

“Violence against women is perhaps the most shameful human rights violation. And it is perhaps



Maribyrnong
CITY COUNCIL

preventing violence against women

the most pervasive. It knows no boundaries of geography, culture, or wealth. As long as it continues, we cannot claim to be making real progress towards equality, development and peace.”

Kofi Annan, UN Secretary General, 1999

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Acknowledgements

A special thankyou is extended to the **Maribyrnong Family Violence Working Group** of the **Maribyrnong Safety Taskforce** for their key role in developing the Action Plan. The Family Violence Working Group, chaired by **Ms Melissa Afentoulis**, the CEO of Women's Health West, provided an important forum to bring the range of local services and organisations together to foster integration of local action to prevent violence against women. **Ms Kirsten Campbell** from Women's Health West is also acknowledged for her excellent work in researching and analysing the local data and existing policies regarding violence against women to inform the development of this Plan.

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Introduction

“Violence against women persists in every country in the world as a pervasive violation of human rights”

UN Secretary-General's study on violence against women, October 2006.

The 1993 United Nations Declaration of the Elimination of Violence against Women defines violence against women as,

“any act of gender-based violence that results in, or is likely to result in physical, sexual; or mental harm or suffering to women, including threats of such acts, coercion or arbitrary deprivation of liberty, whether occurring in public or private life”.

The level of violence against women can possibly never be accurately determined as many will never disclose they have been a victim of violence for a number of reasons including fear and shame.

Recent Australian research does give some indication of just how widespread this problem is. The 2006 Australian Bureau of Statistics *Personal Safety Survey* found that since the age of 15, 40% of women reported experiencing at least one incident of violence. A 2004 VicHealth study found that intimate partner violence is responsible for more ill-health and premature death in women in Victoria, Australia than any other risk factor, including high blood pressure, obesity and smoking (VicHealth 2004).

Whilst the prevalence of violence against women remains frighteningly high there have been many great achievements over the past 35 years to address this serious issue. These include but are not limited to:

- 1970 **First Women's Liberation Conference** held in Melbourne identified violence against women as a priority area.
- 1974 Establishment of the **first funded women's refuge** in Australia.
- 1980 Crimes (Sexual Offences) Act 1980 **removed the immunity husbands** had from prosecution for raping their wives when they are living separately or apart.
- 1984 Victorian ***Equal Opportunity and Federal Sex Discrimination Acts*** passed.
- 1991 Establishment of the National Committee of Violence Against Women.
- 1997 UN establishes November 25 as the International Day for the Elimination of Violence Against Women – **White Ribbon Day**.
- 2005 The **Australian Football League launch** their respect and responsibility policy, designed to prevent violence against women within football and at the community level.
- 2006 Victorian Government establishes **a committee to guide activity** to prevent violence against women.

(source: VicHealth Letter, Issue no. 28 Spring 2006)

LOCAL ACTION

At the Ordinary Council Meeting on 17 October 2006 Maribyrnong City Council moved the following motion:

“Maribyrnong City Council reaffirms its commitment to a violence free community”

Developing local violence prevention action is important for building on the important state, national and international initiatives. Whilst the family violence sector, courts and police have been working at addressing this serious issue for many years the role of local government has been less developed. Maribyrnong City Council identified violence against women as a key objective in the *Maribyrnong Safer Communities Policy 2003-2006* and in 2005 established the Family Violence Working Group through the Maribyrnong Safety Taskforce. It is important to acknowledge that whilst this action plan is focused on preventing violence against women, Council is committed to preventing all forms of violence as affirmed in a recent Council motion on October 17, 2006.

Council and Women’s Health West’s recent participation in the **Gender Local Governance and Violence Prevention Project (GLOVE)** has provided further impetus for developing specific local violence prevention actions for women. The Gender Local Governance and Violence Prevention Project (GLOVE) is a three year research project funded by the Australian Research Council and VicHealth which aims to develop and implement policies and programs that prevent violence against women in a local government partnership context. The City of Maribyrnong is one of four Victorian municipalities involved in the project led by the University of Melbourne through the Faculty of Architecture, Building and Planning with support from a PhD student. The Maribyrnong work to date has involved an audit and analysis of selected policies and programs at a local level and the development of this integrated twelve month action plan in partnership with local stakeholders. The state-wide research component of GLOVE is occurring in parallel to the local level activity. The City of Maribyrnong Preventing Violence Against Women Action Plan is based on the VicHealth **“Public Health Model for Preventing Violence Against Women”** which is further detailed in

Primary prevention interventions are those that seek to prevent violence before it occurs. Interventions can be targeted to the whole population or to particular groups that may be at higher risk of being perpetrators or victims of violence.

appendix 4. The focus of the action plan is primary prevention. Some primary prevention interventions (such as social marketing campaigns) focus on changing behaviour or building the knowledge and skills of individuals. However primary prevention can also focus on changing environments so that they are safer for women. Interventions that do not have a particular focus on violence, but address its underlying cause (such as gender inequality and poverty), are also primary prevention initiatives. (source: VicHealth Public Health Model for Preventing Violence Against Women)

Council's participation in the GLOVE Project provides a solid mandate to lead and progress the development of violence prevention initiatives in the Maribyrnong community. Traditionally, the service sector has taken a lead role in the development of violence prevention however increasingly; local governments internationally as well as in Australia have recognised the important leadership role they have to play in violence prevention at the local level. As noted in a recent literature review conducted as part of the GLOVE Project, "local government can take a leading role in providing leadership in 'resourcing', 'mainstreaming' and 'coordinating' violence prevention strategies across the spectrum of government services." (Hayes, 2006)

The Action Plan is an important step in Council working with local partners to lead and coordinate violence prevention strategies locally and to bring this critical issue to the forefront.

Our Understanding of Violence Against Women

THE REVIEW

The following section prepared by Kirsten Campbell provides an overview and analysis of violence against women and gendered violence prevention, and a public health framework that makes sense of root causes and risks of violence, as well as factors that create resilience to violence. It identifies particular groups of women who are especially vulnerable to violence, alongside demographic data that sketches a picture of some significant elements of the City of Maribyrnong.

A review of international, national, state and local research and data identifies the prevalence of violence against women in both broad and specific contexts. An examination of statewide initiatives that relate both generally and specifically to violence against women illuminates the current policy context in Victoria in addressing violence against women.

DEFINITIONS OF VIOLENCE AGAINST WOMEN

A group of international experts convened by the World Health Organisation (WHO) in February 1996 agreed that the definition of violence against women adopted by the United Nations General Assembly provides a useful framework for the Organization's activities. The Declaration on the Elimination of Violence against Women (1993) defines violence against women as 'any act of gender-based violence that results in, or is likely to result in, physical, sexual or mental harm or suffering to women, including threats of such acts, coercion or arbitrary deprivation of liberty, whether occurring in public or in private life.'

This encompasses, inter alia, 'physical, sexual and psychological violence occurring in the family and in the general community, including battering, sexual abuse of children, dowry-related violence, rape, female genital

‘mutilation and other traditional practices harmful to women, non-spousal violence and violence related to exploitation, sexual harassment and intimidation at work, in educational institutions and elsewhere, trafficking in women, forced prostitution, and violence perpetrated or condoned by the state.’ (WHO 1996)

This definition of violence against women will be used throughout this review.

DIFFERENT FORMS OF VIOLENCE

In the context of discussing violence against women other terms may sometimes be used interchangeably. These are:

- **Family Violence:** the repeated use of violence, threatening, coercive or controlling behaviour by an individual against a family member(s) or someone with whom they have, or have had, an intimate relationship. Violent behaviour includes not only physical assaults but an array of power and control tactics used along a continuum in concert with one another, including direct or indirect threats, sexual assault, emotional and psychological torment, economic control, property damage, social isolation, and behaviour which causes a person to live in fear. (DV Vic 2006; Statewide Steering Committee to Reduce Family Violence 2005)).
Family violence includes intentional violent, threatening, coercive or controlling behaviour that is adult to adult, parent to child, or child to child. (VCCAV 2006).
- **Domestic Violence:** physical, emotional, sexual, or economic abuse between intimate partners. (Michau and Naker 2006). It is a term historically used by the women’s movement to describe the abuse perpetrated by men against women in their domestic setting. (DV Vic 2006)
- **Intimate Partner Violence:** (IPV) refers to violence occurring between people who are, or were formally,

in an intimate relationship. It can occur on a continuum of economic, psychological and emotional abuse, through to physical and sexual violence. (VicHealth 2005)

- Physical violence: ‘includes both physical assaults, which refer to the use of physical force with the intent to harm or frighten a woman, and physical attempts or threats, which refers to the verbal, and/or physical intent to inflict harm which the woman believed was able and likely to be carried out.’ (Mouzos & Makkai 2004: 17)
- Sexual Assault: defined by Centres Against Sexual Assault (CASA) in Victoria as a form of violence that ‘occurs along a continuum of violent behaviour which includes: any uninvited sexual behaviour which makes an individual feel uncomfortable, harassed or afraid; any unwanted touching or remarks; sexual harassment; coerced sexual activity; and rape with physical violence and threat to life’. (CASA 2005 in Wallace 2006)
- Emotional violence or emotionally abusive and controlling behaviours: Refers to the following behaviours from a current intimate partner: insisting on knowing her whereabouts, calling her names or putting her down, jealousy guarding her interactions with other males, limiting her access to family and friends, and damaging or destroying her property or possessions. (Mouzos & Makkai, 2004: 16)
- Financial abuse is when the victim is kept financially dependent on the abuser. They may be denied access to money or be forced to have to ask for money, have to account for every cent that is spent or be made to live on impossible amounts of money. (PADV 2004)

GENDER BASED VIOLENCE

The term 'gender based violence' locates violence against women in the context of women's inequality within society and the power differences between men and women within society. (Finucane & Finucane 2004). It recognises that certain types of violence, including domestic violence, sexual assault, stalking and sexual harassment, are predominantly (though not exclusively) perpetrated by men against women. (Finucane & Finucane 2004).

This context of violence was acknowledged by the Victorian Government in the Women's Safety Strategy (2004)

'Violence against women is understood as an abuse of power that occurs in a particular social and cultural context. The power imbalance between men and women in society contributes to violence against women, along with other factors such as racism, homophobia, other forms of prejudice, and the dispossession of Aboriginal people from their traditional lands.'

(Women's Safety Strategy 2004: 5)

This has reflected global understandings of interpersonal violence as 'inextricably connected to the social, political and economic structures in which individuals live'. (Hayes 2006: 3 WHO 2002). Gender equality is now identifiably a structural determinant of women's experiences of violence and safety in communities. (Hayes 2006).

**GENDERED VIOLENCE
PREVENTION**

It therefore follows that violence prevention initiatives must tackle these social, political and economic structural factors and inequalities to be successful. (Hayes 2006). Gendered violence prevention is violence prevention that accounts for 'the different ways women experience interpersonal violence to men and also recognises that

violence happens in private and public domains.’ (Wallace 2006: 3)

‘Gender mainstreaming’ is the process of taking into account gender at all levels of policy development. (Shaw 2004 in Hayes 2006). It means using a gendered analysis of violence and related issues, and implementing this into all areas of policy development across government. (Hayes 2006)

Research by the World Health Organisation clearly expresses the need for a variety of methods and interventions at all levels of government, particularly the local level. (WHO 2004)

There are a range of frameworks and responses to violence prevention. These include a comprehensive public health response, as well as criminal justice and human rights approaches (WHO 2004). The World Report on Violence and Health (WHO 2002) emphasised that violence against women is best dealt with in a human rights, legal and health framework through collaboration with government and the community, and across all sectors. Social justice and feminist frameworks also create a basis for understanding violence against women and are useful tools in prevention responses. (DV Vic 2006).

