

## **City Of Yarra**

### **Working towards prevention of male sexual violence against women:**

# **Sexual Violence Taskforce Report and Action Plan**

*August 2006*

*City of Yarra Sexual Violence Prevention Taskforce*

## Members of Task Force

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There are three main papers which reflect the work of the Task Force. These are:

1. *Background Paper No. 1* Overview of trends, issues and policy responses to male sexual violence against women – a local government context *A Scoping Paper (known as Scoping Paper)*
2. *Background Paper No. 2* What do we know about sexual violence against women in Yarra? (provided as Appendix to the Action Plan)
3. Working towards prevention of male sexual violence against women: Action plan for Yarra City Council (known as the action plan)

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### **Abbreviations**

NMR: Northern Metropolitan Region  
LOTE: Languages other than English  
VAW: violence against women

## ***Introduction***

On May 23, 2005 a man raped a woman in Condell Park, outside Fitzroy Town Hall. This rape, while not characteristic of most rapes, in that the man was not known to the woman, occurred on Yarra City Council property and it became the impetus for Council to begin thinking about the issue of male sexual violence against women.

Council made a commitment to establish a Taskforce on the Prevention of Male Sexual Violence against Women in its Council Plan 2005/09. The Plan includes an action (PCN0-9.3) which will:

- examine best practice in local government sexual violence prevention; and
- recommend strategies for addressing sexual violence prevention in the City of Yarra.

Since this resolution was passed, violence against women has become a major State health promotion priority (VicHealth 2005b) and is currently one of the three priorities of the North Central Metropolitan Primary Care Partnership 2006-2009.

The Sexual Violence Taskforce met 5 times between March and July 2006 with the goal of influencing the reduction of instances of sexual violence in the City of Yarra. The Taskforce was made up of representatives from a variety of organisations, identified for their expertise or experience in this field.

Objectives of the Sexual Violence Taskforce are to:

- determine the role and subsequent actions the City of Yarra can take in addressing sexual violence;
- identify opportunities for City of Yarra to add value to the work of agencies addressing sexual violence; and
- establish an evidence base for this work using latest research and data from partners involved.

The Taskforce provided a formal mechanism for Council to seek specialist advice, consult with key stakeholders, and enable community participation in the development of an approach to this issue. The approach and recommendations will be documented in a report to be taken to Council for endorsement in September 2006.

## ***Definitions***

### **Sexual violence is**

“unwanted behaviour of a sexual nature directed towards a person:

which makes that person feel uncomfortable, distressed, frightened or threatened, or which results in harm or injury to that person;

to which that person has not agreed or freely given consent, or to which that person is not capable of giving consent;

in which another person uses physical, psychological, emotional or verbal force or other coercive behaviour against that person.

(Sexual violence, meaning either assault, perceived sexual threat or other sexual violence) may be located on a continuum of behaviours from sexual harassment to life threatening rape. These behaviours may include lewdness, stalking, sexual assault, child sexual abuse, incest, exposure to or use of a person in pornography; and threats or attempts to sexually assault.” (ABS 2004 p. 8).

Throughout this paper, the terms “men who use violence” and “women who experience violence” are preferred because they describe behaviour and avoid judgement implied through use of terms such as victim and perpetrator (NTV 2005, p. 4)

It is also recognised that where threats of or actual violence against women occur, it is possible that children and young people will also be affected, as dependants, direct witnesses or victims. (Donovan and Vlasis 2005)

### ***What do we know about the issue of sexual violence against women in the City of Yarra?***

This paper assumes that women’s position in Yarra broadly reflects that of women generally in relation to physical and sexual violence (detailed data can be seen in Appendix 1, Background Paper No. 2).

The Victorian *Women’s Safety Strategy* (2002-2007 p, 10-12) outlines the picture of violence for Victorian women as follows:

- Women are at far greater risk of particular forms of violence than men, including sexual assault and sexual harassment;
- Women’s experience of violence is often significantly different to that of men;
- Violence profoundly affects women’s lives;
- Violence against women often affects children and young people;
- Violence against women is much higher than crime statistics indicate;
- Violence against women is linked to continuing power imbalances between women and men in society; and
- Violence against women is experienced by women and girls from all cultures, age groups and backgrounds.

