

Translating Theory into Practice

Transcript from panel session at the WHAV State-wide
'Intersectionality in Action' Forum, June 15 2017



Panel Host: Vanessa Born, PVAW State-wide Project Officer, Women's Health Victoria

Panellists

- Jen Hargrave – Senior Policy and Communications Officer, Women with Disabilities Victoria
- Meriki Onus – Community Legal Education Team Leader, Aboriginal Family Violence Prevention and Legal Service Victoria
- Dr Philomena Horsley – Research Fellow at La Trobe University, and lecturer in gender, health and sexual violence at the University of Melbourne
- Dr Jasmin Chen - Research and Executive Assistant, Multicultural Centre for Women's Health

Do we need both intersectionality and inclusivity – is there a difference?

Jasmin

Intersectionality and inclusivity, I think they're both really essential. But they are different. It can be very easy to conflate the two or slip between them.

In terms of what I was talking about this morning, the clearest difference I can see in terms of thinking about them is that inclusivity as a concept can be really apolitical – let's just bring everybody in and everybody is included in them.

But some of my experiences – and I'm sure the other panellists will have similar experiences – is that sometimes programs are set up and they say it was for everybody, so why didn't this group come? They're obviously not interested in doing prevention because they didn't turn up. But not really considering things like cultural safety, transport issues, childcare issues, what time of the day are you holding it. Are you holding it on days when there are other key cultural events and other really important things happening in people's lives.

Intersectionality is much more looking at the structures and processes, really critically examining your work to see if you unwittingly have barriers to access that you could work on. And really putting the responsibility back on you as services to reach women rather than talk about women being hard to reach.

What if I get it wrong?

Meriki

I had a think about that and what it might mean in our practice. I can only share my perspective as an Aboriginal woman from the community I'm from, and I've acknowledged that we're from very, very diverse communities.

We have so much knowledge and we've done so much work with Aboriginal women within the community, and we build our work based on the voices and the experiences of Aboriginal women in our communities.

More than just saying what if we get it wrong or right, it's about reducing vulnerabilities in community. The chances of us getting it wrong are far lower because we've done our homework. We've put work into being in community and one of our programs, Sisters Day Out, has reached over 8,000 Aboriginal women across the community.

We implement everything we learn from those programs, from our service delivery, from our case work, things that our lawyers tell us and our community tell us. That's what drives our service.

Where we could get it wrong is where our capacity is limited.

That's why I'm a strong believer in Aboriginal community control and self-determination, because women in our community already have the answers to what our needs are. It's about the capacity to get to it and how we can deliver it to communities.

There's strength in Aboriginal community and Aboriginal women working for ourselves and doing it for ourselves.

Philomena

I do want to start with I agree that there is the issue of safety in the context of doing things wrong. But I guess the question is how much more safe are LGBTI people if you don't do anything than if you do something.

The phrase that came to me last night is: don't let perfection get in the way of good enough. Often we think we have to have everything figured out, we have to have everything right in our heads, in our resources and in our approaches before we do anything.

I'd like to tell a really short story. A nice story.

I've got a very dear friend who is dying of breast cancer at the moment. It's a sudden and catastrophic diagnosis and she'll be dead probably in a month or so.

She's at home but she was in hospital recently because she had a thing happening. She's in a long term relationship with another woman, and she could hear these two young nurses outside her door at the hospital.

And hospitals are not safe places for LGBTI people. They're not safe. There's been a lot of discrimination, a lot of negativity. It's a fraught space.

She could hear these two nurses: L, we know what L means; G... What's the T for? One of them goes, I think that's trans, you know like Caitlin Jenner. And the other one says, what's the I, I don't know what the I is. We'll have to look that up.

So one of them comes into the room and says Hi, Maria – can I ask you, how long have you and Jill been together? And Maria goes: well, funny you should ask. We had our anniversary this week, it was 27 years. Ahhh [says the nurse], that's longer than I've been alive. That's longer than my mum and dad have been married.

We laughed about it afterwards, but then Maria goes down to physio and the physio comes up and says Hi, Maria, how are you? Can I ask you a question? How long have you and Jill been together?

Now, clearly what's happened there is there's been some hurried training behind the scenes. And it's not perfect. And it's kind of funny, we laugh about it in the privacy of home. But shit it was good.