PUBLIC HEALTH

This analysis will focus on the public health response.

There are a range of strengths inherent in the public health approach in responding to violence against women. Firstly, it requires an analysis of the community and societal contexts such as gender inequality and social disadvantage that may encourage or influence the probability of violence. (Hayes 2006: 9) The social determinants of health model (Wilkinson and Marmot 2003) articulates a range of determinants or factors that underpin people’s health. This model is transferable for identifying and understanding the social, environmental and behavioural determinants of violence, and enables an emphasis on ‘preventing and addressing the root

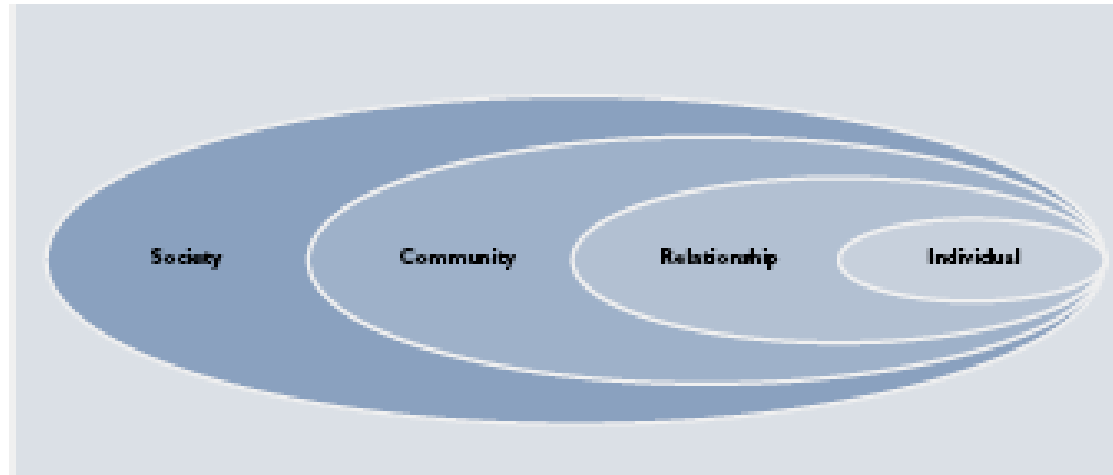
causes of violence' (Hayes 2006: 5). Secondly, public Health, being characterised by prevention, also provides a methodology to guide prevention activities. (McCarthy 2006) The public health method of progressing from problem through to solution with emphasis on collective action (WHO 2002 in Wallace 2006: 3) and enabling people to increase control over the determinants of their lives to improve their health (DHS 2003 in Wallace 2006: 3) Thirdly, public health recognises the need for both an intersectorial and multifaceted strategy response to violence against women. (WHO 2004)

**ROOT CAUSES AND RISKS
OF VIOLENCE AGAINST
WOMEN**

It is extensively acknowledged that there is no single root cause for why violence occurs, and that violence is 'an extremely complex phenomenon that has its roots in the interaction of many factors – biological, social, cultural, economic and political' (WHO 2002: 9). This is important to bear in mind when seeking to understand violence and utilise models to prevent it.

The World Report on Violence and Health (WHO 2002) presents a constructive ecological model for understanding the root causes of violence, and the risk factors associated with 'committing or being a victim of violence'. While this model addresses violence in the categories of self directed, interpersonal and collective violence, it is entirely transferable as a framework for understanding violence against women more specifically. The model illuminates the complex causes of violence and their complex interactions. It highlights that risk factors for being a victim or a perpetrator are multifaceted and interacting, and is useful as a framework for suggesting what needs to be done at the various levels to prevent violence. (WHO 2002: 10)

Ecological Model for Understanding Violence



(WHO 2002: 12)

This model separates factors that influence behaviour into four levels:

Individual – biological and personal history factors (for instance, substance abuse) influencing individual behaviour that increase a person's propensity to become a victim or perpetrator of violence. (WHO 2002: 9-10)

Relationship – the close relationships a person has (e.g. with family, friends, intimate partners and peers) and how these relationships increase the risk of becoming a victim or perpetrator of violence.

Community – the community context in which social relationships occur (e.g. schools, workplaces,

neighbourhoods) and characteristics of these settings that increase the risk for violence (such as residential mobility, population density, unemployment rates, illicit drug trade and use). (WHO 2002: 9-10)

Societal – the broad societal factors that contribute to a climate where violence is encouraged or inhibited, including the availability of weapons, and social and cultural norms (for instance, norms that entrench male dominance over women and children). Broader societal factors also include health, economic, educational and social policies that help to maintain economic or social inequality between groups in society. (WHO 2002: 9-10)

RESILIENCE FACTORS

It follows that while there are complex causes and risks associated for either experiencing or perpetrating violence against women, there are also key factors that enable communities and individuals to be resilient and inhibit violence.

The existence and promotion of social and gender equity in societies at a structural level, and across communities, is clearly one such factor. (WHO 2004) United Nations Secretary General's Study on Violence Against Women (UN 2006) recognised the importance of linked measures to end violence with more general measures to end women's inequality, and distinguishes the link between women's equal involvement in governance and decision making and the prevention of violence against women. The study also demonstrated that prevention measures must recognise the 'contextual and cultural factors that affect the forms that violence against women may take, and women's experiences of gendered violence' (McCarthy 2006: 24) and pinpointed the need for a coordinated systemic approach to violence against women that includes: legislation, the criminal justice sector, economic and social policies, services, awareness raising and education. (UN 2006)

A further resilience factor, inherent in the public health, and specifically, social determinants of health, approach,

is the concept of social capital. Social capital is 'the store of trust, goodwill and co-operation between people in the workplace, voluntary organisations, the neighbourhood, and all levels of government. The degree of accumulated social capital is a measure of the health of communities, societies and nations.' (Cox 1995) The components of social capital can work as protective factors for women and enable women experiencing violence in seeking assistance. (Wallace 2006)

Community attitudes that identify violence against women as unacceptable, encourage women to 'speak out' if they are experiencing violence, and hold perpetrators accountable for their violence also contribute to the resilience of communities and inhibit violence.

THE DIVERSE EXPERIENCES OF PARTICULAR GROUPS OF WOMEN

While violence against women transpires across all socio economic, cultural and other groupings of people, and there are commonalities in the forms of violence used by perpetrators, how the violence is carried out and experienced by women is unique to the individual. (DV Vic 2006: 13). The poverty, isolation and discrimination some women confront as a result of their culture, ability, age and sexuality can locate them as more at risk than others. (WHW 2006: 9)

In the diverse context of the Western Region, and Maribyrnong in particular, it is useful to understand the particular vulnerabilities of these groups.

The Western Region

The western region scores lowest on the ABS Index of Relative Socio-Economic Disadvantage (WHW 2002: 51). High numbers of women in the western region live on low incomes and are dependent on pensions and

benefits. (WHW 2006) There is a high population of refugees, with a disproportionate number of sole parents, and an increasing population of Indigenous Australians (WHW 2006).

Maribyrnong

Based on the 2001 ABS Census data, the socio-economic disadvantage index for the City of Maribyrnong has increased from 887.6 (1996) to 915.0 (2001). This is the second lowest score in Victoria and is 85 points below the State average of 1000. The index is based on the proportion of low income families, people who are unemployed, without educational qualifications, working in low skilled occupations, and households renting public housing. (City of Maribyrnong 2005)

At the time of the 2001 Census, 40 per cent (23,705) of residents were born overseas. Residents come from more than 135 different countries and speak more than 80 languages. The ten main languages within the city are: Vietnamese, Cantonese, Greek, Italian, Macedonian, Spanish, Mandarin, Serbian, Croatian and Tagalog. The City has the largest proportion of Vietnamese born people (11 per cent) within Victoria. (City of Maribyrnong 2005)

Between September 2001 and March 2005, a total of 2,529 newly arrived migrants settled in the City of Maribyrnong. The five largest migrant groups were from: India, Vietnam, Sudan, Ethiopia and China. (City of Maribyrnong 2005)

Approximately 250 Aboriginal and Torres Strait Islander people live in the City of Maribyrnong. (City of Maribyrnong 2005).

50 per cent of residents are aged under 35 years.

The Australian Bureau of Statistics 2003 Survey of Disability, Ageing and Carers estimates that 20 per cent of the population have a disability, with 5.9 per cent having a severe limitation and require help with self care, mobility or communication. The City of Maribyrnong bases their data on this survey, and estimates, based on a population of 59, 766 residents at the 2001 Census, that 11,953 residents have a disability, and 3, 526 of these have a restriction severe enough to require assistance with daily activities. (City of Maribyrnong 2005)

Trends in drug misuse identified in the City of Maribyrnong (Turning Point Drug and Alcohol Research Centre 2004 in City of Maribyrnong 2005) demonstrated that the main drugs misused in the Maribyrnong are alcohol, tobacco, particular classes of prescribed drugs and over the counter drugs, heroin, methamphetamines and cannabis. Males are the main group who misused illicit drugs; a larger proportion of women misused prescription or over the counter medication, and a larger proportion of younger women misused over the counter drugs and reported drinking alcohol or binge drinking in a risky way.

VIOLENCE AND PARTICULAR GROUPS OF WOMEN

Indigenous women

Data provided by Victoria Police to the Victorian Indigenous Family Violence Taskforce indicates that Indigenous people (primarily women) are eight times more likely to be victims of family violence. (Statewide Steering Committee to Reduce Family Violence 2005)

It is crucial to recognise that the experience of Indigenous women occurs in the context of colonisation, dispossession and oppression of Indigenous Australians. These, and a range of related factors including economic exclusion and entrenched poverty, alcohol and drug abuse, the effects of institutionalisation and

removal of children and inherited grief and traumas and loss of traditional Aboriginal male roles and status, have been identified and attributed to the high incidence and prevalence of family violence among Indigenous peoples. (Victorian Indigenous Family Violence Taskforce 2003)

Women with disabilities

Women with disabilities are assaulted, raped and abused at a rate of at least two times greater than women without disabilities, regardless of their age, race, ethnicity, sexual orientation or class. (WWDA 1998: 5 in DV Vic 2006). 'Women with disabilities are among the most socially and economically marginalised in the community.' (Statewide Steering Committee to Reduce Family Violence 2004: 14)

Many women with disabilities, such as those dependent on carers, are subject to the control of others, and this power imbalance increases the vulnerability of women with a disability to all forms of violence. (DV Vic 2006) The more severe the disability the higher the risk of abuse or violence. (WHW 2002: 92).

Particular barriers women with disabilities face in seeking help include: 'their greater isolation; the impact of previous help seeking experiences; the difficulty many experience in being believed or taken seriously; sheer practical obstacles they face in obtaining information or assistance, a lack of awareness and skills on the part of service providers in dealing with women with disabilities who experience domestic violence; and a lack of coordination and cooperation across services regarding these women's needs'. (Keys Young 1998 in Jennings 2003).

