# Intersectionality and primary prevention of violence against women

This handout is for primary prevention of violence against women practitioners seeking to make their work more intersectional. It provides:

* an introduction to intersectionality and why this is a vital part of effective primary prevention work
* tips and further resources to help practitioners get started.

## What is intersectionality about?

**Intersectionality** considers how intersecting or overlapping forms of structural or systemic oppression and privilege shape how individuals experience the world. Factors such as sexism, ableism, racism, colonisation, ageism, homophobia, biphobia and transphobia intersect to create interdependent systems of discrimination experienced by individuals and groups.

Intersectionality is different to ‘diversity’ or ‘inclusivity’.

**Diversity** simply refers to the wide range of people that make up society and includes sex, gender, gender identity, disability, sexuality, age, class, race and ethnicity, religion and geographic location.

**Inclusivity** refers to an awareness and understanding of the differences within a diverse society. It involves taking into account the different needs or requirements these groups may have and taking active steps to ensure everyone feels welcome, safe and able to access and participate in programs and services.

Both diversity and inclusivity are important – as a practitioner you should seek to ensure your work engages with and includes a diversity of people and communities. You should also take active steps to ensure your work in inclusive and allows a range of people to participate and engage in a safe, respectful way that meets their needs.

In addition to this, an intersectional approach will help you to ensure your work understands and addresses the ways that other forms of privilege and oppression intersect with gender inequality to result in violence against a diverse range of women in Australia.

Dr Kimberlé Crenshaw first coined the term ‘intersectional theory’. Find out more through her TedTalk: <https://www.ted.com/talks/kimberle_crenshaw_the_urgency_of_intersectionality?language=en>

## Why is it important to my primary prevention work?

An intersectional understanding of violence against women recognises that:

‘while gender inequality is a necessary condition for violence against women, it is not the only or necessarily the most prominent factor in every context. Violence against women is often experienced in combination with other forms of structural inequality and discrimination. Examining how other forms of structural inequality and discrimination intersect with gender inequalities to exacerbate violence is necessary to effectively address the root cause of violence against women, across the diversity of the Australian population’ (Our Watch 2018).

## Reflecting on practitioner privileges, biases and assumptions

An intersectional approach is fundamental to best practice primary prevention work.

As a practitioner, it helps you to reflect on your own privileges, biases and assumptions, and supports you to identify opportunities to transform the unequal attitudes, practices and structures that create and perpetuate inequality and violence for women across Australia.

Without an intersectional approach, we run the risk of only focusing on certain groups of women and ignoring or in some cases exacerbating other unequal structures that impact on other groups of women.

### Recognising how different forms of privilege and oppressions reinforce each other

An intersectional approach can also help us see how different forms of structural privilege and oppression reinforce once another.

For instance, you may be familiar with working from a **gendered model** that understands the unequal outcomes experienced by individual women as the result of embedded systemic gender inequality that occurs across all levels of society.

You may be less familiar with the **social model of disability,** which recognises that disability inequality is created by a social environment that excludes people with disabilities from full participation due to unequal attitudes and environmental and institutional barriers.

Both these models focus on systems of discrimination and oppression that impact the opportunities and resources available to members of particular population groups, and seek to transform norms, practices and structures in society so that that group has equitable choices, opportunities and participation. By focusing only on gender, it is likely that some women – in this instance, women with disabilities – will be left behind.

### Seeing diversity within population groups

Another benefit of an intersectional approach is that it helps us to see the diversity that exists within any population group and avoid homogenisation. The experiences of different women with disabilities will be shaped by a number of factors, including their specific disability, if they live at home or in a care setting, their age, their sexuality and gender identity, their race and faith, and whether they live in a metro, regional or rural area.

The following statistics demonstrate some of the different experiences of women with disabilities:

* Women and girls with disabilities are twice as likelyas women and girls without disabilities to experience violence throughout their lives (Victoria Government, 2013). They are more likely to be homeless, sole parents and have less access to education.
* Evidence suggests people with disabilities from culturally and linguistically diverse backgrounds have much lower rates of utilisation of disability services – about half to one-third of the rate of usage that people born in Australia (Settlement Services International, 2018).
* People with disabilities are more likely to be victims of crime and experience violence and discrimination than those without. The limited national comparative data suggest rates of crime, violence and discrimination are even higher among LGBTI people with disability (Leonard and Mann, 2018).
* Almost 1 in 3 (32%) of Indigenous people aged 15 – 24 reported living with disability—that is, they indicated that they had a disability or restrictive long‑term health condition that involved a limitation, restriction, impairment, disease or disorder that limited their everyday activities. A higher proportion of females (37%) than males (28%) reported having a disability (Australian Institute of Health and Welfare, 2018). Aboriginal and Torres Strait Islander women also experience disproportionately higher rates of family violence compared to non-Indigenous women (Australian Bureau of Statistics, 2016).
* Young people with disability (aged 15 to 24 years) were more likely to report their experiences of discrimination (20.5%) than those aged 65 years and over (2.1%) (Australian Bureau of Statistics, 2015).

