.
- Women from CALD backgrounds parent their children in ways that are harmful to themselves or their children.
- People from CALD backgrounds:
  - don't value education
  - haven't received formal education
  - can't speak English
  - are more likely to be "diseased" (e.g. have HIV)
- Men of African appearance:
  - are referred to as "gangs" when moving around in society in small (or large) groups
  - pose a threat, especially to white women
  - perpetrate more family violence than white men
- People who have a disability aren't interested in sex or have no right, or authority, to talk about sex.
- Racism and ableism are two forms of discrimination that come through strongly in this scenario, represented through the character of Janine.

**Q3 Sebastian partnered with Pip from the Inclusion and Diversity team at HWA to ensure an intersectional approach to the sexual health clinic. Discuss the benefits of such a partnership. Consider what the potential consequences of Sebastian's vision/project could have been if he hadn't formed such a partnership.**

- Professional partnerships aimed at achieving inclusion and diversity ensure multiple voices, lived experiences, knowledge and skills are shared and combined to create welcoming, safe work practices, spaces and projects for people engaging with or encountering our services and systems.
- If Sebastian hadn't partnered with HWA it is possible that the project would have lacked a meaningful or effective community engagement element. This is likely to have resulted in less uptake in the project by the Kenyan community. In fact, without meaningful community engagement the success of the clinic may have been severely compromised.

**Q4 What is the significance of engaging Akeyo and Tambo, rather than just one of them, in the project?**

- When working with community, or doing any public health work, it is good practice to have people with varied identities, backgrounds and perspectives engaged in the work. This is of particular importance when doing work specifically around sexuality education and sexual health, and also when doing work around gender-based violence and sexual assault. For example, bearing in mind that the majority of perpetrators of all forms of violence are men, irrespective of the gender of the victim-survivor, many people (of all genders) who have experienced gender-based violence or family violence don't feel safe disclosing or talking to a man about it. Similarly, when focusing on education on topics such as sexuality and sexual health, as well as gender-based violence, some young people feel more comfortable asking questions

and engaging in the content with an educator who reflects the young person's identity or lived experience.

- Akeyo brings her lived experience as a Kenyan woman to the project. She has academic expertise and knowledge of mental health.
- Tambo brings his lived experience as a Kenyan man with a disability to the project.

**Q5 Janine is exhibiting strong resistance, including backlash, to Sebastian's proposal for inclusive, intersectional work at The Centre. What do you think sits behind her resistance?**

- While it is important to never justify or excuse any form of discrimination, it can be useful to attempt to gain insight into where the resistance is coming from as this can help us address it more confidently and calmly.
- Janine may be fearful of change. It's possible that she is fearful of losing her job or being replaced by a younger, more 'qualified' person.
- It is clear from the scenario that Janine has not attempted to engage with anyone from the Kenyan community. It is likely that her opinion of them has been informed by negative media portrayals of African people (particularly her reference to groups as 'gangs').

**Q6 Sebastian has decided to take action and do something about Janine's comments and attitude at work. What do you think he should do and who should he involve? What would you do?**

- Sebastian needs to do something. Janine's racist and ableist comments are hurtful, harmful and discriminatory.
- Sebastian has attempted to help Janine see things differently through their conversations, but Janine seems unwilling to shift her opinions. He could attempt a conversation aimed at addressing Janine's attitudes explicitly and directly.
- Sebastian could seek the input and support of his manager or another more senior colleague. This could result in the introduction of anti-racism training and disability education for all staff at The Centre. It could also result in a requirement for Janine to participate in some education to challenge and address her racist and ableist attitudes.
- Another option is that Sebastian could make a formal complaint against Janine for discrimination.

**Q7 Using your existing knowledge and/or the internet, document some local or statewide organisations you could use to consult or partner with to ensure your professional practice is intersectional and inclusive.**

- Provide time for this activity in class or set it as a homework task. Students should be able to identify at least one service locally or nationally that can support their work.

# Scenario development tool

**This resource is a suggested process for writing your own gender-based violence scenarios for primary prevention education. It is designed to be flexible and can be adapted for purpose. It can be used to develop a scenario from scratch, or to modify an existing scenario.**

The process outlined below consists of 10 steps across three stages – Planning, Development and Delivery.