Women from Culturally and Linguistically Diverse backgrounds

The particular vulnerability of women from CALD backgrounds to the effects of violence, and obstacles they

confront in seeking assistance are often influenced by the following:

- Women may be challenged by a limited understanding of English
- Women may lack extended family and community support, especially those from small and emerging communities
- Women may encounter difficulties in accessing legal and support services due to language and cultural differences
- Women may be unaware of their rights and laws prohibiting family violence in Australia and relating to immigration.
- Women may lack knowledge of housing, income and support services for women who experience family violence.
- Women may fear that reporting violence will compromise their future residency in Australia or their entitlement to programs and services.
- Women may have limited access to resources (for instance, employment skills, education, income and assets) which may enable them to exercise choice when subject to violence.
- Women may fear their confidentiality will be breached by service providers.
- Women may come from societies where there are strong cultural prohibitions against separation and divorce.

(DV Vic 2006: 15)

Lesbian and Bisexual Women

A survey of the gay, lesbian, bisexual, transgender and intersex (GLBTI) community found 33 percent of respondents reporting having been in an abusive relationship (41 percent women, 28 percent men) with only 10 percent of those experiencing abuse reporting it to the police. (WHW 2006, Pitts et al 2006: 12)

The isolation and limited access to services that most women experiencing violence encounter is compounded for lesbian women because of the lack of civil rights protection and limited access to the legal system that they

face. Fear of discrimination and homophobia are key factors in the under reporting of family violence amongst lesbian and bisexual women. (DV Vic 2006)

Homeless Women

Homeless women often have difficulty accessing health, legal and community services and support because they are not readily contactable. (Statewide Steering Committee to Reduce Family Violence 2005) Homeless women are more vulnerable to experiencing a range of forms of violence. (DV Vic 2006)

Women with substance misuse issues

There is a clear overlap between women with substance misuse issues and family violence. Women may start or intensify their misuse of substances in response to family violence. Substance misuse may be forced by a partner as a control mechanism. (DV Vic 2006)

Substance misuse can increase the risk of a woman experiencing violence by:

- Impairing judgment and preventing the woman assessing the level of danger she is facing;
- Causing reluctance to contact police;
- Causing women to be less likely to be believed or taken seriously when reporting violence, and making it more likely for women to be blamed for the violence.

(DV Vic 2006)

Vulnerability to ongoing violence is compounded by more limited social and financial means to establish a life free from violence resulting from substance misuse. (DV Vic 2006)

Women with mental health issues

Negative stereotyping and discrimination associated with a diagnosis of a mental health condition can compound the social isolation and exclusion experienced by women suffering violence. Women with mental health issues may find their credibility questioned when seeking help. These factors make it even harder for these women to disclose experiences of violence.

Family violence is also associated with an increased risk of developing a range of psychiatric conditions or intensifying existing conditions. (DV Vic 2006)

Women in prison

Experiences of abuse, both in childhood and in adulthood, are prevalent amongst women prisoners. Research indicates that these experiences contribute to women's criminality and shape their patterns of offending. Past victimisation has been identified as a critical treatment target in order to reduce women's reoffending. (Statewide Steering Committee to Reduce Family Violence 2005: 15)

PREVALENCE OF VIOLENCE AGAINST WOMEN

While statistics on the prevalence of violence against women provide a useful basis for response, the real extent of women's experiences of violence is not known. (Mouzos & Makkai, 2004; McCarthy, 2003)

- Less than 20 per cent of affected women report violence to the police. Reluctance to report is due to 'fear of retribution, shame, reluctance to leave their homes and communities, fear and lack of knowledge of the justice system; fear of child protection services; or reluctance to potentially expose the person who uses violence to jail.' (Statewide Steering Committee to Reduce Family Violence 2005: 6)

Further,

- Social and cultural differences in defining and acknowledging violent behaviour prevent women

seeking help (Mouzos & Makkai 2004).

- Violence against women in an intimate context is often not as serious as violence occurring between strangers and may not be recorded or receive appropriate attention (Mouzos & Makkai, 2004).
- Administrative differences in the collection of data result in probable underestimations of violence against women or family violence. (Mouzos & Makkai 2004).

For instance, following the release of VicHealth's The Health Costs of Violence Commissioner of Police, Christine Nixon, 'was quoted in several newspapers as saying that while the figures were shocking, she believed that about 80 per cent of most cases of violence against women went unreported.' (Hoban, 2006: 4)

However, the data sets available provide plentiful evidence to indicate that violence against women is 'prevalent, serious and preventable' (VicHealth 2005).

STATE LEVEL STATISTICS AND REPORTS

- **VicHealth – The Health Costs of Violence: Measuring the Burden of Disease caused by Intimate Partner Violence (2004)**

This report was a world first in application of 'burden of disease' methodology to violence against women. It enables the quantification of 'health consequences of intimate partner violence, tells us how big the problem is in comparison to other health problems, and quantifies the diseases and injuries that contribute to this health loss from intimate partner violence.' (Vos in Fergus 2006: 9)

The study found that intimate partner violence is the leading preventable contributor to death, disability and illness in Victorian women aged 15-44, far higher than smoking, high blood pressure, and obesity.

Health outcomes of intimate partner violence articulated in the report include premature death and injury, increased incidence of mental health problems, harmful tobacco, alcohol and illicit drug use, and negative consequences for reproductive health. Intimate partner violence alone is responsible for 9 per cent of the total burden of disease in women aged between 15 and 45 years. It has an additional significant indirect impact on children, family members and communities. (VicHealth 2005)

LOCAL LEVEL STATISTICS AND REPORTS

- **Victoria Police**

The Provisional Crime Statistics – Summary of Family Violence Incidents 2005/2006 released by Victoria Police (Victoria Police 2006) showed both the number of family violence incidents recorded and the rates per hundred thousand of the population. Maribyrnong is in Region 2, Division 1, alongside Brimbank, Hobson’s Bay and Melton.

Over 2004/2005, 444 incidents of family violence were recorded in Maribyrnong, dropping to 384 incidents in 2005/2006. This was a percentage change of 13.5 per cent. The rate per 100, 000 of the population in 2004/2005 was 716.9, dropping to 619.5 per 100,000 of the population in 2005/2006. This was a percentage change of -13.6 per cent.

The following table provides a summary of the group of municipalities in Region 2, Division 1.

LGA	Family Violence Incidents Recorded			Rate per 100,000 of the population		
	2004/2005	2005/2006	Percentage Change	2004/2005	2005/2006	Percentage Change
Brimbank	1105	1306	18.2per cent	943.4	1111.6	17.8per cent
Hobson's Bay	519	540	4.0per cent	625.0	649.1	3.8per cent
Maribyrnong	444	384	-13.5per cent	716.9	619.5	-13.6per cent
Melton	464	472	1.7per cent	651.6	620.0	-4.9per cent
Region2 Division1 Total	2532	2702	6.7per cent	759.7	797.5	5.0per cent
State Total	29158	28301	-2.9per cent	592.4	568.1	-4.1per cent

Compared to the overall Region 2 Division 1 statistics, which showed an increase of 6.7per cent between 2004/2005 and 2005/2006, Maribyrnong showed a decrease of 13.5per cent.

Maribyrnong also showed a marked decrease in rate of family violence incidents per 100, 000 of the population when compared to LGAs across the division. Maribyrnong came in significantly under the Region 2 Division 1 rates per 100,000 for both the 2004/2005 and 2005/2006 time periods. While the division overall showed a rate increase of 5per cent across these time periods, Maribyrnong showed a decrease of 13.6per cent.

However, when compared to the rates per 100,000 of the population across the state during these time periods, Maribyrnong showed significantly higher rates, but a greater percentage decrease in family violence incidents recorded overall. (Victoria Police 2006)

It should be noted that these figures are for family violence incidents recorded during these time periods, and that these figures are not necessarily the entire number of incidents that occurred during these periods.

- **Victorian Community Council Against Violence Database 1999-2004 (VCCAV 2005)**

The five year report (1999-2004) of the Victorian Community Council Against Violence (VCCAV) Victorian Family Violence Database provides a comprehensive overview of valuable data about the extent and characteristics of family violence incidents in Victoria.

Across the state, data indicates that for adult female victims, it is highly likely that the perpetrator will be male. The main perpetrators of family violence against adult female victims are current or former domestic partners – this was approximately 70 per cent of family violence incidents involving adult female aggrieved family members. When combined with the category intimate personal relationship, this totalled approximately 80 per cent of family violence incidents involving adult aggrieved females. (VCCAV 2005)

The breakdown of data for Maribyrnong LGA is contained in Tables 1 and 2 (pages 50 & 51).

The Action Plan

DEVELOPMENT OF THE ACTION PLAN

As a first step in developing the Action Plan Council engaged Kirsten Campbell to source and analyse all available data pertaining to the City of Maribyrnong that would help Council and local stakeholders understand the prevalence of violence against women (see previous section and appendices). This process also assisted in identifying the gaps in information and data – an area Council have identified for further work in the Action Plan.

Kirsten Campbell then undertook a review of some key Council policies and strategies to identify the extent to which violence against women is addressed in these documents. Again this has assisted Council to understand where it can strengthen the integration of the issue of violence against women in other programs, services and policies of Council.

On completion of this important background work, Council hosted a local forum on March 29, 2007 – “Preventing Violence Against Women – A Local Forum to Develop Local Action”. The local, state and international context of this issue was presented and then a panel of experts representing Department for Victorian Communities, Victoria Police, VicHealth and Women’s Health West gave their views on what could be appropriate local prevention action. The forty participants representing local stakeholders and community members then discussed in a facilitated workshop what they believed were important local actions to be considered.

The outcomes of the March forum and subsequent consultation meetings with the Maribyrnong Family Violence Working Group have helped Council shape this Action Plan.

The structure of the plan is based on the “VicHealth Public Health Model for Preventing Violence Against Women” with a sole focus on primary prevention. The Plan endeavours to set some realistic and achievable actions and objectives to be delivered over a twelve month period. The Action Plan is embryonic and exploratory as our first step in addressing violence against women. Council intends to learn and improve from the first year of implementation in order to build and further reinforce local commitment and action over time.

**EQUITY FOCUSED
HEALTH IMPACT
ASSESSMENT**

As part of the consultation process, Council, in partnership with Monash University, undertook a rapid equity focused health impact assessment on the Draft Preventing Violence Against Women Action Plan to ensure that any unintended health inequalities are minimised and health benefits are enhanced. (Appendix 5)

This process involved a literature review of the health and social impacts of violence against women and evidence from previous health impact assessments conducted in relation to violence against women. Coupled with this, Council ran a rapid assessment workshop involving interested stakeholders to critically analysis three objectives identified in the plan.

Through a comprehensive analysis, some minor changes were made to the plan to ensure that actions included consider different impacts on different population groups in the community.