## Getting started: Tips for improving your intersectional practice

No matter what point of your project or work you are at, you can always identify opportunities to improve your intersectional practice.

There is no ‘one size fits all’ approach nor is there a step-by-step list, however the important thing is start somewhere and have a go.

* **Where possible, think about intersectionality from the outset.** Who is involved in scoping your work? Who can you partner with to build your expertise? What will you put in place to regularly check in on how your intersectional approach is travelling?
* **Budget time and resources for intersectionality from the outset.** Have you given yourself enough time to build strong intersectional project foundations? Have you set aside resources for intersectional or population group expertise, including partner organisations and community consultations? Have you set aside resources to pay for interpreters, childcare, transport and other access requirements in order to remove barriers to participation?
* **If you are doing whole of population work, do your research into what this population actually looks like.** What demographic information is available? Who do you need to consider to ensure you are speaking to the whole population? Do you need to budget for additional or complementary work in order to tailor and contextualise your work to a particular community?
* **Everyone has unconscious biases and it is important to think about your own.** When you think about the ‘average person’, who do you think of and who might you not be considering? What experiences do you have insight into and what experiences do you need to find out more about? What assumptions might you be making about different population groups and how will you get the information to counter these?
* **Think about who is and isn’t represented in your work.** How are you centering the voices of those who have been marginalised, unheard or excluded in your work? What opportunities exist to promote women’s leadership within your work? What existing research and resources can you access? What organisations can you partner with? How will you engage meaningfully with different voices in your target community?
* **Remember to think about diversity within diversity.** How are you taking into account diversity within different population groups? How will you engage a range of voices and perspectives from each population group to inform your work? Is this reflected in your imagery?
* **Build intersectionality into your monitoring and evaluation.** How will you monitor (and adjust) the effectiveness of your intersectional approach as your work progresses? How will you contribute to the knowledge base for what works (and does not work) in effective intersectional primary prevention? Who has been involved in determining what success looks like? How will you communicate your findings to different stakeholders?
* **Put an intersectional lens across the gendered drivers of violence.** How might other forms of discrimination or privilege manifest across each of the gendered drivers you are focusing on? How might different women experience this driver in different ways? How might some women be more privileged in their experiences and which women are most severely impacted by this driver?
* **Check your communication.** How do you talk about different population groups? Does your language and terminology reflect best practice? Have you asked your participants how they would like to be referred to? Who is and isn’t included in your imagery, and what gender and other stereotypes might you inadvertently be reinforcing?
* **Ensure your ‘products’ are accessible.** Will your products be available in a range of accessible formats? Are your events held in accessible locations and times? Have you budgeted for translation into key languages that are relevant to your community?

## What next?

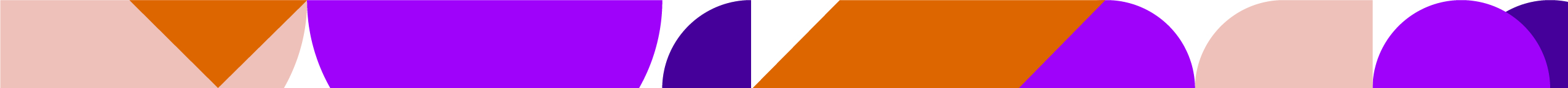
* Start by reviewing the actions above and identifying which might be appropriate for your work and workplace.
* Pick a mix of easier actions and one that will involve more effort and resourcing. Plan out what steps need to occur for each action to take place.
* Think about who needs to be involved in order to give the action credibility, authority and influence, and how to bring them on board. This includes ensuring the voices of women with disabilities are at the heart of how you undertake action in your workplace.
* Explore other resources to support embedding intersectionality in your primary prevention practice, including those in the further reading list below.
* Identify any training needs you or your organisation might have and seek out appropriate training providers.
* **Women with Disabilities Victoria** offers training and resources to support workplaces to be gender and disability equitable and prevent violence against women with disabilities.
* Visit our website for more information [www.wdv.org.au](http://www.wdv.org.au/).

## Further resources

Our Watch 2020, How different forms of inequality contribute to violence against women, Prevention Handbook, <https://handbook.ourwatch.org.au/resource-topic/how-different-forms-of-inequality-contribute-to-violence-against-women>

Multicultural Centre for Women’s Health 2017, Intersectionality Matters: a guide to engaging immigrant and refugee women in prevention of violenceagainst women,<http://mcwh.com.au/downloads/Intersectionality-Matters-Guide-2017.pdf>

Women with Disabilities Victoria 2017, Inclusive planning guidelines for the prevention of violence against women with disabilities, <http://www.wdv.org.au/documents/Inclusive%20Planning%20Guides_print.pdf>



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