What it showed was respect, it showed recognition. So they didn't have to make an issue about it. And behind it was intention, an ethical intention to recognise, to respect and to acknowledge, which makes so much difference to a situation when you're sick or dying, or you've experienced violence and you're coming into a service.

To me that really reflects the importance that if you've got the good intention, you've had some information so you're not going to totally botch it, but you just go ahead anyway.

The other thing I'd suggest is that people do an indulgent time watching, you know, 'You Can't Ask That' on the ABC iview. Because if anything gets you over some of your inhibitions, it's that show.

Jen

That's a really good example of people being inquisitive and, like you say, making an effort.

There's a type of getting it wrong which I see all the time. I haven't seen women's health services do it, but it's when you say to a program organiser or funder, have you thought about disability access or have you thought about intersectionality. And they say, 'Oh yes, it's always on the radar or yes, we're doing that'. And you think, hmmm.

That's a part of getting it wrong, because it's just putting up a wall and not even looking into the issues.

Vanessa

Those are really good answers so I'll try to summarise some of those.

It's starting from that lived experience and making sure you're working with the people you're working with, not just going off on your own ideas from the beginning.

And trying, and showing that you're trying. And also not limiting what you're doing to some ridiculous, tokenistic – we're just going to say we care about it and not do anything.

Really rich answers, really interesting.

Does an intersectional approach mean waiting for more funding?

Jen

Have you heard that: it's not the right time for us, we don't have the funding?

I thought I might share with you five easy DIY low-cost steps [laughter].

Number one is understanding. Doing some research, talking to some people you can find – people like us, people in your community; maybe broadening your steering committee. Maybe if you've got a local government in your steering committee, ask them if they have contacts within their local government that represents different groups.

Then that feeds into what you can do in your organisation. Like you can start to build the understanding into your induction programs or into your training programs. Those sorts of things.

That feeds into step two, which would be around advocacy. An example I think of is Fiona McCormack, when she's speaking to Domestic Violence Victoria communications, she'll use examples, statistics and case studies that reflect the diversity of people.

It really doesn't cost anything to be doing that when you're doing your advocacy and communications, to be thinking about who you're talking about and looking at different examples.

The third one is looking at cross-sector relationship building with a view to a partnership. Steph¹ described this really well. We're not going to say it's easy at all, it does take resourcing. And if I think

¹ Stephanie Rich from Women's Health West (WHW) presented a session earlier in the forum on behalf of WHW and Women's Health in the North which described learnings gained after seeking input from panel members on how to build intersectionality across each of their region's regional strategy to prevent violence against women.

about the disability sector, for example, partnerships are not built into their policies or their planning. And with the NDIS having everything costed, it's not in the picture for them.

And for you, you've got all the partnerships in your region that you're working with. So it's not going to be easy, but I've been thinking about a staged approach, what might be starting to build up those relationships.

I think about women's health in the south east and the work they do around 16 Days of Activism over the years. They'll really go to efforts to build their activities around being inclusive and/or being intersectional. They'll get a diversity of people to be guest blog writers, really making those sorts of efforts.

You might be going to local organisations that represent different groups for their annual general meeting, or just finding ways to meet those people.

The next one is building it into program design. So into the planning, like if you want to run a consultation and you were talking about how to make the consultation work for different people.

That might cost money, so at the budget you want to think about how you'll recognise people coming to your consultation for their time and expertise, for their travel, for their expenses. If they need an interpreter or video captioning. Building it into the evaluation that you're doing.

So if you're looking at a prevention program that works with men, what type of men are you working with. And what type of attitudes are you trying to address with them. Like Steph suggested, you'll be talking to them about their views about gender. But are you going to be talking to them about the other forms of discrimination they might have? Are they continually degrading women from different backgrounds, and how can you address that.

The next one – and the last one – is looking at the organisational culture and access. Thinking about who's missing in your programs, where the barriers might be. Like indirect discrimination that you might be doing through your program. What's the organisation's employment diversity like, and how you're changing the culture internally.

Philomena

One of my responses would be that it doesn't cost any money to think, to question and to use your imagination empathetically.

Those of you who saw the video yesterday with Panti, there's probably nobody in this room who hasn't held hands with a partner who could not then relate to that.

Thinking intersectionally isn't a cost. And I really agree with Steph when she really emphasised the individual critical reflection, which I think is really important.