Overarching Vision

*THE CITY OF
MARIBYRNONG
CREATES AND
PROMOTES A
VIOLENCE FREE
COMMUNITY.*

Traditionally local government has not had a strong role in primary prevention of violence against women. However, globally local governments are

GOALS

1. **Policies and practices for preventing violence against women and its impact are in place in the City of Maribyrnong, with shared ownership.**
2. **The Maribyrnong community has an awareness of the varying forms of violence against women and its impact.**

ACTION PLAN OBJECTIVES

1. To facilitate local **research, monitoring and evaluation** of violence prevention initiatives and information on violence prevalence.
2. To create and support opportunities for **direct participation** in violence prevention initiatives.
3. To develop **organisational processes and policies** that addresses gender inequality and prevents violence against women.
4. To **strengthen local community** participation in violence prevention initiatives.
5. To actively develop and promote **local social marketing and communications** campaigns to increase awareness of violence against women.
6. To **advocate** to local agencies outside the family violence sector to develop primary prevention initiatives.
7. To develop and implement **integrated gendered policies and programs** that prevent violence against women at the local level.

acknowledging the important role they have to play across their broad mandate.

“Local government can take a leading role in providing leadership in ‘resourcing’, ‘mainstreaming’ and ‘coordinating’ violence prevention strategies across the spectrum of government services, drawing upon the experience and wisdom of these existing services. It can become a central point for representing the priority of eradicating violence against women in our communities.” Hayes 2006

In addressing the issue of preventing violence against women Maribyrnong City Council has defined its role to be:

- Providing local leadership and coordination for implementation, monitoring and review of the City of Maribyrnong Preventing Violence Against Women Action Plan.
- Promoting a positive example to the community that violence is unacceptable.
- Fostering partnerships for a whole of community response to preventing violence against women.
- Advocating to all levels of government and to relevant local services to address violence against women.
- Promoting integration of planning and actions to address violence prevention into other relevant strategies and programs of Council.
- Facilitating ongoing informed discussion, debate and information sharing regarding primary prevention of violence against women.
- Maintaining awareness and provide input into State and Federal policy relating to violence against women.

Actions for 2007/2008

Objective 1

To facilitate local **research, monitoring and evaluation**¹ of violence prevention initiatives and information on violence prevalence.

Rationale:

While some preliminary work has been done to provide an analysis of the violence against women in the City of Maribyrnong, Council and stakeholders are aware from anecdotal feedback that not all the data related to incidents of violence are captured by the agencies and services assisting women. Often this is because women may be seeking assistance for other issues such as housing and the incidence of violence is a secondary disclosure not recorded. We also know from the literature that many cases of violence are never disclosed or reported. Working with local agencies and the general community to promote reporting of violence and mapping existing violence prevention initiatives will assist in future planning and evaluation.

Action: PREPARE A LOCAL PROFILE OF THE PREVALENCE OF VIOLENCE AGAINST WOMEN IN THE CITY OF MARIBYRNONG

Output: Detailed local profile including qualitative and quantitative evidence produced and disseminated.

Outcome: Improved knowledge of the prevalence of violence against women among stakeholders and the broader community.

¹ **Research, monitoring and evaluation:** underpins activity in the other six areas by informing action, improving the evidence and knowledge base for future planning and enable effort to be both effectively targeted and monitored.

Key Tasks	Implementation Responsibility	Links to other local programs / strategies	Partnerships	Timeline/ Resourcing
<ul style="list-style-type: none"> • Collate and analyse existing data of incidences of violence against women from services. • Identify specific gaps in our local understanding of violence against women. • Facilitate partnerships with research institutions to undertake qualitative and quantitative research. 	<ul style="list-style-type: none"> • Maribyrnong City Council 	<ul style="list-style-type: none"> • Community Indicators Victoria 	<ul style="list-style-type: none"> • Family Violence Working Group • Tertiary Institutions 	<ul style="list-style-type: none"> • December 2007 • Existing Council resources
Action: DEVELOP AN ACCURATE PROFILE OF VIOLENCE PREVENTION INITIATIVES IN THE CITY OF MARIBYRNONG				
<p>Output: Comprehensive list of all current and previous violence prevention initiatives in the City of Maribyrnong.</p> <p>Outcome: Increased knowledge of current and previous violence prevention initiatives in the City of Maribyrnong.</p>				
Key Tasks	Implementation Responsibility	Links to other local programs / strategies	Partnerships	Timeline/ Resourcing
<ul style="list-style-type: none"> • Incorporate discussion on emerging trends and violence prevention initiatives in the agenda of the Family Violence Working Group. • Undertake mapping exercise to list current and previous violence prevention initiatives in the City of Maribyrnong. 	<ul style="list-style-type: none"> • Maribyrnong City Council 	<ul style="list-style-type: none"> • Women's Health West Conference Report Sept 2007 "Health Promotion and Preventing Violence Against Women" 	<ul style="list-style-type: none"> • Family Violence Working Group • Women's Health West 	<ul style="list-style-type: none"> • Ongoing • Existing Council resources

Action: PARTICIPATE IN THE GENDER LOCAL GOVERNANCE AND VIOLENCE PREVENTION RESEARCH PROJECT (GLOVE)				
<p>Output: Action Plan completed, policy audit completed, statewide manual completed.</p> <p>Outcome: Objectives of GLOVE achieved and evaluated.</p>				
Key Tasks	Implementation Responsibility	Links to other local programs / strategies	Partnerships	Timeline/ Resourcing
<ul style="list-style-type: none"> • Year 1: Scoping extent of issue and potential options. • Year 2: Develop and implement a range of strategies to prevent violence against women. • Year 3: Evaluation of strategies to develop best practice examples for other local governments. 	<ul style="list-style-type: none"> • Maribyrnong City Council • University of Melbourne • Women's Health West 	<ul style="list-style-type: none"> • State-wide Gender Local Governance and Violence Prevention Project 	<ul style="list-style-type: none"> • Family Violence Working Group • Melbourne University • VICHEALTH 	<ul style="list-style-type: none"> • June 2006 - June 2009 • Research support provided by Melbourne University GLOVE Project. • Existing Council resources

Objective 2

To create and support opportunities for **direct participation**² in violence prevention initiatives.

Rationale:

Through the existing programs that Council runs and in partnership with community organisations and groups, this objective will provide an opportunity to build knowledge and skills within the community.

Action: PROVIDE COUNCIL STAFF AND EXTERNAL STAKEHOLDERS WITH SKILLS AND KNOWLEDGE TO ENABLE THEM TO INCORPORATE VIOLENCE PREVENTION AND THE PROMOTION OF HEALTHY RELATIONSHIPS INTO EXISTING AND NEW DIRECT PARTICIPATION PROGRAMS

Outputs: Tailored professional development and information on primary violence prevention.

Outcome: Increased level of skills and knowledge among staff at Council and local organisations involved in delivering a range of relevant community programs.

2

Direct participation: can be targeted to men, women and children, at the individual, relationship or group level to build the knowledge and skills required to establish and sustain respectful, non-violent gender relationships, build individuals' access to the resources required for such relationships (eg effective early parenting and connections to social networks and institutions) or seek to prevent or address the impacts of other factors linked to intimate partner violence (eg child abuse).

Key Task	Implementation Responsibility	Links to other local programs / strategies	Partnerships	Timeline/ Resourcing
<ul style="list-style-type: none"> • Conduct professional development sessions with relevant Council departments and external stakeholders responsible for delivering direct participation programs. • Disseminate examples of best practice direct participation programs and information on how to implement a violence prevention program. • Work in partnership with HealthWest PCP to develop professional development opportunities through the health promotion and mental health short courses. • Provide support and information for staff on responding to disclosures relating to violence. 	<ul style="list-style-type: none"> • Maribyrnong City Council 	<ul style="list-style-type: none"> • WestBay Alliance Community Health Plan 2006-2009 • Women's Health West -"Building the capacity of organisations in the Western region to prevent violence against women: A guide to health promotion action." 	<p>Internal:</p> <ul style="list-style-type: none"> • Family and Community Projects • Community Learning and Libraries • Aged and Diversity • Leisure and Open Space (MAC & RecWest) <p>External:</p> <ul style="list-style-type: none"> • Women's Health West • HealthWest Primary Care Partnership • Family Violence Working Group 	<ul style="list-style-type: none"> • June 2008 • VICHEALTH Grant - \$10,000
<p>Action: EXPLORE OPPORTUNITIES TO STRENGTHEN THE PROMOTION OF HEALTHY RELATIONSHIPS IN SCHOOLS IN THE CITY OF MARIBYRNONG.</p>				
<p>Outcomes:</p> <ul style="list-style-type: none"> • Strengthened links with Department of Education. • Created opportunities for direct involvement in violence prevention in schools. 				

Key Task	Implementation Responsibility	Links to other local programs / strategies	Partnerships	Timeline/ Resourcing
<ul style="list-style-type: none"> • Continue to incorporate healthy relationship messages when working with schools. • Investigate existing best practice in schools in relation to promoting healthy relationships. • Explore opportunities to integrate with existing Council led programs run in schools. 	<ul style="list-style-type: none"> • Maribyrnong City Council • Women's Health West 	<ul style="list-style-type: none"> • West CASA peer education program 	Internal: <ul style="list-style-type: none"> • Family Services and Community Projects External: <ul style="list-style-type: none"> • Department of Education • Local primary and secondary schools • Family Violence Working Group • West CASA 	<ul style="list-style-type: none"> • June 2008 • VICHEALTH Grant - \$1,500

POTENTIAL FUTURE ACTIONS FOR CONSIDERATION DEPENDANT ON FURTHER RESOURCING.

Action: INVESTIGATE OPPORTUNITIES TO DEVELOP VIOLENCE PREVENTION INITIATIVES TARGETED AT BOYS AND YOUNG MEN				
Outcome: <ul style="list-style-type: none"> Options developed for working with boys and young men. 				
Key Task	Implementation Responsibility	Links to other local programs / strategies	Partnerships	Timeline/ Resourcing
<ul style="list-style-type: none"> Investigate current evidence based models and their potential local application and resource implications. 	<ul style="list-style-type: none"> Maribyrnong City Council 		<ul style="list-style-type: none"> Family Violence Working Group 	<ul style="list-style-type: none"> To be considered if future resources become available

Objective 3

To develop organisational processes and policies³ that addresses gender inequality and prevent violence against women.

Rationale:

Gender inequality is one of the leading determinants of violence against women. By modelling and promoting respectful behaviour and leading by example, Council can play an important role in influencing individual attitudes and behaviour within the organisation and within the community.

Action: ACTIVE ENGAGEMENT OF COUNCIL STAFF TO ASSIST IN THE DEVELOPMENT, IMPLEMENTATION AND EVALUATION OF POLICIES, PROCESSES AND INITIATIVES THAT INCORPORATE VIOLENCE PREVENTION.

Outcomes:

- Increased awareness of the significance of violence with Council staff
- Realignment of process and policies to address the determinants of violence

Key Tasks	Implementation Responsibility	Links to other local programs /	Partnerships	Timeline/ Resourcing

³ **Organisational capacity building and workforce development:** this methodology is based on the understanding that organisations and organisational cultures have a powerful role in influencing the behaviours of individuals and groups and so can play a role in violence prevention by modelling non-violent, equitable and respectful gender relations. Organisational development strategies can also seek to harness resources for undertaking primary prevention. Workforce development, involves building the skills of relevant workforces to implement primary prevention activity either informally and opportunistically or at a more formal level.