The above statements are based on extensive and reliable Australian and international data (WSS 2002 p.74-76).

VAW is not limited to the private or “family” domain. It occurs in public spaces and in the workplace. Schools and tertiary institutions are not immune to its occurrence, and violence against residents of nursing homes, hostels and hospitals is reported, including sexual VAW.

The Victorian *Women's Safety Strategy* recognises that addressing violence against women benefits the whole community – women, children and men. There is an overwhelming case for this proposition and publications listed at the end of this paper offer a small sample of the literature and evidence available.

The opportunity to explore the available data gives rise to an acute awareness of the relative silence about men who use violence against women. This is in no way a criticism of the data, but rather demonstrates that the issue is under-researched, often hidden, and confronts deeply held societal beliefs about the relationships between women and men.

Sexual VAW, even compared to other VAW, remains a neglected issue. This is evidenced at all levels, from our failure to ensure that women reporting sexual violence are guaranteed respect and dignity, to a paucity of research about basic good practice (Kelly 2005). This situation reinforces the national and even international significance of Council's intention to shed light on the issue and work out how to deal with it.

While gaps in data make a Yarra-specific picture of sexual VAW incomplete, several factors of special interest emerge when considering the issue in Yarra:

- Age of resident women is of special interest in relation to VAW

Yarra has a relatively high proportion of women residents aged 15-44, the group at most risk from burden of disease as a result of physical and sexual violence (WHIN 2005, p.128). In Yarra, 67% of women are in the 15-44 age group compared to 54% of Victorian women generally. In this age group, "intimate partner violence is responsible for more ill health and premature death among Victorian women than any other of the well known risk factors, including high blood pressure, obesity and smoking" (VicHealth 2004).

The relatively high representation of Yarra women in this age group is an indication that prevention of sexual VAW is an important issue for Council to consider.

- Yarra's cultural diversity makes seeking information and developing communication strategies a rich and challenging task.

A very significant part of Yarra's diversity is its indigenous residents, descendants of the original inhabitants of the area. The Task Force currently has limited knowledge about how this issue affects Yarra's indigenous community.

Also important, Yarra has a relatively high population from countries with languages other than English. There are also significant pockets of recently arrived communities.

In Yarra, diversity makes the issue of communication and strategies to prevent sexual VAW potentially both rich and more complex.

- Little is known about men who use VAW or what non-violent men think about the issue.

The invisibility of the men who use sexual VAW in the data examined so far raises the question of how to seek further information. In this respect, the locally based No to Male Family Violence Prevention Association offers a useful starting point.

- Women living in boarding houses, psychiatric and general hospitals and other special accommodation are likely to experience special risk factors for sexual VAW.

Yarra has the highest proportion of women living in boarding houses and similar accommodation for homeless or non-settled people compared to the Northern Metropolitan Region. It has the highest proportion of women living in psychiatric institutions and hospitals. This is likely to involve a higher risk factor for women in relation to sexual VAW, due to their vulnerability.

- Sex workers in Yarra

The incidence of sexual violence against women sex workers within the City of Yarra is likely to reflect that generally reported among workers in this industry, which is even higher in this occupation than among the general population (Consumer Affairs Victoria 2006, p.24-27). Building on work already commenced by the North Yarra Community Health service, it may be possible to commence dialogue with relevant services such as Project Respect and RHED (Resourcing Health and Education in the Sex Industry) and review prevention activities undertaken in other areas to support safer environments for sex workers and other residents (Next Door Primary Health 2006).

- Alcohol and other drugs and VAW

While incidence of overall alcohol related assaults are relatively high, there is no information which allows us to draw conclusion about whether women suffer as a result of these assaults. There may be a pointer to popular entertainment venues around the City, and there is scope for Council to work in partnerships with venue operators to explore how to minimise violence associated with alcohol and other drugs. However, while alcohol may be associated with violence, it is not regarded as a major causal factor in violence against women (Donovan and Vlasis 2005).