The work we've done with organisations around systemic inclusiveness includes them thinking or using our audit tool, which I mentioned yesterday. Some people just sit with a group of three people in a room for an hour and just reflect on our audit tool.

I know Women With Disabilities have one, I haven't seen it. But you don't need to go through the whole practice of it, you just need to start with a reflection as Jen said, around what are the barriers: who's missing, how do we include, how do we exclude.

The thing around hearing phrases like ‘we don’t have the money’, ‘we don’t have the time’, fundamentally – and I’m going to be a bit provocative here – is extraordinarily hurtful. Because what people are saying by that is that our lives don’t matter as much.

The lives of women with disabilities, the lives of Aboriginal women or lesbian and trans women, don’t matter as much as those mainstream women. And yet you’ve sat for a day and a half and listened to evidence where collectively these four groups – including women from migrant and refugee backgrounds – experience the greater burden of violence and discrimination.

What that kind of phrase is essentially saying to women who are the ‘other’, is that you carry the burden of the violence, but we don’t rate you enough to reorient, rethink or re-strategise around including you.

That’s a really difficult thing to hear for people. We’re not an optional extra. None of the four groups are an optional extra. We are, in fact, the majority. If you add up the statistics, we are the majority of women in Melbourne and Victoria.

Finally, this is women’s health services basic work. This started in the 1970s. We were involved in racism coalitions, anti-uranium coalitions, land rights coalitions. And here we have a government that’s almost leading us into this path, with their intersectional approach.

I mean, we need to be ahead of government, for God’s sake. We are supposed to be the radicals. So that’s why I’d say there isn’t an excuse to not embrace it.

Yes, there are different approaches and different ways to do it and different timings. But it’s not an option not to do it.

Jasmin

I completely agree. We all agree. It’s the basics, it’s what we all should be doing.

But maybe it would be helpful to start changing our mindsets about seeing it as something that’s an effort to do, and start seeing it as an opportunity.

Making things more accessible for all of these groups just makes it more accessible for women. It’s not like, ugh, we have to do all this extra stuff. It’s going to be helpful across the board. These things we’re thinking of implementing are for making things better for all women.

We can see all of this as an opportunity to refine our services rather than see it as something we have to stretch to do. We don’t need to think about it in those terms.

Jen

I was going to say that if you imagine being a funder, you’d be more impressed by a proposal if an organisation had showed some track record in terms of thinking about it.

So if we were going to work towards funding for intersectionality, demonstrating some previous work in the area would help.

Meriki

It helps having intersectionality embedded right through organisations. If you’re just going to do a program and you’re a non-Aboriginal steering committee to assist Aboriginal people, right from the outset you’re probably just going to fail. If it’s just a one-off funding pool, if it’s just on the fly.

You have to embed intersectional practices right through the organisation, beyond funding. That comes out in the work that you do, that comes out in the delivery. So it has to be embedded rather than working about the funding streams that are available.

How do we think intersectionally when designing and implementing whole population approaches?

Jasmin

It's a bit hard to go backwards once we start to talk about embedding and starting from an organisational perspective, and really thinking long term.

But when we're designing and implementing whole population approaches, there's a big question around thinking what does whole population mean. I think being prepared – and it's in Change the Story as well – there's not going to be one solution for everybody, ever. And there shouldn't be. There should be multiple strategies to reach different populations.

But also trying to follow what I was talking about earlier, one place to start is to really look at settings and recognise that they're not mutual places for any of the groups, any marginalised women.

Hospitals are not necessarily safe spaces, how does that influence prevention strategies around health services for LGBT. Public spaces and recreational areas are not used in the same way by some immigrant and refugee groups.

Holding something in the local pub because that's where everyone gets together isn't where everybody gets together. But it is where some people get together. So it's not necessarily about saying we can't do that now.

It's about really recognising who your audiences are, being more thoughtful about who you're reaching. And maybe identifying who you're not reaching, then looking for other creative ways to reach them.

Jen

I'm thinking about the way programs are funding, and the example I'm thinking of is Royal Commission into Family Violence recommended for training around diverse groups.

Money was given to Seniors Rights Victoria In Touch Multicultural Women's Service and Women with Disability Victoria, which all run training programs.

It's surprisingly unusual, but each training program is being funded through a different government department, and it does not support them to be intersectional, it does not support them to be coordinated or to connect.