## Planning

### Step 1: Familiarise yourself with Our Watch's *Change the Story*

*Change the Story* is Our Watch's evidence-based framework to guide a coordinated and effective national approach to preventing violence against women.

Watch this *Change the Story* video to hear about the story of gender-based violence in Australia, and the need for primary prevention (4:27 minutes long).

- Watch on YouTube: <https://www.youtube.com/watch?v=fLUVWZvVZXw>

Watch this *Change the Story* video to hear experts in the field talk about the second edition of the national framework to prevent gender-based violence, and explain the rationale for primary prevention (4:50 minutes long).

- Watch on the Our Watch website: <https://www.ourwatch.org.au/resource/together-we-can-changethestory-of-violence-against-women-in-australia-video/>

Read *Change the Story: A shared framework for the primary prevention of violence against women in Australia* (second edition)

- Download from the Our Watch website: <https://www.ourwatch.org.au/resource/change-the-story-a-shared-framework-for-the-primary-prevention-of-violence-against-women-in-australia/>

### Step 2: Ask yourself how much time you have available across the unit to dedicate to scenarios focusing on gender-based violence and its prevention.

- Deciding early on about time allocation will help guide your decision-making about how many scenarios to write. You might choose to write just one, or perhaps you have the time and scope within the unit to develop a couple, or several.

### Step 3: Consider what you want your students to learn about gender-based violence and its prevention.

- While there is a vast amount of content that can be covered in a scenario focused on the prevention of gender-based violence, it is recommended that you select from the list below, which includes the key, or most important, information that students need to build their knowledge and confidence to recognise and prevent gender-based violence in their future professions:
  - Definitions of gender-based violence, family violence, violence against women (see [Change the Story](#), p.20) and primary prevention (see [Change the Story](#), pp.55–58).
  - Drivers of gender-based violence x4, all underpinned by gender inequality (see [Change the Story](#), pp. 36–45).

- Reinforcing factors (see [Change the Story](#), pp.48–54).
- Essential actions for countering the drivers x8 (see [Change the Story](#), pp. 60–65)
- Socio-ecological model for understanding gender-based violence (see [Change the Story](#), pp.34–35).
- Resistance/backlash (see [Change the Story](#), pp. 52–54 and VicHealth's [\(En\)countering Resistance](#) resource).
- It will be impossible to focus on all of these in just one, two or even three scenarios, so use your professional judgement and knowledge of your students to select the elements you wish to feature.
- For example, you may choose to develop a scenario that draws out all four gendered drivers, or you may wish to focus on just one or two of the drivers if your scenario needs to be short.
- Alternatively, if you want to develop a longer scenario, you may choose to incorporate a combination of the dot points above (e.g. a couple of the drivers, a couple of the essential actions and some resistance/backlash).

#### **Step 4:** **Choose a public health setting for the scenario.**

- Examples of public health settings include (but are not limited to):
  - Community-based organisations/community sector
  - Local, State or Federal government departments
  - Large multidisciplinary facilities, such as a hospital/community health service
  - Schools
  - Universities or TAFE
  - Peak bodies

#### **Step 5:** **Diversity, inclusion and intersectionality**

- It is important that the scenario reflects the human diversity that exists in society. This means being intentional about the identity of the character/s in the scenario (i.e. their identity, lived experience and life circumstances).
- It is equally important that an intersectional lens is brought to the development of the scenario. This means developing the character/s as multidimensional and complex, like real people.
- To reflect diversity, to be inclusive and to bring an intersectional lens means the character/s might identify as any, including any combination, of the following:
  - Aboriginal and/or Torres Strait Islander (see Our Watch's [Changing the Picture](#) supporting the prevention of violence against Aboriginal and Torres Strait Islander women)
  - LGBTIQ+ (see [Pride in Prevention](#) resource)
    - Lesbian, gay, bisexual
    - Transgender, gender non-binary (consider pronouns – they/them, she/her, he/his)
    - Intersex
    - Queer
  - Culturally and Linguistically Diverse (CALD)
    - Migrant background
    - Person of colour
    - Refugee or asylum seeker
    - Multilingual
  - Having a disability
    - Physical, mental, intellectual or sensory impairments (visible or invisible) which in interaction with various barriers may hinder their full and effective participation in society on an equal basis with others ([Convention on the Rights of Persons with Disabilities \(CRPD\)](#))
    - See Our Watch's [Changing the Landscape](#) resource on preventing violence against women and girls with disabilities

- An older person, or a young person
- Heterosexual and/or cisgender
- Also consider additional factors, such as geography (e.g. metro, rural) living conditions, socio-economic status and other life circumstances of the character/s.