- Gambling and VAW

Conclusive findings as to any causal relationship between gambling and VAW (including sexual VAW) do not exist as there is neither quantitative data nor substantiated research about how gambling relates to other social issues. However, it is believed that there is sufficient anecdotal evidence from the Victorian gambling counselling sector and previous State Government commissioned research to indicate that gambling is associated with a wide range of social exclusion issues, including family violence (Office of the Community Advocate on Gambling 2006).

- Violence and the diversity of women's participation

Yarra is recognised as a place where women are highly visible in elected positions and as active citizens/residents in the community. Alongside this important feature, the above points suggest that sexual violence against women has a very damaging impact on Yarra's citizens/residents who are directly and indirectly affected. Sexual violence against women in Yarra, as all around the world, is damaging to human and community development.

How we approach male sexual violence against women in the City of Yarra is informed by the larger context of what we know about what women (and possibly many men too) want. For example, in 2001, the Centenary of Federation Women's Petition was formed through discussion with Victorian women and facilitated by 71 local governments including City of Yarra. The Petition's eight key points included ensuring safety for women and children in the home, workplace and community.

There is also some evidence that the level of perceived safety affects the civic engagement of women more than men. No Australian studies were identified in the literature search. However, an analysis of national data about civic participation undertaken by the US institute for Women's Policy Research (Calazza 2001) showed that perceived safety was an important factor for women's participation. Further it was one factor shared strongly across all variables – race, income, neighbourhood and education.

International interest in the impact of violence on women's participation is also demonstrated in the United Nation's Safer Cities Programme (through its Habitat agenda) <[www.unhabitat.org](http://www.unhabitat.org)> and the Canadian based Femmes et Villes (Women in Cities International) <<http://www.femmesetvilles.org>>.

In conclusion, the body of knowledge and resources available through the World Wide Web is immense, reflecting the understanding that all VAW, including sexual violence against women, is indeed "prevalent, serious and preventable" (VicHealth 2002, 12-13).

### ***Values and beliefs about male sexual violence against women and its prevention***

VAW accounts for the greatest burden of disease among 15-44 year old women (outdoing high blood pressure, obesity and smoking). The disease burden includes fatal injuries, suicide, physical injuries, reproductive ill-health, mental ill-health including depression and behaviours and practices affecting health, such as use of drugs and alcohol. The social and economic costs of VAW are immense and it is estimated that Australian businesses lose a minimum of \$500m per annum (VicHealth 2004, p.12).

The complexity of the problem signals the need for a clear, transparent and consistent set of values and beliefs to underpin community responses. The goal of effective prevention of sexual VAW demands it. The Task Force suggests that the following value and belief statements reflect the best knowledge and research currently available.

- Sexual VAW is one component of VAW and the characteristics of all VAW are applicable to the issue
- Sexual VAW, as with all VAW, is a human rights issue. Prevention of sexual violence upholds the right of women to be treated with dignity and respect, living free from violence or the fear of all violence
- In most cases, men who use violence are known to the women experiencing it

- Sexual VAW is a human problem which crosses cultural, class and national barriers. It is not caused by alcohol, drugs or other factors even though these may be associated with it
- Sexual VAW occurs because someone (usually a man) chooses to act violently, usually as a way of exercising power and control over a woman or girl
- At the hub of all violence, including sexual violence, is abuse of power
- Responsibility for acts of violence lie with those who act violently, it is not the responsibility of those who are subjected to it
- All VAW often significantly affects children and young people, both directly and indirectly
- VAW, including sexual violence, often occurs as part of a repeated pattern over years
- Fear of violence, alongside verbal abuse and sexual harassment are forms of VAW which can cause significant psychological and emotional trauma.

(Source: *Women's Safety Strategy* 2002 and Task Force)

The Task Force sees that Council can, through its current roles and responsibilities, act as a powerful community champion for prevention of sexual violence against women.

### ***Approaches to preventing male sexual violence against women***

A public health and wellbeing approach offers the most likely way forward for developing effective responses to violence against women, including sexual violence. Success in identifying best available practices will occur through conscious learning and action research including sound evaluation.

The approaches explored in detail by the Task Force include the *Victorian Women's Safety Strategy* (WSS) (2002-2007); the UNDAW Report *Good practices in combating and eliminating violence against women* (2005); VicHealth's *Public health model for the prevention of violence against women* (2005) and other international research.