When Women's Health Services sees programs funded in that way we could be calling it out and recommending that work is funded to be intersectional and coordinated.

Philomena

I think the issues around language that have been raised this morning are really important.

But I want to pick up on something that Stephanie said which I think is really important. Justifying exclusion and inclusion from an ethical basis is really important.

I'm a chair of a disability organisation's ethics committee, and I'm on the Department of Justice ethics committee, and we require every research proposal to justify who they're including or not including.

And you can do that ethically. You can say we're not approaching this group for this reason, and so on. But you've got to make an argument.

It's the same thing with prevention work or any other kind of work. As Stephanie said, if you've really thought it through and you have a really strong sense of purpose, and a strategy, and the reason for why you're going this way rather than that way, that is an ethical approach. As opposed to oh, I don't know if we can get that group here or if we can be intersectional in that way.

As Stephanie said, it's taking a really critical and robust view to thinking forward into your strategy.

Is there a way to bring together all the different frameworks for understanding violence and inequity, or is there only so much intersectionality we can do before we stray too far from gender?

Philomena

I'm going to take it in a direction I've been thinking of in terms of frameworks.

Frameworks are just tools, they're not the gospel, not the Bible, not the Koran. They're just tools to assist on a particular path.

I'll tell another short story about Jill and Maria.

Jill is leaving Maria at the hospital and getting a tram home after a whole day of really exhausting, stressful engagement with the hospital system and Maria's illness.

She has a support friend and they get on a tram. And it's a Northern tram, which is probably one of the safest inner suburbs for queers and other assorted outcasts. She gets on with her friend and they sit down, and a woman dressed very much like a Toorak matron (that's how she described her: "very well dressed") starts:

Oooh, look at you. Lesbians! You're disgusting! Look at you! I don't know how you get around. They let you near kids, there should be laws against that. There should be laws against you having anything to do with kids.

This goes on and on. You can just imagine what that would have been like.

Nobody intervenes. One young man as he gets off the tram says 'that was very rude'. But nobody says anything.

They're not even partners, they're just sitting as friends on a tram. And this is not the first time, but it's a crucial time when somebody is that vulnerable.

If you go to Change the Story and think what's a prevention strategy, how do we understand what just happened there? You look at the Change the Story framework and go, oh, condoning violence against women is a driver. Well, does that include Jill?

Men's control of decision making, well, nothing to do there.

Stereotyped constructions of masculinity and femininity? Possibly.

Disrespect towards women and male peer relations? It doesn't fit homophobic violence. It doesn't fit violence by women against other women in a homophobic space or in a racist space. It doesn't fit.

There's some really good stuff in this and it's a really good start, but it doesn't cover the intersectional drivers of violence against women, and family violence in some ways.

So then if we go to Free From Violence, it's an improvement. This is not to disrespect Our Watch, because they are working in this intersectional space and doing good work. I'm just pointing out that that framework doesn't fit in terms of our space

This has some really good stuff in it. Free From Violence – if you've had a chance to read it, I know it's very recently out, the full report – but this summary uses language that's more inclusive.

It talks about identifying social conditions that drive violence, not men's violence towards women. Even its title – Free From Violence, Victoria's Strategy to Prevent Family Violence and All Forms of Violence Against Women – is more inclusive. It's not completely inclusive.

It talks about reflecting on conditions, the underlying inequalities and social and economic power among different groups of people. Not just women.

It actually names other forms of inequality also drive family violence, particularly elderly abuse violence against LGBTI people.

So we're getting there and we can use frameworks but we can challenge them, we can debate them, we can discard them as needed. Don't let frameworks confine or control your thinking.

Use your own intelligence; there's huge intelligence in women's services. Your own experiences. Work with the knowledge of your partners, and don't be confined by a particular way of thinking.

Think outside the square, because that's what feminists are good at.

Meriki

It's really important to remember that Aboriginal women don't just fight on the gender front. We're fighting for our right to survive as Aboriginal women. And if Aboriginal men are fighting a racist response from a government agency, then that impacts Aboriginal women.

Racism equally makes our struggle in the gender sphere, I can't even imagine how much harder. It compounds the issue.

The intersection of racism and gender for Aboriginal women – Ms Dhu is a well-known case of an Aboriginal woman who died in custody in Western Australia. She was a victim of family violence and went to the police for assistance and then they locked her up and her partner up.