## Development

### Step 6:

#### Write the scenario

- Once you have completed steps 1-5, it's time to draw it together in the drafting of the scenario.
- Don't get bogged down in the fine detail, like choosing names for the character/s, as this can be done later if necessary.
- You will need to feature one main character, who is the public health professional, and at least one other character who brings the elements from Step 3 into the story (e.g. it could be a colleague, or someone else the main character interacts with in the course of their work, such as a client or a stakeholder).

### Step 7:

#### Develop a series of 2-6 questions that focus on the elements selected in Step 3

- Revisit Step 3 to refresh your memory of what you want your students to learn through the scenario.
- Draft your questions.
- Be prepared to answer the questions – at a minimum, this means being across the recommended reading under Step 3.
- Draft answers to each of the focus questions (dot points are fine).

### Step 8:

#### Proofread and 'test run' the scenario

- If possible, have a colleague or a friend to 'test run' the scenario, asking them to check for readability and flow, as well as confirming that the focus questions are well matched to the scenario itself.
- Consider incorporating any feedback.

## Delivery

### Step 9:

#### Use the scenario with your students and share the scenario with your colleagues

- You're now ready to use the scenario with students
- Consider sharing the scenario with your colleagues so your work can be valued and utilised across the discipline.

### Step 10:

#### Refine the scenario and/or adapt it for future use

- Incorporate any changes or edits needed after delivery of the scenario with students.
- Modify or adapt the scenario for other subjects or classes, for example add additional complexity for students further along in their degree.
- Consider using the scenario as a 'template' for future scenarios.

# Alternative text for figures

## The socio-ecological model of violence against women

Infographic showing the different factors which influence the occurrence of violence against women. The figure represents violence as the outcome of interactions among many factors at four levels.

It shows examples of structures, norms and practices found to increase the probability of violence against women, at different levels of the social ecology.

The highest level is the societal level: dominant social norms supporting rigid roles and stereotyping, or condoning, excusing and downplaying violence against women.

The second level is the system and institutional level: failure of systems, institutions and policies to promote women's economic, legal and social autonomy, or to adequately address violence against women.

The third level is the organisational and community level: organisation and community norms, structures and practices supporting or failing to address gender inequality, stereotyping, discrimination and violence.

The fourth and final level is the individual and relationship level: individual adherence to rigid gender roles and identities, weak support for gender equality, social learning of violence against women, male dominance and controlling behaviours in relationships.

## Forms of resistance

Infographic showing the range of resistance often met when promoting gender equality, ranging from passive to active forms of resistance.

The infographic provides examples of resistance and backlash of each of the eight forms of resistance, outlined below, starting with the most passive form of resistance.

The most passive form of resistance is denial: denial of the problem or the credibility of the case for change. Blame the victims. An example of denial is "There's no problem here."

Next is disavowal: refusal to recognise responsibility. An example of disavowal "It's not my job to do something about it."

Following disavowal is inaction: refusal to implement a change initiative. An example of inaction is "It's not a priority right now."

Next is appeasement: efforts to placate or pacify those advocating for change in order to limit its impact. An example of appeasement is "Yes. Yes. We must do something (one day)."

Next is appropriation: simulating change while covertly undermining it. An example of appropriation is "Of course we'd appoint more women, if only they were more experienced."

Following appropriation is co-option: using the language of progressive frameworks and goals for reactionary ends. An example of co-option is "What about men's rights? Men are victims too, you know."

Next is repression: reversing or dismantling a change initiative. An example of repression is "We tried that once and women didn't want to take up the promotion/training/ opportunity."

The last, most active form of resistance is backlash: an aggressive, attacking response. An example of backlash is "These feminists deserve all the abuse they get."



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