The Victorian Government's *Women's Safety Strategy* (WSS) is consistent with current international and Australian research and provides an excellent philosophical and strategic starting point.

The WSS (2002-2007, p.47-52) provides 10 key headings for prevention of VAW. These are:

1. Support a mix of primary, secondary and tertiary prevention activities
2. Provide consistent messages across sectors

3. Ensure that violence prevention initiatives reflect difference between men's and women's experiences
4. Support education and violence prevention programs in schools
5. Conduct targeted community education activities
6. Enhance community involvement and ownership
7. Increase professional education about VAW
8. Respond in an appropriate and timely manner to people who use violence
9. Create safer public places
10. Ensure we are doing what works.

These headings need to be understood in the context of the State Government agenda and setting. It is noted that the list includes a mix of higher level objectives and quite specific strategies identified in 2002.

A useful compendium of good practices in prevention of VAW, including sexual VAW, follows.

### ***Promising practices in preventing sexual violence against women***

The list below appears to fit the roles and potential capacities of City of Yarra in prevention of sexual VAW. The list is drawn both from the 2002 Victorian Government *Women's Safety Strategy* and more recent Australian and international research. All are consistent with the VicHealth *Public Health Model* described below.

- mapping and setting minimum standards;
- learning and adaptation of things tried elsewhere;
- putting our own houses in order;
- adjusting to local contexts;
- mobilising community support;
- recognising prevention as a central concern, and ensuring resources and political support to back it up;
- taking multiple approaches to prevention in many different settings;
- supporting prevention work with all stakeholders - men who use violence, women who experience violence, witnesses to violence, others;
- ensure that initiatives reflect difference between men's and women's experiences;
- the importance of partnerships;
- encouraging active participation of women and girls;
- evaluation; and
- long term commitment to initiatives for prevention.

(Victorian *Women's Safety Strategy* 2002, McCarthy 2003, Whitzman et al 2004, Kelly 2004, Donovan and Vlasis 2005, No to Male Family Violence Prevention Association 2005, UNDAW 2005, Hayes 2006).

These headings offer a checklist of best available practices against which actions appropriate to Councils roles and responsibilities may be evaluated.

VicHealth's *Public health model for the prevention of violence against women* (2005) offers another kind of framework against which Council's action plan can be evaluated and validated. The model clearly lists the types of strategies which promote health and well being across the community - preventing violence before it occurs (aka primary intervention); intervening where early signs of VAW can be minimised or stopped through change of behaviour or skill acquisition (aka secondary intervention); intervention after violence occurs to deal with violence, prevent its re-occurrence or escalation (aka tertiary intervention). The model's strength lies in its recognition of the multiple settings in which prevention can occur, from one to one service provision for those experiencing violence right through to public policy and legislation.

Council roles in relation to sexual VAW are most promising at the prevention end of the spectrum in partnership with service providers (including Council's own generalist and targeted services) right along the spectrum. The VicHealth approach is consistent with that described in Council's Municipal Public Health Plan (2005-2008).

In the literature search undertaken for the Task Force, there appears to be little reference to how men, perhaps especially non-violent men, may be encouraged to participate in addressing sexual VAW and this is recognised as a critical issue for community engagement.

In considering the best approach to preventing sexual VAW, it is important to acknowledge that relative neglect of the issue is evident in international research to the extent that only "promising" practices can be cited rather than known and effective practices (Kelly 2004). The knowledge about approaches to reducing and eliminating sexual VAW is even less developed than in relation to family violence.

The recent decision of the North Central Metropolitan Primary Care Partnership to make VAW a priority for 2006-2009 confirms that City of Yarra is on the right track in its intention to work towards preventing male sexual VAW. The decision is likely to create some exciting opportunities to share expertise and learning with neighbouring Councils and communities on the issue.

The Task Force recognises that the "wheel has been invented", and has endeavoured to ensure that the approaches recommended offer a good fit for:

- Council's broad roles and responsibilities;
- adaptability for the local settings; and
- building a step by step approach to ensure capacity building and sustainability of effort.