<ul style="list-style-type: none"> • Undertake an analysis of a selection of existing Council policies to assess the extent to which they currently and potentially can address violence prevention. • Based on the policy audit, integrate violence prevention into existing and new processes and policies at Council. • Develop information sessions customised to the needs of particular teams (eg Maternal and Child Health, Family Day Care). • As a case study, undertake an assessment of the proposed Braybrook Park Master Plan in respect to preventing violence against women. 	<ul style="list-style-type: none"> • Maribyrnong City Council 	strategies	Internal: <ul style="list-style-type: none"> • Family and Community Projects • Community Learning and Libraries • Aged and Diversity • City Design and Place Making • Leisure and Open Space • Strategic Development • Human Resources 	<ul style="list-style-type: none"> • June 2008 • VICHEALTH Grant - \$3,000
Action: REVIEW COUNCIL ORGANISATIONAL ENVIRONMENTS TO ENSURE THAT THEY ARE SAFE AND WELCOMING FOR WOMEN, MODEL RESPECT FOR GENDER RELATIONS, AND NON VIOLENT MEANS OF COMMUNICATION AND CONFLICT RESOLUTION.				
Outcome: <ul style="list-style-type: none"> • Available organisational programs and policies which support the provision of safe and supportive environments for women. 				
Key Tasks	Implementation Responsibility	Links to other local programs /	Partnerships	Timeline/ Resourcing

<ul style="list-style-type: none"> • Ensure Council organisational policies have a strong focus on gender equality. • Include information about violence prevention in staff induction kits. • Review organisational development policy to ensure safe and supportive environments for particularly for female staff. • Provide information to line management to raise awareness of issues associated with violence against women. 	<ul style="list-style-type: none"> • Maribyrnong City Council 	strategies Organisational Development Policies: <ul style="list-style-type: none"> • Respect in the Workplace Policy • People Assist Program • Corporate Induction Program • Preventing Aggression in the Workplace 	Internal: <ul style="list-style-type: none"> • Organisational Development 	<ul style="list-style-type: none"> • Ongoing • Existing resources
Action: REVIEW COUNCIL OPERATED FACILITIES TO ENSURE THAT THEY ARE SAFE AND WELCOMING FOR WOMEN, MODEL RESPECT FOR GENDER RELATIONS, AND NON VIOLENT MEANS OF COMMUNICATION AND CONFLICT RESOLUTION.				
<p>Output: Assessment of Council facilities.</p> <p>Outcome: Detailed strategies to implement over 2007/2009 within Council facilities and their operation.</p>				
Key Tasks	Implementation Responsibility	Links to other local programs /	Partnerships	Timeline/ Resourcing

		strategies		
<ul style="list-style-type: none"> • Undertake an assessment of a selection Council operated facilities and develop recommendations for action. • Review policies and practices relating to Council operated facilities and make changes as recommended. 	<ul style="list-style-type: none"> • Maribyrnong City Council 		Internal: <ul style="list-style-type: none"> • Leisure and Open Space (MAC and RecWest) • Community Centres Network • Libraries 	<ul style="list-style-type: none"> • June 2008 • VICHEALTH Grant - \$3,000

Objective 4

To **strengthen local community**⁴ participation in violence prevention initiatives.

Rationale:

Creating community capacity to respond to local issues will increase resilience to violence.

Action: SUPPORT AND ENCOURAGE THE PARTICIPATION OF WOMEN IN LOCAL GOVERNMENT AND LOCAL DECISION MAKING.

Outcome:

- Increased involvement of women in Council and local decision making

Key Tasks	Implementation Responsibility	Links to other local programs / strategies	Partnerships	Timeline/ Resourcing
<ul style="list-style-type: none"> • Reaffirm Council's commitment to the Victorian Local Government Women's Charter. • Encourage participation of women through Council's advisory committees and 	<ul style="list-style-type: none"> • Maribyrnong City Council 	<ul style="list-style-type: none"> • 	Internal: <ul style="list-style-type: none"> • Organisational Development • Community Relations 	<ul style="list-style-type: none"> • June 2008 • Existing resources

⁴ **Community strengthening:** aims to mobilise and support communities to address intimate partner violence and the social norms that make it acceptable. Community strengthening strategies can also be used to increase community access to the resources required for action and to address broader community level risk factors for intimate partner violence, such as high rates of early school leaving or localised violent peer cultures.

reference groups. <ul style="list-style-type: none"> • Explore opportunities to provide work experience for women in local government. • Council Managers and Councillors act as role models to provide informed and proactive advice in the delivery of these initiatives and projects. • Mentoring for staff including women. 			and Council Support <ul style="list-style-type: none"> • Family Services and Community Projects 	
Action: IDENTIFY AND SUPPORT LOCAL CHAMPIONS, ADVOCATES AND MENTORS TO PROMOTE PRIMARY PREVENTION OF VIOLENCE AGAINST WOMEN				
Outcomes: <ul style="list-style-type: none"> • Increased number of community members involved in Family Violence Working Group • Increase involvement of women in strategy development • Local champions identified and supported 				
Key Task	Implementation Responsibility	Links to other local programs / strategies	Partnerships	Timeline/ Resourcing
<ul style="list-style-type: none"> • Seek community representation and participation in the Family Violence Working Group and strategy development. • Develop a program to foster religious and community leaders to act as advocates and mentors. 	<ul style="list-style-type: none"> • Maribyrnong City Council • Western Region Health Centre 		<ul style="list-style-type: none"> • Family Violence Working Group • Women's Health West • Braybrook and Maidstone Neighbourhood Association • Western Region Health Centre 	<ul style="list-style-type: none"> • June 2008 • Community Safety - \$1,500

Action: SUPPORT NEW AND EXISTING COMMUNITY GROUPS THAT AIM TO EMPOWER LOCAL WOMEN				
Outcomes:				
<ul style="list-style-type: none"> • Increased opportunities for women to participate in female only activities • Increased opportunities for women to develop life skills • Number of grants to community groups for preventing violence against women initiatives 				
Key Task	Implementation Responsibility	Links to other local programs / strategies	Partnerships	Timeline/ Resourcing
<ul style="list-style-type: none"> • Support existing women only activities including CALD groups eg women's swimming program, driving programs etc. • Support the establishment of new women's programs in partnership with local agencies including skill development (i.e. financial and budgeting skills). • Encourage local groups to develop violence prevention initiatives through Council's community grants process. • Map existing community groups to deliver education messages and identify needs. 	<ul style="list-style-type: none"> • Maribyrnong City Council • Women's Health West 	<ul style="list-style-type: none"> • Council's Community and Cultural Grants 	Internal: <ul style="list-style-type: none"> • Maribyrnong Aquatic Centre • RecWest • Community Learning and Libraries • Family Services and Community Projects External: <ul style="list-style-type: none"> • Family Violence Working Group • Braybrook and Maidstone Neighbourhood Renewal • Local service providers • Local community groups 	<ul style="list-style-type: none"> • The inclusion of a specific grant category for the prevention of violence against women will be trialled in 2007/08. Other strategies will be ongoing.

Objective 5

To actively develop and promote **local social marketing and communications**⁵ campaigns to increase awareness of violence against women.

Rationale:

Aims to reinforce messages that violence is not acceptable and encourage behaviour change.

Action: DEVELOP AND IMPLEMENT A LOCAL COMMUNICATION STRATEGY TO RAISE AWARENESS OF THE IMPACTS OF VIOLENCE AGAINST WOMEN AND TO PROMOTE POSITIVE RELATIONSHIPS (TO BUILD UPON STATE AND NATIONAL CAMPAIGNS).

Outcomes:

- Change in community attitudes and behaviour.
- Increased level of the promotion of healthy relationships in local media coverage.
- Increased level of awareness of family violence and its associated harms in local media coverage.

Key Task	Implementation Responsibility	Links to other local programs / strategies	Partnerships	Timeline/ Resourcing
<ul style="list-style-type: none"> • Regular media releases and articles in Maribyrnong News at key project milestones. • Accessible and regular information 	<ul style="list-style-type: none"> • Maribyrnong City Council 	National Campaigns: <ul style="list-style-type: none"> • White Ribbon Day (No to Violence) 	Internal <ul style="list-style-type: none"> • Council and Community Support 	<ul style="list-style-type: none"> • June 2008 • VICHEALTH Grant and existing resources

⁵ **Communications and social marketing:** these methodologies aim to use a range of communication media to raise awareness of intimate partner violence and address attitudes, behaviours and social norms that contribute to this problem. This includes both main stream television, radio and print media as well as the world wide web and other new communications media, community forums, community art and so on.

<p>available on Council's website.</p> <ul style="list-style-type: none"> • Proactive engagement with the local media (include CALD). • Incorporate positive relationship messages in the new resident kits, welcome strategy, advertising and the Mayor's Message in the local newspapers. • Develop targeted key messaging to incorporate into all media and publications (including material for distribution). • Link messaging and the promotion of healthy relationships to key themed days, weeks and months (ie Refugee Week, Harmony Day, Community Safety Month etc). • Incorporate the promotion of support services for women experiencing violence in all communications. 		<ul style="list-style-type: none"> • Week Without Violence • Violence Against Women – Australia Says No 	<p>External</p> <ul style="list-style-type: none"> • Family Violence Working Group • Victoria Police 	
<p>Action: ACKNOWLEDGE AND SUPPORT LOCAL CHAMPIONS</p>				
<p>Outputs: Awards included on an annual basis.</p>				
<p>Outcomes: Local champions identified and supported.</p>				
Key Task	Implementation Responsibility	Links to other local programs / strategies	Partnerships	Timeline/ Resourcing
<ul style="list-style-type: none"> • Mentoring and training provided to key local male and female champions (i.e. local Councillor, Western Bulldogs). • Include an emerging leadership award as part of the Annual Civic Awards. 	<ul style="list-style-type: none"> • Maribyrnong City Council 	<ul style="list-style-type: none"> • Annual Civic Awards 2008 	<p>Internal:</p> <ul style="list-style-type: none"> • Council and Community Support <p>External:</p> <ul style="list-style-type: none"> • No to Violence 	<ul style="list-style-type: none"> • Ongoing • Existing resources

Objectives 6

To **advocate**⁶ to local agencies outside the family violence sector to develop primary prevention initiatives.

Rationale:

Traditionally, violence prevention responses have been positioned within the family violence sector. The aim of this objective is to encourage other sectors and organisations to acknowledge the role they have to play in violence prevention.

Action: PROVIDE A LOCAL ADVOCACY AND MENTORING ROLE TO ENCOURAGE COMMUNITY AGENCIES AND OTHER RELEVANT STAKEHOLDERS TO DEVELOP PROCESSES AND PRACTICES THAT PREVENT VIOLENCE AGAINST WOMEN.

Outputs: Action resource produced for planning and developing preventing violence against women activity.

Outcomes:

- Participation of local agencies outside the family violence sector in the Family Violence Working Group.
- Local champions identified and supported.
- Participation of local agencies in professional development.

⁶ **Advocacy:** Includes building collective activity and mobilisations to raise awareness of the issue of intimate partner violence and to pressure government, organisations, corporations and communities to take action on factors contributing to the problem.