Because she was Aboriginal she didn't get assistance and she died from her family violence assault. So there's no way we can say that intersectionality can go too far because they work hand in hand in how we seek assistance.

Jen

I think it's a really good question to ask about straying too far from gender, and it's something we'd all think about a lot and be confronted by.

Fofi and I were recently in a meeting with a maker of disability policy trying to encourage them to think about gender. And they were saying, look, we don't need to go down that rabbit hole.

Do we think that's okay as Women's Health Services? I guess if we flip that around and you're thinking about women in isolated settings or women who don't speak English in that way as being a rabbit hole, it's making a similar decision in a way.

Jasmin

I want to agree and also repeat what I was saying earlier and pick up on what Meriki, Jen and Philomena have said.

The question itself kind of implies that we're not women. To say there's only so much intersectionality we can do but what about gender? Well, what about us?

If you stay silent as Women's Health Services on issues that affect Aboriginal women on the basis that that's an issue about their Aboriginality, that's their fight as Aboriginals and not as women, then you're not really serving women.

The same with all of the groups that we're sort of representing here. That's about changing our conception of gender and really just thinking more broadly, reflecting on what we mean when we say gender now. What each of us mean when we say gender, what pictures come into our head when we talk about women, and just expanding that and broadening that. All of us can do that and it's an ongoing process.

Vanessa

That was a very big question and I think you've all handled it very well. This is a real practice question and one we hear as often as the others.

How do we build an intersectional lens across our existing training and programs or regional action plans? A shorter version: How do we retrofit intersectionality?

Jen

We could be sharing statistics in the programs we already have. We're probably already drawing on things like the National Community Attitudes Survey. In there it talks about people in marginalised groups having more violence-accepting attitudes.

We can be drawing out examples and statistics around women in different settings and from different backgrounds.

And we can do something quite hard, which is looking at our own organisations. It's hard for all of us, it really is. But a primary prevention activity might be encouraging the leadership of women – is our own service looking at what diversity we have on our board, for example? Or around our employment recruitment practices.

Leadership Victoria is currently doing some work around supporting diversity among women as leaders, and that could be the type of program we could be tapping into.

Philomena

Just in terms of training, I want to give a big round of applause to WIRE. And I'm a co-founding mother of WIRE so I'm feeling very warmly towards them at the moment.

Back in the day when we founded WIRE we didn't even think about trans women, it wasn't even on the agenda. I think WIRE has done the hard yards around training its volunteers around issues around transgender women. Because they had so many trans women ringing around family violence issues or walking in. And the staff weren't comfortable or weren't sure or didn't feel comfortable and so on.

That was a difficult process for WIRE, but they've now got funding with Women's Legal Service – they're partnering with them for a training package for financial counsellors on family violence. I'm meeting with some of the staff on Tuesday.

They want to be inclusive of LGBTI people and this is training that they're hoping and suspecting might be mandated national training for financial counsellors. So it's really important to embed inclusivity at this stage, whether it ends up being national or not.

They're the kind of simple things that involve training and programs, taking opportunities like that. Embedding them and retrofitting into existing programs, but also taking opportunities with new programs that are developing. And there is a lot of money coming in around workforce training.

Critically reviewing them or developing them from the ground up in a more inclusive space is a great thing for women's services to be doing.

Vanessa

Thinking over the last few days, we've talked a lot about how intersectionality is a really big thing and people might be experts in one or a few sections of it. But that doesn't mean, as Jen said, that they necessarily have it all right themselves within their own organisation.

What is something you've learned over the past two days, or across the project more broadly, that will inform your own intersectional practice?

Philomena

One clear theme is that opposition to racism, sexism, homophobia, disability, prejudice and discrimination is everybody's business. It's not just those population's business.

I think we've now emerged into the 21st century and we're kind of beyond the point where we think only those groups can do the work. Yes, those groups inform and educate us about that work. But it's everybody's business to do work that challenges those power structures.

That's what intersectionality is probably about most strongly – working on the individual level, but also as Stephanie was saying, keeping our view upstream. That's the key work.

Feminism is founded on the idea of changing society and taking a social equality and justice approach to everything we do. That's the big picture.