## ACTION PLAN

### Preventing Male Sexual Violence against Women

The Action Plan covers a two year period. Year 1 sets the scene for sexual violence prevention work by:

- taking on a leadership role as an organisation by ‘getting our house in order’ and disseminating key messages
- mainstreaming a gendered approach
- addressing data gaps through continuing research and data collection
- building evaluation into the Action Plan, and
- establishing and strengthening partnerships.

Year 2 focuses on implementation by:

- engaging the community through community development
- rewarding best practice
- evaluation, and
- integrating sexual violence prevention into Council’s forwarded planning.

**NB:** Responsible Council Unit/Branch in **bold** next to action.

City of Yarra - roles & responsibilities	Year 1 Actions	Yr 2 Actions	Other Strategic Alliances
<p><b>Planning and monitoring achievement</b></p> <ul style="list-style-type: none"> <li>• The City of Yarra sets overall directions for the municipality through long-term planning in consultation with the community.</li> <li>• Examples include Council plans, strategic resource plans, municipal strategic</li> </ul>	<ul style="list-style-type: none"> <li>• <i>Seek formal partnership with VicHealth for evaluation and support for Council’s approach. (Social Planning Unit)</i></li> <li>• <i>Women’s Health in the North to host a forum for councils in Northern Central Metropolitan Primary Care Partnership; Yarra, Darebin and Whittlesea on approaches to prevention of Violence against women. (Social</i></li> </ul>	<ul style="list-style-type: none"> <li>• <i>Include the outcomes of the SVAW Action Plan evaluation in the review of the MPHP. (Social Planning Unit)</i></li> <li>• <i>Integrated planning and project implementation with NCMPCP priorities and focus on regional projects and advocacy on SVAW prevention. (Social Planning Unit)</i></li> </ul>	<ul style="list-style-type: none"> <li>• VicHealth</li> <li>• Women’s Health in the North</li> <li>• NCMPCP</li> </ul>

City of Yarra - roles & responsibilities	Year 1 Actions	Yr 2 Actions	Other Strategic Alliances
<p>statements and other strategic plans.</p> <ul style="list-style-type: none"> <li>Setting the vision, and then ensuring that it is achieved through performance management, are some of the most important roles of local governments.</li> </ul>	<p><b>Planning Unit)</b></p> <ul style="list-style-type: none"> <li>Undertake collection of data relating to sexual violence from major organisations and Council's Community Amenity Unit. <b>(Social Planning Unit)</b></li> <li>Establish a SVAW prevention Reference Group to Monitor and oversee delivery and review of Action Plan. Reference Group to meet quarterly. <b>(Social Planning Unit)</b></li> <li>Consider gendered reporting as part of review of Council's reporting requirements (KPIs, Council Plan, Operational KPIs) <b>(Culture and Community Planning Branch)</b></li> <li>Identify major SVAW prevention initiatives in the Council Plan and MPHP for 06/07 <b>(Social Planning Unit)</b></li> <li>Investigate funding opportunities to support Yr 1 actions eg: Vichealth support for evaluation. <b>(Social Planning Unit)</b></li> </ul>		<ul style="list-style-type: none"> <li>Women's Health Victoria</li> <li>VicHealth</li> </ul>
<p><b>Policy development</b></p> <ul style="list-style-type: none"> <li>The activities of the City of Yarra are guided by policies developed with community input.</li> <li>Developing and implementing policies are a key function. Both the</li> </ul>	<ul style="list-style-type: none"> <li>Incorporate SVAW prevention into the review of the staff Code of Conduct <b>(Governance Branch)</b></li> <li>Amend Council's OH&amp;S policy to include risk assessments of selected settings and clarify expected behaviours of staff relating to SVAW <b>(Organisational</b></li> </ul>	<ul style="list-style-type: none"> <li>Investigate partnership with Good Sports Program with Australian Drug Foundation or No to Violence Program, aimed at promoting positive gender messages and behaviours in Sport Clubs. (The Good Sports Program works with sporting clubs to create safer and</li> </ul>	<ul style="list-style-type: none"> <li>Australian Drug Foundation</li> <li>Sports Clubs</li> </ul>