Key Task	Implementation Responsibility	Links to other local programs / strategies	Partnerships	Timeline/ Resourcing
<ul style="list-style-type: none"> • Encourage participation of local agencies in the Family Violence Working Group. • Ensure Council and the Family Violence Working Group feedback local issues to the state and federal government. • Undertake professional development and support local agencies to develop primary prevention activities. • Utilise local champions to advocate for family violence prevention. • Implement the Western Region Preventing Violence Against Women: Health Promotion Action project led by Women's Health West 	<ul style="list-style-type: none"> • Maribyrnong City Council • Women's Health West • Western Region Primary Care Partnerships 		<ul style="list-style-type: none"> • Family Violence Working Group • Local service providers • Local employers 	<ul style="list-style-type: none"> • Ongoing • VICHEALTH Grant

Objective 7

To develop and implement **integrated gendered policies and programs**⁷ that prevent violence against women at the local level.

Rationale:

To sustain the collective efforts in relation to this issue, it is important to create ownership and embed the issue across different sectors of Council and within the community.

Action: ANALYSE, REVIEW AND STRENGTHEN RELEVANT COUNCIL POLICIES TO ENSURE THAT VIOLENCE AGAINST WOMEN IS ACKNOWLEDGED AND ACTIONS TO PREVENT VIOLENCE ARE INCLUDED

Outputs

- Framework for Preventing Violence Against Women.

Outcomes:

- Increase in the number of Council's policies and programs address the identified determinants of violence.
- Framework for preventing violence against women adopted by Council.

⁷ **Policy and legislative reform:** involves the development of legislation, policies and program that seek to address the determinants of intimate partner violence.

Key Task	Implementation Responsibility	Links to other local programs / strategies	Partnerships	Timeline/ Resourcing
<ul style="list-style-type: none"> • Undertake an analysis of a selection of existing Council policies to assess the extent to which they currently and potentially can address violence prevention. • Based on the policy audit, integrate violence prevention into existing and new processes and policies at Council. • Consider the inclusion of violence against women as an action area in the Council Plan. • Develop information sessions customised to the needs of particular teams (eg Maternal and Child Health, Family Day Care). • Develop a framework for preventing violence against women. 	<ul style="list-style-type: none"> • Maribyrnong City Council 	<ul style="list-style-type: none"> • Municipal Public Health Plan • Council Plan • Safer Communities Policy and Action Plan 	<p>Internal:</p> <ul style="list-style-type: none"> • Community Wellbeing • Infrastructure Services • Sustainable Development • Corporate Services <p>External:</p> <ul style="list-style-type: none"> • Family Violence Working Group 	<ul style="list-style-type: none"> • Ongoing • VICHEALTH Grant

Tables

TABLE 1

Maribyrnong LGA (Please note: all data reported are for separate incidents. Multiple reports by the same person/family may be included.)		Courts: Number of aggrieved family members included in finalised application for an intervention order										Police: Number of victims based on family violence incident reports											
		Year reported																					
		1999-2000		2000-2001		2001-2002		2002-2003		2003-2004		1999-2000		2000-2001		2001-2002		2002-2003		2003-2004			
N		%		N		%		N		%		N		%		N		%		N		%	
Gender of aggrieved family member	Female	204	78%	170	78%	180	67%	183	67%	150	74%	230	80%	319	81%	323	74%	349	79%	327	80%		
	Male	57	22%	53	24%	88	33%	79	33%	54	26%	57	20%	78	19%	112	28%	92	21%	81	20%		
Total		261	100%	223	100%	268	100%	242	100%	204	100%	287	100%	395	100%	435	100%	441	100%	408	100%		

The 'gender of aggrieved family members' for categories of both 'number of aggrieved family members included in finalised application for an intervention order' and 'number of victims based on family violence incident reports' was predominantly female. Between the period of 1999-2004, these figures remain fairly constant.

(Table extracted from VVCAV 2005: 88)

TABLE 2

Maribyrnong LGA (Please note: all data reported are for separate incidents. Multiple reports by the same person/family may be included.)

		Courts: Number of aggrieved family members included in finalised application for an intervention order										Police: Number of victims based on family violence incident reports									
		Year reported										Year reported									
		1999-2000		2000-2001		2001-2002		2002-2003		2003-2004		1999-2000		2000-2001		2001-2002		2002-2003		2003-2004	
		N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%
Relationship of aggrieved family member to defendant	Current / former & intimate partner	153	59%	144	65%	159	59%	124	51%	113	55%	208	77%	281	75%	282	70%	314	75%	278	74%
	Parent /step-parent	23	9%	13	6%	20	7%	17	7%	11	5%	34	13%	45	12%	50	12%	50	12%	39	10%
	Child /step-child	47	18%	29	13%	51	19%	53	22%	51	25%	9	3%	11	3%	24	6%	18	4%	17	5%
	Other relative /family member	34	13%	37	17%	31	12%	39	16%	28	13%	16	6%	28	8%	34	8%	30	7%	27	7%
	Ordinarily a member of the household	4	2%	0	0%	7	3%	9	4%	3	1%	3	1%	8	2%	12	3%	5	1%	13	3%
Total		261	100%	223	100%	268	100%	242	100%	204	100%	270	100%	373	100%	402	100%	417	100%	372	100%

The 'relationship of the aggrieved family member to the perpetrator' for categories of both 'number of aggrieved family members included in finalised application for an intervention order' and 'number of victims based on family violence incident reports' was predominantly that of 'current or former intimate partner'.

This data is more detailed and specific to the Maribyrnong local government area than that obtainable from the **Sunshine Magistrates Court**, which provides Intervention Order Statistics for the Sunshine Region
(Table extracted from VVCAV 2005: 89)

Appendix 01

Local Agency Data

- **Melbourne Citymission**

Melbourne Citymission runs a range of programs in which family violence has been identified as a key issue.

The *Reconnect Program* targets young people between the ages of 12- 18 years and parents/carers, who are living or studying in Maribyrnong, Moonee Valley and Brimbank, who are at risk of homelessness or have recently become homeless.

During 2005/2006, 74 clients were case managed, and 60 clients were involved in group work. Amongst the clients who were case managed, there were 36 identified cases of family violence. This included 21 cases of young people being violent towards their mother (mostly single mothers). 11 of these perpetrators were young males and 10 were young females. There were 15 cases where the father/stepfather abused both the mother and the young person. The types of violence included verbal, physical, emotional, financial, sleep deprivation, and damaged property. Group work also identified violence in the home as a common theme amongst participants.

The *Finding Solutions Program* targets 12 to 16 year olds who are at risk of entering out of home care, and their families, across the northern and western metropolitan regions of Melbourne. A total of 228 clients were involved in the program from December 2004 to

February 2007. 56 young people identified family violence as an issue on entry to the program, and 69 parents identified family violence as a issue on entry to the program. Violence included verbal, physical, emotional, and financial violence and sleep deprivation and damaged property.

The *Young and Pregnant Parenting Program (YAPP)* targets young people, both male and female, who are 15 – 25 years old, and pregnant and/or parenting and homeless or at risk of homelessness. It covers the western metropolitan region of Melbourne. The average number of clients per year include: 24 Case Management Supported clients; 7 Limited Direct Support clients; and 60 Secondary Consultations. Over the last three years, 15 women and two men reported an incident of violence. There were six referrals to Police or family violence specific agencies. Types of violence included physical, emotional, financial, social, and sexual. Emotional and financial violence (threats to remove money and not visit children or provide financial assistance to children) is more prevalent in this peer group. Violence within some CALD groups, particularly around young girls physically attacked by family members or cultural communities verbally chastising them, has also been evident.

Melbourne Citymission's *Adult & Family Services* sees approximately 700 clients per year, across Maribyrnong, Moonee Vally, Brimbank, Melton, Hobsons Bay, Wyndham and parts of the City of Melbourne. This service targets single adults (21yrs and over) and families (18yrs and over) who are at risk of becoming homeless or who are homeless. 55 per cent of female clients have reported incidents of violence against them, including physical, social and emotional violence. 20 per cent of these have been referred to family violence specific agencies and/or police. Most women that have experienced violence and/or have left a violent relationship, usually approach the service once they have fled and are in accommodation that is temporary and inappropriate. Most women and accompanying children are either residing with family or friends, in a refuge, caravan park, hotel or in crowded conditions.

- **Migrant Resource Centre North West (MRC NW)**

The MRC NW works primarily with newly arrived refugees, humanitarian entrants and migrants, as well as people from a CALD background with a disability, and/or who are elderly. Its catchment area includes Brimbank, Maribyrnong, Melton, Moonee Valley and Hume local government areas.

During 2005/2006, the MRC NW had a total number of 17124 client contacts, 5694 in person, and 11430 via phone. Within this group of people, there were 95 specific contacts relating to domestic violence and/or family violence. There were 45 requests for immigration assistance regarding Domestic Violence provisions, and 140 contacts relating to financial hardship and family conflict. Over 50 referrals were made to police, domestic violence services, and counseling services for incidents of domestic violence. Incidents of violence included physical, verbal, emotional and financial violence. It should be noted that clients don't identify or present with domestic or family violence as the main issue they are seeking help for.

- **North and West Homelessness Network**

The nine Statewide Homelessness Networkers (two in the north and west region) are funded by the Department of Human Services, to facilitate consultation, planning and needs identification, community education and advocacy, service development and training, and coordination and linkages, with service providers and peak bodies relating to homelessness. The North and West Homelessness Network, therefore, does not provide direct service delivery to clients, and thus does not have specific data around incidents of violence against women.

- **Social Housing Advocacy and Support Program (SHASP)**

Commencing January 2006, the Social Housing Advocacy and Support Program (SHASP) provides practical support to tenants to sustain their tenancies, and provides advocacy for social housing tenants experiencing major difficulties. SHASP, based in Sunshine, covers only a small section of Maribyrnong in its catchment. Over the past year, they have provided assistance to one client residing in Maribyrnong with family violence specific issues, from a total of 21 clients with family violence specific issues who do not reside in Maribyrnong.

- **West CASA**

West CASA provides counselling to survivors of sexual assault, aged 12 years and above, across the western region. Over 2005/2006 90.97 per cent of clients were female. A total of 842 clients were provided with counselling, and 16 per cent of these came from Maribyrnong. The most prevalent types of assaults described over 2005/2006 were 'Childhood Past Incident' (44 per cent) followed by 'Adult Recent Incident' (17 per cent) and 'Adult Past Incident' (14 per cent). (West CASA 2006)

- **Women's Health West**

Women's Health West is a key provider of family violence specific services for women and children in the western region, as well as having a strong health promotion, research and development arm.

Over the period from 2003-2004 to 2005-2006, Women's Health West has reported increased demand for intake and outreach services. Over 2004-2005, demand increased by 54 per cent, and by a further 84 per cent across 2005-2006. A total of 2466 women

were assisted through a range of services during 2005-2006. Significant contributing factors to this marked increase are the introduction of the Police Code of Practice in 2004, and the funding of additional services. (WHW 2006)

33.2 per cent of the client group came from over 62 culturally and linguistically diverse backgrounds. The top five backgrounds were Vietnamese, Filipino, Ethiopian, Maltese and Sudanese. 3.3 per cent of the client group were Indigenous. (WHW 2006)

The total number of clients being assisted with outreach services during 2005-2006 across the Western Metropolitan region were 1751. 18.9 per cent of these clients were situated in Maribyrnong (331 total). This was the second highest rate in local government area, second to Brimbank (22.8 per cent or 399 total). It is important to be aware that these figures may be influenced by the fact that Women's Health West is situated in Maribyrnong, and the location of the Sunshine Court in Brimbank. (WHW 2006)

It should be noted that while this data gives some indication of the prevalence of violence in the Western Metropolitan Region, it is a strong reflection of the capacity of the service too: ie 'the demand for services outpaces the funded capacity of the service', and the more funding the service has the greater number of clients they are able to service.