The other thing I'm not sure I'm hearing is that some organisations have really good relationships with other organisations in their regions and are working well. But from my perspective women's health services aren't the only ones to be leading this, or the ones who are most expert.

My experience with a lot of other organisations in the community sector is that some are doing better work than some of the women's health services in this intersectional approach. And the women's health services need to learn from that as much as other organisations learn from women's health services.

Because there is some terrific work happening out there and I sense at times that there are some disjunctions or discomforts in the relationships in some of the regions. But you're the experts on that, not me.

But just this year we've got 20 different organisations doing our How To training program, and they involve public health network things – hospitals, community health services, childcare services, infant welfare services – and they also include two domestic violence services this year for the first time.

I haven't in my last five years had a request from a women's health service for training around LGBTI inclusive practice. But there have been requests from right across the health and welfare community sector for that training.

What I'm saying is there are people out there with Rainbow-Ticked organisations already – e.g. Merri Community Health and some aged care services – who are really good at this stuff, who are worth contacting and asking: how did you do it, how did you manage it? You didn't have additional resources and yet you've become an LGBTI inclusive organisation.

And along the way those organisations have said, "we could use this framework in a fairly similar way to be more inclusive of women from immigrant and refugee backgrounds, and women with disabilities. It's actually not as hard as we thought and we actually didn't need additional resources, we just needed to allocate a bit more staff time".

Jen

Something you can feel in the room is that it's a safe space. For example, Steph was really open and shared a lot of information, and so did Mon.

That's the spirit of these types of conversations. Women's Health Services are so fortunate to have structures around that community as practice. And you've got peers in other regions you can call and talk to.

The conversations are not always going to feel safe and they're not always necessarily going to be safe. So it's great to look at the opportunities where you can talk to each other and work towards sussing some of this stuff out.

Jasmin

Because I've been working on the intersectionality advisory group, which has helped to form this forum, I'm feeling a bit sentimental now because it's really the end of the project. So I suppose what I've learned from the project in general is how much I haven't known about the issues in other advocacy spaces. Issues for LGBT, issues for women with disabilities, and issues for Aboriginal and Torres Strait Islander women. And how much I've appreciated having the opportunity to do that exchange of knowledge.

I guess I've learned that I have a lot of work to do, and a lot of learning and reading to do. But that's a really positive thing and that's the start of intersectional practice.

It's been a really positive thing to bring us together to look at all the synergies, and it's the start of building long term relationships. That's the start of something, so that's really good.

Meriki

Women's health services are not the worst places we can be. And they are relatively safe in my experiences and, from what I understand, in communities.

It's not all doom and gloom and there's some really good work that's been done within the sector. And there's a lot to build on.

But also there's a lot of work to do. And there's no end to where intersectionality can go.

We have a lot of work to do within ourselves. We know there are a lot of Aboriginal trans women that are not accessing our services, and Aboriginal women with disabilities.

We all need to hold ourselves accountable on what work we can do better. And it is about changes in society. It's about attitude changes. When Aboriginal women present at hospital and people are too scared to ask whether they're Aboriginal or Torres Strait Islander, because they're scared of what non-Aboriginal will respond to that question.

That's something that's outside of our control, it's something society has a greater responsibility to address. And I hope one day we can, so thank you.

Q&A Session

One thing everyone has talked about is the importance of partnerships and building partnerships. And for a lot of the women's health services, one of the things we've talked about is often people have tried to build those partnerships and met roadblocks. It might be that the specialist organisation doesn't want to engage or doesn't have time.

What are some of the practical things we can do to get those partnerships happening?

Jasmin

That's a really good and difficult question, and it really depends on the regions. They're all really different and you all have different levels of capacity.

The only thing I can think of – I think it just really depends. And also people are at different levels. I'm not sure I can suggest that I have practical steps at hand.

But I did see a really fantastic thing in the city of Melton, where they put together a women's group and it was not specifically multicultural, but it included a whole range of women. It also included Aboriginal and Torres Strait Islander women. But it was basically around local.

From that group of women, they've found advocates who are really interested in the space and they have set up projects. And from them they set up a system where each year they would choose those women to invite new women.

They've essentially set up a network that's really strong, full of really motivated, energetic women. I think Melton City Council spent money to resource that, but it looks to me like a really wonderful way of dealing with a situation where they didn't necessarily have a ready community group and they've created one, which looks to me like a really successful strategy.