City of Yarra - roles & responsibilities	Year 1 Actions	Yr 2 Actions	Other Strategic Alliances
<p>Municipal Public Health Plan and the Safer Yarra Plan are important policies in this context.</p> <ul style="list-style-type: none"> <li>Aligned to the policy development role is the development of research basis and collection of data in support of these policies.</li> <li>At Yarra, the Social Planning Unit is responsible for these areas.</li> </ul>	<p><b>Development)</b></p> <ul style="list-style-type: none"> <li>Investigate inclusion of SVAW principles in relation to relevant contractor's tenders, for example sporting clubs (<b>Governance Branch</b>)</li> <li>Audit Council's policies and plans for SVAW prevention opportunities (<b>Social Planning Unit</b>)</li> </ul>	<p>more healthy environments for users including the regulation of the serving of alcohol) (<b>SPU Unit/Recreation Unit</b>)</p> <ul style="list-style-type: none"> <li>Include SVAW prevention strategies in City of Yarra's Sports Plan and Open Space Strategies (<b>Environment and Recreation Branch</b>)</li> </ul>	
<p><b>Representation and advocacy</b></p> <ul style="list-style-type: none"> <li>Individual Councillors, and the Council as a whole, represent their constituents on matters of concern to those constituents.</li> <li>Advocating on behalf on constituents to other levels of government, statutory authorities and other relevant parties is a major role of the Council.</li> <li>The very act of establishing this Taskforce is an important symbolic and practical step by the Council in response to concerns around issues of sexual violence occurring</li> </ul>	<ul style="list-style-type: none"> <li>Develop a communications package to most effectively target the community. (<b>Communications Unit</b>)</li> <li>Highlight taskforce recommendations to local government peak bodies and the Office of Women's Policy. (<b>Culture and Community Planning Branch</b>)</li> </ul>	<ul style="list-style-type: none"> <li>Add support to SVAW prevention work in schools and youth services. (<b>Family and children's Services Branch</b>)</li> <li>Advocate for more men's behaviour change services in partnership with No To Male Family Violence. (<b>Social Planning Unit</b>)</li> <li>Investigate greater monitoring of contents of billboards in City of Yarra to involve negotiation with owners (<b>Urban Planning Branch/Culture and Community Planning Branch</b>)</li> </ul>	<ul style="list-style-type: none"> <li>Schools</li> <li>Youth services</li> <li>No To Male Family Violence</li> <li>Office of Women's Policy</li> </ul>

City of Yarra - roles & responsibilities	Year 1 Actions	Yr 2 Actions	Other Strategic Alliances
within the municipality.			
<p><b>Service delivery</b></p> <ul style="list-style-type: none"> <li>The City of Yarra directly provides a range of community services including family and children’s services (eg, family support and childcare); aged and disability services (eg, Home and Community Care and meals-on- wheels); leisure services (eg, self-defence and fitness programs, recreation); other community resourcing such as support for neighbourhood houses.</li> </ul>	<ul style="list-style-type: none"> <li>Explore opportunities for key council services to incorporate sexual violence prevention work into core service delivery/unit plans through:               <ul style="list-style-type: none"> <li>training for staff who interface with the with the public</li> <li>training of relevant service staff regarding referrals and reporting including regional training priorities for HACC services</li> <li>community education activities with broader community sector.</li> </ul> <p><b>(Aged &amp; Disability Services, Financial Counselling, Family and Children’s Services, Youth Services, libraries and Yarra Leisure)</b></p> </li> </ul>	<ul style="list-style-type: none"> <li>Use Council’s services and facilities to promote and distribute materials on SVAW prevention. <b>(Access Yarra, Direct Service Delivery Units)</b></li> <li>Identify possible SVAW referral pathways to support services and promote reporting <b>(Direct Service Delivery Units)</b></li> <li>Recreation programs to provide tailored programs to facilitate women’s empowerment and assertiveness such as self defence classes, including appropriate session times and settings <b>(Recreation Unit/Leisure Facilities)</b></li> </ul>	
<p><b>Provision of community grants</b></p> <ul style="list-style-type: none"> <li>The City of Yarra runs one of the largest community grants programs within the local government sector.</li> <li>Annually it provides around 1.4 million dollars to the community sector for</li> </ul>	<ul style="list-style-type: none"> <li>Provide Emerging Issues Program Funding to local organisations to focus primary prevention work in the City of Yarra and facilitate joint activity by:               <ul style="list-style-type: none"> <li>Establishing evaluation mechanisms and</li> <li>Integrating Grant holders into Council</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>Move SVAW prevention into core grants stream, following evaluation <b>(Community Advocacy Unit)</b></li> <li>Highlight outcomes of the EIP program to Council and related funding bodies <b>(Culture and Community Planning Branch)</b></li> </ul>	