Other Agencies

Data was unable to be collected from the following agencies who work with residents in Maribyrnong:

- **Footscray Centrelink**
- **Footscray Community Legal Centre**
- **Gathering Place**
- **MacKillop Family Services**
- **Sunshine Hospital – Western Health**

- **Western Regional Health Centre**

The high demand and under-resourcing of the sector results in limited capacity to respond to additional requests for information, and means that the gathering of data at the local level is often problematic.

Appendix 02

Statewide Initiatives and Resources

- **Victorian Community Indicators Project (Department of Victorian Communities)**

The Victorian Community Indicators Project, completed in August 2006, has created a community indicators framework of initial indicators and data sources to be used in 2006-2007 Victorian Local Community Wellbeing Reports. This was developed via extensive consultation with local government and communities. It is, all at once, a democratic tool, a policy tool and a reporting tool for local government. (DVC 2006)

The framework comprises domains of 'Healthy Safe and Inclusive Communities'; 'Personal and Community Safety'; 'Dynamic, Resilient Local Economies'; 'Sustainable Built and Natural Environments'; 'Culturally Rich and Vibrant Communities'; and 'Democratic and Engaged Communities'. While a range of policy areas under each domain have general implications for the prevention of violence against women, those under 'Personal and Community Safety', including perceptions of safety and incidence of crime (incorporating incidence of family violence) are specifically useful. Particular indicators and guides for measuring them are identified. The policy area of 'Community Connectedness' and subsequent indicators are also useful in illuminating this area of community resilience in prevention of violence against women. (DVC 2006)

The completion of the project signals the start of implementing a sustainable system of indicator measurement for Victorian Local Government Planning. This work will be undertaken by the newly established Community Indicators Victoria that will operate within the VicHealth Centre for the Promotion of Mental Health and Social Wellbeing. (The VCIP website 2007)

- **Women's Safety Strategy**

The *Women's Safety Strategy* was launched by the Victorian Government in 2002 and outlines the Government's vision for a safer future for Victorian women. It is a five year strategy that aims to reduce the level and fear of violence against women and therefore improve women's safety, wellbeing and capacity to fully participate in the community. (VCCAV 2005) The strategy enables all Ministers and Government Departments to work together within a single policy framework.

A Progress Report of the Women's Safety Strategy (OWP 2005) details achievements made since 2002, which include:

- \$35.1 million has been allocated over four years to reform the family violence system in Victoria;
- Creation of new offences in Crimes Act 1958 to combat forced prostitution and sexual exploitation;
- \$25.5 million has been allocated to implement a range of initiatives to address the increase in women's imprisonment; and
- The Australian Football League Education Package was developed in partnership with the Statewide Steering Committee to Reduce Sexual Assault to create a football culture that engenders respectful relationships. (OWP 2005)

The implementation of the *Women's Safety Strategy* is being driven and advised by three Statewide Steering Committees. Each focuses on a different area of violence against women: family violence, sexual assault and violence against women in the workplace.

- **Statewide Steering Committee to Reduce Family Violence**

The Statewide Steering Committee to Reduce Family Violence was developed following key recommendations from both the Women's Safety Strategy and Victoria Police's *The Way Forward: Violence Against Women Strategy*. Commencing in 2002, it is jointly convened by the Office of Women's Policy and Victoria Police. (VCCAV 2005) It comprises representatives from government and non government agencies. The Committee's role is to provide advice on how to enhance prevention, education and early intervention, and service responses to family violence from police, courts and relevant service providers, through the development of an integrated response. (OWP 2006) 'The Terms of Reference of the Committee recognise that family violence must be addressed through a whole-of-community whole-of-government approach, and in the context of the Women's Safety Strategy and the Victoria Police Violence Against Women Strategy: A Way Forward.' (OWP 2006 website)

A key document to emerge from the Statewide Steering Committee to Reduce Family Violence was the *Reforming the Family Violence System in Victoria report*, whose recommendations informed the \$35.1 million funding over four years to the family violence service system. This document was released in November 2005, along with *Changing Lives: a new approach to family violence in Victoria*, which detailed the new approach to family violence.

- **Statewide Steering Committee to Reduce Sexual Assault**

The Statewide Steering Committee to Reduce Sexual Assault, co-chaired by the Office of Women's Policy and the Victorian Police, 'provides advice on strategies to prevent and improve response to sexual assault against women, young people and children in the areas of prevention, early intervention and criminal justice.' (OWP 2006 website)

- **Statewide Steering Committee to Reduce Violence Against Women in the Workplace**

The Statewide Steering Committee to Reduce Violence Against Women in the Workplace aims 'to improve the prevention of, and responses to, violence against women occurring in a workplace setting, including workplace violence, bullying and sexual harassment. It is establishing a knowledge base about workplace violence against women in order to improve responses to this form of violence.' (OWP 2006 website)

- **A Fairer Victoria including Family Violence Reforms**

'A Fairer Victoria: Creating opportunity and addressing disadvantage' is the social policy action plan launched by the Victorian Government in 2005. 'Responding to Family Violence More Effectively' - a new approach to family violence involving a whole of government response – was one of the strategies outlined in the document. This strategy comprises an integrated response across four government departments – the Department of Victorian Communities, the Department of Human Services, the Department of Justice, and Victoria Police. It aims to take a consistent approach in the provision of services, irrespective of the agency with which a person first makes contact, or the agency that provides services. \$35.1 million is being provided over four years for the implementation of this strategy. (VCCAV 2005)

- **Family Violence Reforms in the Western Metropolitan subregion**

In the Western Metropolitan sub-region, the IFVSS reforms led to a new consortium of local agencies being formed to support women and children affected by family violence. This consortium includes Women's Health West, MacKillop Family Services, Elizabeth Hoffman House and Western Regional Health Centre. The 'Western Integrated Family Violence Committee will be set up as the forum for both the Partnership and many other stakeholders to work together towards the goal of service integration across the sub-region.' (WHW Fact Sheet for Workers, Western Family Violence Partnership: Integrated Services for Women and Children, September 2006).

These developments occurred in the context of changes in the police system in the west, with the introduction of the Police Code of Practice in 2004 leading to more accountability of police for women's safety, and changes in the legal system including the introduction of Family Violence Court Services operating at Sunshine, Melbourne and Werribee courts. (WHW 2006).

- **Melbourne 2030**

“*Melbourne 2030 – planning for sustainable growth* is a 30-year plan to manage growth and change across metropolitan Melbourne and the surrounding region” (Melbourne 2030 website)

Key aspects of Melbourne 2030 identified by Hayes (2006) as relevant to improving the safety of women include: safer design of public space; integration of community services with employment and transport; and a focus on equitable housing to meet needs, including addressing issues of isolation for particular groups due to lack of facilities and infrastructure. (Hayes 2006). Local government has a key role to play in facilitating this. (Hayes 2006)

- **Environments for Health**

Environments for Health is both a tool and a framework for planning that considers the impact on health and wellbeing of factors originating across any or all of the built, social, economic, and natural environments. It is particularly useful in the planning, implementing and review of Municipal Public Health Plans. (DHS 2001).

As Hayes (2006) identifies, *Municipal Public Health Planning Framework: Environments for Health*, (DHS 2001) has ‘marked a shift from a traditional, narrow understanding of health to an acceptance of the definition of a social model of health which identifies health as influenced by our built, social, economic and natural environments and acknowledges the environmental determinants affecting people's health –in the social, political, cultural, political and economic spheres.’ (Hayes 2006) The document further pinpoints the

crucial need to address social and health inequalities. (DHS 2001: 9) It identifies local government as being in a strategic position to lead integrated planning, community development and participation, and promote partnerships, as well as advocating for local needs, establishing structures for corporate cooperation and facilitating change. (DHS 2001:17)

The framework effectively allows councils to respond to issues of family violence and sexual assault in their Municipal Public Health Plans.

- **Women's Safety Agenda – Elimination of Violence**

Four broad themes are addressed in the *Women's Safety Agenda* - prevention, health, justice and services. These 'aim to decrease the impacts of domestic violence and sexual assault upon the community by building on the achievements of the *Partnerships Against Domestic Violence (PADV)* initiative and the *National Initiative to Combat Sexual Assault*, increasing attention on preventing violence and early intervention and support for those affected by violence.' (Office for Women, 2007)

Further Federal Government funding was allocated in 2005 to build on the *PADV* initiative. As Hayes (2006) illuminates, though some aspects of the policy 'meet good practice recommended for violence prevention planning through strategies aimed at children, parents, community, the criminal justice sector and research (WHO 2004), some features compromise good practice in other areas as 'women's/anti-violence services expert counseling service provision' (UNDAW 2005: 23 in Hayes 2006)

Significant ongoing elements of the *PADV* initiative include

- Violence Against Women – Australia says No media/social marketing campaign with 24 hour helpline (run by non-women's or anti-violence specific services)

- . Continued funding for the Australian Domestic Violence Clearinghouse and Australian Centre for the Study of Sexual Assault (collection and dissemination of research)
- . Pilot research projects on domestic violence & sexual assault
- . Training for nurses in regional areas and the criminal justice sector on issues around domestic violence and sexual assault.
- . Mensline – counseling provision for men seeking assistance regarding violent behaviour.

(Hayes 2006, Office for Women 2007 website)

Appendix 03

International Statistics and Reports

- **The World Report on Violence and Health (WHO 2002)**

The World Report on Violence and Health is a comprehensive 'public health based synthesis of existing data on incidence, costs and attitudes towards violence, as well as substantial analysis and comment on prevention programs and other responses.' (Hoban 2006: 4-7) It emphasises that violence against women is best dealt with in a human rights, legal and health framework through collaboration with government and the community, and across all sectors. (Hoban 2006)

In 48 population based surveys from around the world, 10-69 per cent of women reported being assaulted by a male partner at some point in their lives. Available data indicates that worldwide nearly one in four women report sexual violence by an intimate partner. Up to one third of adolescent girls report forced sexual initiation, world wide. (WHO 2002)

- **Multi-Country Study on Women's Health and Domestic Violence Against Women (WHO 2005)**

The study was conducted in 10 countries and 24 000 women were surveyed about experiences of intimate partner violence, sexual assault, and sexual abuse. The study's main finding was that the proportion of women who had ever experienced physical or sexual violence (or both) by an intimate partner in their lifetime ranged from 15 per cent to 71 per cent (depending on their country). (WHO

2005). The survey employed a standardised methodology and format used in each of the countries. The extreme difference in incidence figures indicates that there is nothing inevitable about such violence, and that contextual factors may have significant impact. (WHO 2005)

- **International Violence Against Women Survey (IVAWS) (2004)**

The IVAWS has so far been conducted in 11 countries, and is designed to provide information useful in planning criminal justice responses to violence.