But we can sometimes get really complacent and think there's no group working in our area, when actually there is a lot of really important work going on that's just under the radar because it's volunteer or they don't put notices in the same newsletters that you read.

It's really important not to muscle in on other people's territory or duplicate or ignore women who are doing incredible things already. So maybe a good start is to go back to your regions and look again, keep looking for those advocates.

Philomena

As I said earlier in terms of don't be afraid of making mistakes, one of the key things is going in with a positive and an ethical intention. And being really clear about what you're bringing to the relationship, what you're adding, what you want from the relationship from the other organisation.

One of the really key things we've found that's made a real difference to organisations committing is to get sign-off from the top. So that the workers have the authority to spend the time to do the work, it's not just one of those things they're kind of fitting into their work. There has been buy-in from management, rather than something that's been buy-in from the workers who are the front line or on-the-ground workers.

Because we all move on and you've built a relationship over a year or so, and then that fabulous worker has moved on and the organisation knows nothing about it because it hasn't committed through all the different levels.

That's one of the keys to keeping relationships strong and productive, to ensure that everyone involved in that network or relationship or strategy has got buy-in from the top. And that all the staff know that the energy is coming from the workers on the ground or on the front line, but the authority and the commitment is coming from the top.

Vanessa

People are quiet and have a lot of information, and had a lot of information yesterday. Some people have expressed that they feel a bit overwhelmed by all of it.

Can anyone on the panel offer any advice for those for whom this issue might be quite new, and might be making them think OMG, how am I going to go back to work tomorrow and look at the same work I do but feel like I have to do it completely differently?

Philomena

I'm struck by something Stephanie said about how enthusiastic the groups were in the planning. In a positive sense, yes there are difficulties, stresses and challenges. But it's really exciting, because it's new.

I think we can all get stuck in the rut of thinking the same way and get bored to tears at work because, la, la, la.

This is a really exciting time. Victoria has committed a budget to family violence in general that is more than all the states and the commonwealth combined.

We are at a point in history now where we can really make a difference, and that's exciting. I want everyone I come across to be excited. I quote stats like that. I say: it's over a billion dollars! \$1.9billion – it's f*cking exciting!

We'll probably never get this much resources again. We're at a point in history where we can change systems, we're changing structures, we're changing the ways that service providers practice.

We're literally building brick and concrete new spaces. We're creating more spaces that are safe, we're creating specific LGBTI family violence services.

This is exciting and we all need to go back and get excited if we're not already wetting our pants over this, because it is exciting! And it gives us the opportunity to really rethink, to reconfirm or challenge our thinking and the ways we've approached stuff.

That's my view. Wet your pants, come on! [laughter and applause]

One thing that struck me is the stories that I've heard, just how powerful and heartbreaking some of the stories have been, but how good they are at demonstrating intersection. This isn't so much a question, but asking for your comments/reflections around how we can respectfully tell some of these stories to our partners. And how we respectfully access these stories from the women to demonstrate intersectionality to our partners.

Meriki

I mentioned before – it's heartbreaking and tragic, but there are so many lessons to take away from Ms Dhu's story.

I forgot to mention that she did go to hospital a few times before she died, and they said she was faking it. So she went and died in the back of a police car.

That story highlights so much of getting intersectionality wrong. It's a really good story to get to know and read about what happened to her, because she was a victim of family violence and she died because she was Aboriginal.

Another good story for intersectionality would be Andrea Pickett's story. That's well known and it's something we've learnt a lot of lessons from. There was a story on Lateline or something on that, so it would be useful to watch and where systemic values affected how she died.

She was in a relationship for a very long time with a man who was very abusive. She had all the threats. She had over eight children. Her partner was Aboriginal as well.

She did all the right things, went to the police. There were all the warning signs: death threats, all of that. All the signs were there.

She got an intervention order, he went to jail. I'm not 100 per cent sure of what the laws are in WA, but he was placed outside of Perth and wasn't allowed to go to Perth. But he had to report on the phone.

So he was reporting on the phone saying he was in this town, but he wasn't. He went to Perth. She said I feel really unsafe. She went to the refuge, but had too many kids so they couldn't take her. She didn't want to separate her kids.

She went to her brother's house where her partner found her and murdered her in front of her youngest child.