City of Yarra - roles & responsibilities	Year 1 Actions	Yr 2 Actions	Other Strategic Alliances
<p>programmatic, projects and initiatives in response to emerging issues.</p> <ul style="list-style-type: none"> <li>It is a key means by which local organisations can be supported to address issues identified by Council.</li> </ul>	<p><i>SVAW prevention Reference Group</i>  <b>(Community Advocacy Unit/Social Planning Unit)</b></p>		
<p><b>Management of assets</b></p> <ul style="list-style-type: none"> <li>Council is a significant manager of assets, such as community buildings, open spaces, road infrastructure, the condition and quality of which can contribute to actual and perceived feelings of safety.</li> </ul>	<ul style="list-style-type: none"> <li><i>Assess the application of Safer Design principles including Crime Prevention through Environmental Design (CPTED) to address SVAW prevention. Training for key Council Staff. (Proud Yarra Committee, Urban Planning Branch/Assets Branch)</i></li> <li><i>Ensure the design of new public spaces, street and adjacent residential developments facilitates community safety using healthy design principles such as CPTED. (Inner Regional Housing Statement Implementation Plan 2006/07/Planning Branch)</i></li> </ul>	<ul style="list-style-type: none"> <li><i>Incorporate Safer Design principles into asset management/design where appropriate (Proud Yarra Committee, Urban Planning Branch/Assets Branch)</i></li> <li><i>Commission billboard artwork containing positive gender messages (Culture and Community Planning Branch)</i></li> </ul>	<ul style="list-style-type: none"> <li>Artists in Yarra</li> <li>Crime Prevention Victoria</li> </ul>
<p><b>Community development</b></p> <ul style="list-style-type: none"> <li>The City of Yarra can play an important role in community education and working with local organisations to build capacity to respond to major community issues.</li> </ul>	<ul style="list-style-type: none"> <li><i>Input SVAW focus into Community Safety Working Group Plans at Yarra's Neighbourhood Renewal sites and through the governance structures of other Public Housing Estates in Yarra where appropriate. (Social Planning Unit)</i></li> <li><i>Audit of available information from service providers and ensure relevant information is available at</i></li> </ul>	<ul style="list-style-type: none"> <li><i>Youth Mentoring programs. (Youth Services)</i></li> <li><i>Work with local groups, adding value to existing SVAW prevention programs (SPU Unit)</i></li> </ul>	<ul style="list-style-type: none"> <li>Neighbourhood Renewal</li> <li>Office of Housing</li> </ul>

City of Yarra - roles & responsibilities	Year 1 Actions	Yr 2 Actions	Other Strategic Alliances
	<i>Council's major services and service centres. (SPU Unit)</i>		
<p><b>Enforcement and regulation</b></p> <ul style="list-style-type: none"> <li>• Council plays a critical role in working with local nightclub and venue owners on licence issues.</li> <li>• Given the significant entertainment precincts within the city (Bridge Road, Brunswick Street, Victoria Street, Swan Street and Smith Street) this is of particular interest to this inquiry.</li> </ul>	<ul style="list-style-type: none"> <li>• <i>Explore opportunities to include SVAW prevention focus in Liquor Licensing Forum (Community Amenity Unit)</i></li> </ul>	<ul style="list-style-type: none"> <li>• <i>Establish a community award for best practice in SVAW prevention with Liquor Licensing Forum (Community Amenity Unit)</i></li> <li>• <i>Getting home safely campaign in partnership with VicRoads and Liquor Licensing Forum (Social Planning Unit)</i></li> </ul>	<ul style="list-style-type: none"> <li>• Liquor Licensing Forum</li> <li>• Victoria Police</li> <li>• VicRoads</li> </ul>