In the Australian section, 6000 women were surveyed on physical and sexual violence experiences, and their perceptions and reactions (eg reporting to police, accessing services). The results showed 57 per cent of women surveyed had experienced at least one incident of physical or sexual violence in their lifetime; more than a third with a current or previous partner. 18 per cent of women were abused before the age of 16. The results further indicated that the risk of sexual violence in adulthood doubles for women who experience childhood abuse.

41 per cent of women had experienced violence by a non-partner male in their lifetime. (Mouzos & Makkai 2004)

National Statistics and Reports

- **Personal Safety Survey (ABS 2006)**

The Personal Safety Survey (ABS 2006) conducted in 2005, published in 2006, was a follow up to the 1996 Women's Safety Australia Survey, (which found Around one in five Australian women reported being subjected to violence at some time in their adult lives (ABS 1996))

and measured changes over time. It has been noted as the 'new benchmark for incidence and prevalence research in Australia'. (Heenan in Fergus 2006).

The survey measured the nature and extent of interpersonal violence across Australia. 11,900 women and 4600 men were surveyed. It found 39.9 per cent of women had experienced some form of violence since age of 15 and 5.8 per cent of women reported experiencing violence in the 12 months prior to the survey.

The survey also found that the proportion of women reporting physical assault to police has increased in the last 10 years from 19 per cent to 36 per cent. This is less apparent increase for reports of sexual assault: 15 per cent (1996) to 19 per cent (2005). It is estimated that only 36 per cent of female victims of physical assault and 19 per cent of female victims of sexual assault in Australia reported the incident to the police.

Overall the ABS Personal Safety Survey indicated that there have been small decreases in the rates of violence experienced by women in the 12 months prior to the 2005 survey when compared with the 1996 survey. This is demonstrated in such figures as: 5.8 per cent of women experienced violence in 2005 compared to 7.1 per cent in 1996.

There are some limitations inherent in each of these surveys that should be noted: results are skewed towards people living in relatively stable private accommodation with telephones; and key groups of women are underrepresented: Aboriginal and Torres Strait Islander women, women from CALD backgrounds, homeless women, incarcerated women, those living in remote areas, and those with disabilities. (ABS 2006)

- **Australian Longitudinal Study on Women's Health**

Commencing in 1996, this study aims to run for at least 20 years. Over 40 000 women from three different age groups are surveyed every three years on their health and wellbeing. The initial 10 years of the study has demonstrated that women who have experienced violence tend to have poorer physical, mental and reproductive health than other women; access health services more frequently, and have less social support available to them.

- **Access Economics Report *The cost of domestic violence to the Australian economy* (Office of the Status of Women 2004)**

The Access Economics Report estimated total annual cost of domestic violence to Australian economy in 2002–03 was \$8.1 billion, with premature mortality contributing \$3.5 billion. This estimate includes the costs of pain and suffering, health costs and long-term productivity costs.

The report found that in 2002-2003, around 408100 Australians were victims of domestic violence – 87 per cent were women; a similar number were perpetrators, 98 per cent of these were men; 263 800 children were estimated to be living with victims of domestic violence. (Access Economics Pty Ltd 2004)

Violence Against Women in addition to or outside of a family, domestic or intimate partner violence context.

The Australian component of the International Violence Against Women Survey (2004) demonstrated the following data specific to non partner violence against women:

- ‘Two out of five women surveyed reported that since the age of 16 years they had experienced at least one incident of physical/sexual violence from a male other than a partner (other relative, other known male or stranger; 7 per cent in the past twelve months).
- While women in situations of intimate partner violence reported experiencing higher levels of physical than sexual violence, women who experienced non-partner violence reported similar levels of physical and sexual violence (27 per cent respectively).
- Of the three main categories of non-partners, women reported higher levels of violence from some other known male (23 per cent), followed by a stranger (20per cent), and a relative (10 per cent). A number of other differences in non-partner violence were also noted. These were:
 - women who were victimised by a friend, acquaintance or work colleague reported higher levels of sexual violence than physical violence (18 per cent versus 11 per cent);
 - few women were physically injured by non-partners during the most recent incidents of violence (16 per cent). Incidents involving other relatives resulted in the highest proportion of injuries (29 per cent);
 - one in five women felt that their lives were in danger during the most recent incident of violence from non-partners; and
 - women victimised by strangers reported higher levels of fear (30 per cent) than women victimised by other relatives (23 per cent) or other known males (15 per cent).’

(Mouzos & Makkai 2004: 3)

Like intimate partner violence, some groups of women in the IVAWS reported higher levels of non-partner violence. Young, single women or women who have boyfriends were most at risk of violence from a relative, friend, acquaintance, work colleague or stranger. (Mouzos & Makkai 2004)

Victoria Police Provisional Crime Statistics for 2005/2006 for 'Victims of Crime Against the Person' reported that 70 per cent of female victims of crime in Victoria were victims of assault (as compared with 84.3 per cent for males), and 24 per cent were victims of rape and sex (non-rape) offences (4.5 per cent for males). Females represented 46.8 per cent of the total number of victims of crime against the person (53.2 per cent were male). (Victoria Police 2006)

Appendix 04

Vic Health Public Health Model

A Public Health Model for the Prevention of Violence Against Women

This model was developed by VicHealth. You are granted permission to reprint this information providing appropriate acknowledgment is given and the integrity of the source document is maintained.

Primary Prevention – preventing violence before it occurs

Primary prevention interventions are those that seek to prevent violence *before it occurs*. Interventions can be targeted to the whole population or to particular groups that may be at higher risk of being the perpetrators or victims of violence. Some primary prevention interventions (such as social marketing campaigns) focus on changing behaviour or building the knowledge and skills of individuals. However, primary prevention can also focus on changing environments so that they are safer for women. Interventions that do not have a particular focus on violence, but address its underlying causes (such as gender inequality and poverty), are also primary prevention interventions.

Early intervention – taking action on early signs of violence

Early intervention is targeted to individuals and groups who exhibit *early signs* of perpetrating violent behaviour or of being subject to violence. They can be aimed at changing behaviours or increasing the skills of individuals and groups. Early intervention may also be targeted to environments in which there are strong signs that violence may occur or has begun to occur (eg subcultures, such as peer groups or sporting clubs in which there is a strong culture of disrespect of women).

Intervention – providing support and treatment to victims of violence and adopting measures to prevent re-offending and repeat victimization

Intervention strategies are implemented *after* violence occurs. They aim to deal with the violence, prevent its consequences (such as mental health problems) and to ensure that violence does not occur again or escalate. Intervention includes things such as crisis accommodation and social support for victims of violence and criminal justice and therapeutic interventions for perpetrators.

It is not always possible to make a clear distinction between these strategies. For example a policy reform, such as a police code of practice mandating arrest of perpetrators of domestic violence, is clearly designed to facilitate intervention after violence has occurred. However it can also have a primary preventative effect (by communicating to the wider community that violence against women is a serious issue) and an impact on early intervention by deterring potential perpetrators.

A Public Health Model for the Prevention of Violence Against Women			
Public Health Strategies	Primary Prevention	Early intervention	Intervention
Research, monitoring and evaluation	A study explores whether there is a relationship between gender related income inequality and the prevalence of domestic	A long term study of young women at risk of domestic violence explores whether there is a link between unemployment and vulnerability to violence.	An intensive job search assistance program to survivors of domestic violence is evaluated to determine whether it reduces their risk of further victimisation.
Direct participation	A school based program is offered to young people exploring healthy and respectful relationships	Following evidence of forced sexual contact, a school nurse delivers a program targeted to young women focussing on their right to respect in relationships.	A support group is established for young women who have been subject to sexual assault
Organisational development	A sporting club develops policies and procedures to ensure female participants and spectators have equal access to club resources and facilities and a safe and welcoming environment.	The club develops a training program for its coaches to assist them in identifying and responding to player behaviour which is disrespectful of women	The club introduces and enforces penalties for players found to vilify or harass women.
Community strengthening	A local council works with its community to develop a women's	Local men develop a mentoring program targeted to young boys who	The community attracts additional resources to provide emergency

	safety strategy covering a range of council activities from land- use planning to community services	have been identified as behaving disrespectfully toward women and girls.	accommodation for local women and children fleeing family violence.
Communications and social marketing	Radio and television advertisements are developed advocating respectful relationships between men and women	After incidents of sexual assault, including sexual harassment and date rape, come to light local clubs develop a campaign warning male patrons of the legal consequences of their behaviour.	The campaign urges young women to contact the police if they are subject to sexual assault.
Advocacy	Women's groups lobby government to introduce a family violence policy asserting that this violence will be treated as any other criminal assault.	This includes lobbying for a police code of practice which seeks to deter domestic violence by mandating police to arrest perpetrators.	Women's refuges meet with senior police to urge them to adopt measures to ensure that the code is enforced so that perpetrators of violence are removed from the family home
Legislative and policy reform	Legislation is introduced making rape in marriage a crime. The law communicates a message to the community that violence against women is unacceptable regardless of the relationship	The legislation communicates to potential perpetrators that such behaviour is not acceptable and will be treated as would other violent crimes.	The legislation improves protection for victims of rape in marriage

Developed by VicHealth, 2005

Appendix 05

Equity Focused Health Impact Assessment

What is an Equity Focused Health Impact Assessment?

Equity Focused Health Impact Assessment use health impact assessment methodology to produce a complementary and structured way of determining that potential differential and distributional impacts of a policy or practice on the health of the population as well as on specific groups within the within that population and it assesses whether the differential impacts are inequitable. (Mahoney et al 2004)

Why conduct a HIA?

The development of the Preventing Violence Against Women Action Plan has involved a complex whole of community and whole Council approach balancing a broad range of stakeholder perspectives. Other considerations adding to the complexity of the development process include:

- Lack of a strong evidence base from a local government perspective
- Wide range of potential initiatives coupled with a need for more focused actions
- Limited resources for implementation and the need for effective investment

Within in this context, the process of undertaking an equity focused health impact assessment will expose the plan to a rigorous largely independent process which will examine the potentially differential impacts of the draft action plan and the ways it might disadvantage certain groups in the community.

Type and Level of HIA

As part of the initial project screening phase, it was identified that it would be beneficial to conduct an equity-focused HIA on the Draft Prevention Violence Against Women Action Plan.

Equity-focused health impact assessment uses health impact assessment methodology to produce a complementary and structured way of determining the potential differential and distributional impacts of a policy or practice on the health of the population as well as on specific groups within that population and it assesses whether the differential impacts are inequitable.

A range of methodologies can be used for HIAs. After consideration of available resources and timelines, it was agreed by the Safer Communities and Health Promotion team in consultation with Monash University that the most appropriate level of HIA for this project would be a rapid assessment. This process would incorporate a rapid assessment workshop to bring together key stakeholders and an evidence search.

HIA Goal

To undertake an equity-focused rapid health impact assessment on the Draft Preventing Violence Against Women Action Plan to ensure that any unintended health inequalities are minimised and health benefits are enhanced.

Objectives of the HIA Demonstration Project

- To ensure the development of realistic and achievable recommendations about the Draft Preventing Violence Against Women Action Plan that are delivered to decision makers in a timely manner
- To develop a process of undertaking Health Impact Assessments within Council to assist in strengthening decision making
- To develop a pilot Health Impact Assessment framework that could have further application across other Council policies, plan and initiatives
- To develop skills and expertise within the organisation on conducting Health Impact Assessments

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