There are some serious failures highlighted within that story, so it would be good for you to see how the justice system and family violence system can fail Aboriginal women if they're not working intersectionally.

Vanessa

As Meriki said, those cases got quite a lot of media coverage, and there were different investigations into them. So they're easy to access and there's quite a lot of information on in different formats. Whether you want to look at full reports or a short news article that summarises some of them.

Jen

I was going to suggest that in terms of finding stories, our organisation has made submissions to the Royal Commission on Family Violence where there are case studies you can pull out. It's great if the case studies are handled in the way you would about any other woman. It's great if the case study is in the woman's own words.

As you would for a normal woman, you'd take into consideration that she was a mother, or had this or that characteristic. And just handle diverse women in the same way, with respect for the different elements of their life rather than stereotyping them or 'othering' them.

Philomena

I would add that the stories are out there in your communities or in your regions. Every time we've run training we've got stories from participants. Not always about them, but about clients or about family members. Sometimes about them.

And I'll tell this one story, because it's such a rare story and involves an intersex person.

I was down in far south west Victoria running an age care one-day training program. I was talking about intersex and someone just clicked in the room.

They said, "Ahhh. My husband found out there was a family member he'd never heard of, that he'd never seen, that had never been mentioned in the family. He started asking questions and it was an uncle".

Long story short, he demanded that the family give him more information. And he tracked this intersex person down to a place in St Kilda where they were living in a hovel with a dirt floor.

What had happened was the family had decided 50 years ago that this child was a freak and had discarded this child. He was living as a man at this point, living in poverty and disconnection and alienation.

This guy found his uncle, took him home and for the last five years of his life connected him to community. He had a job pulling the bell in the church in the rural town. He found family.

Those kinds of stories around what's happened in the past but what a difference people can make when they open their minds and start thinking and asking and talking.

They're the kinds of stories that really resonate. They're both uplifting as well as the stories that are really dark. Once you start talking about these issues with your networks or in your training programs, and you open the door to the conversations, you get the stories.

Jasmin

Maybe it's getting too much down to details, but I've had a lot of opportunities to quote women or tell women's stories as part of research.

So as a caveat to these things, it's really important that you check and get their permission before you do anything. Especially in communities, sometimes...

We did a project working with LGBT or same sex attracted women from immigrant and refugee communities, and we put a lot of safety around that project. Because in communities that are small, the LGBT and migrant communities, everybody knows someone's uncle. And it's so small that even if you think you're being dis-identifying – say, a guardian woman who's a lesbian, that can be enough to really endanger somebody's safety.

I think it's always great to get women's stories with their permission, and with a really clear understanding of where you're going to use that information.

So in the research project I did on Aspire, with the photos I showed, we let women know every time we showed the photos. We asked permission every time, even though they'd already given us a lot of permissions.

We just like to check in to see where they are, just to be respectful as well because it's their work, not ours. Just to make sure we're not creating any problems, we're trying to help everybody.

Safety is a really good thing to think about and have as your base level frame before you do anything.

Meriki

I'd like to echo that. That's why I used well known cases, because there have been enquiries into them. But their families have given permission for media to use and control the information that goes out.

We can talk about cases here, but I think it's good to learn from high-profile cases too. Because there have already been permissions check, and that's why we talk about FVPLS Victoria.

Philomena

I know this is a strategy some regions have used: speakers bureaus.

In the 1990s I was the coordinator of Positive Women Victoria and we trained and resourced the women living with HIV to be professional speakers, and paid them.

I'm thinking of Banyule Community Health Centre and their fabulous award-winning speakers bureau from the gambling project. Where they're well trained to tell their story and they're a diverse group.

In the family violence space, if there aren't already a speakers bureau or connection in your region, it's an idea worth thinking about. Where people are funded and supported to tell their story, but they're also backgrounding that with knowledge and statistics around family violence or violence against women.

And that they are diverse, so you have a speakers bureau that includes Aboriginal women, and women with disabilities, or lesbian and trans women. In that way the stories still resonate, but they come from a position of power, knowledge and safety. They're incredibly impactful.

Jen

I like Philomena's point about using good examples as well, stories of women being strong and powerful and being leaders.

And good practice examples as well, like if your local government's disability action plan has a dot point in there, make a song about it!

Vanessa

I will write everyone's songs for them! Ok, so we are going to wrap up now...

END