## **Appendix 1: What do we know about sexual violence against women in Yarra?**

Background Paper No. 2 (Background Paper No.1 is a Scoping Paper also available but not included as an Appendix)

### **Introduction**

The following paper explores available data about sexual violence against women (VAW) and its meaning for women in City of Yarra. The data analysis has been undertaken with a view to establishing a knowledge base about one starting point from which Yarra City Council can consider its particular contribution to preventing or minimising such violence.

The main source of information is the *Data Book* created by Women's Health in the North (2005). The *Data Book* brings together data, analysis and trends from various sources to create a picture of what is happening in the Northern Metropolitan Region (NMR) in relation to women's health. In some cases specific data is extracted for Yarra City. In others, we may be able to generalise NMR data to Yarra. The paper needs to be read with the overall Australian statistics and trends about sexual VAW in mind, as outlined in the scoping paper prepared for the first meeting of the Task Force. For example, there is overwhelming agreement across national and international data sets and analysis that under-reporting of sexual violence and other violence against women is endemic. The other aspect to note is that in some current data sets such as the Australian Longitudinal Study of Women's Health, Yarra is too small an area to show credible statistical significance.

This discussion paper can be read alongside Council publication *A snapshot of the City of Yarra* which draws data from the Australian Bureau of Statistics (ABS) Census of Population and Housing 1996 and 2001, with a comparison of Yarra's social and economic indicators to those of the Melbourne Statistical District. The *Snapshot* is currently non-gendered.

This paper assumes that broadly speaking, women's position in Yarra and the NMR, reflects that of women generally in relation to physical and sexual violence. Therefore, to some extent, Yarra's "uniqueness" in relation to other municipalities may count for relatively little in considering the prevalence and prevention of violence against women.

### **Overview of available data about sexual violence against women**

Australian data measuring the rate of sexual violence is flawed for several important reasons - age of data (most recent surveys are prior to 2003), under-reporting, and multiple data gathering purposes and styles. These realities make comparisons and data amalgamation difficult. The most recent Australian data summary was produced by the ABS in 2004. It brings together a range of data sets between 1996 and 2002. Despite its relative age, the ABS Women's Safety Survey (1996) is regarded as the most reliable starting point for information about sexual VAW (VicHealth 2005, p.17).

The 1996 ABS Women's Safety Survey found that:

- 133,000 women (equal to 1.9% of female adults) surveyed experienced an incident of sexual violence (i.e. assault and/or threat) in the 12 months prior to the study (p.18);
- 1,228,400 women (i.e. one in six adult women) had experienced some form of sexual violence or threat since they were 15 years of age (p.18)
- one in thirty women aged 18-24 (i.e. 3.6% of all women in the age group) had experienced sexual violence in the 12 months prior to the study (p.35)
- between 93% and 96% of those inflicting sexual violence were reported to be male (p.44).

(ABS 2004)

The 2002 Australian Bureau of Statistics (ABS) National Crime and Safety Survey found that:

- 33,000 persons (or 200 victims per 100,000 adult persons) aged over 18 were victims of at least one sexual assault in the 12 months prior to the survey (p.26)
- 86% of victims were female; 86% of offenders in all sexual assaults were male (p.26).

(ABS 2004).

The International Violence against Women Survey (Australian Component), which surveyed 6,677 women between 18 and 69 years, between December 2002 and June 2003 found that:

- 57% of the women surveyed had experienced at least one incident of physical or sexual violence over their lifetime (p.20)
- 12% of women had experienced sexual violence by an intimate partner (p.44);
- 18% of women had been sexually abused before the age of 16 (p.85)

(Mouzos and Makkai 2004)

Data about whether perpetrators are known to victims indicates that strangers were least likely to be offenders, but still make up a significant proportion of sexual violence incidents. For example, for women who had experienced sexual violence of any kind by a man (including threats and assaults), 22% involved strangers. In summary, ABS estimates that 89% of sexual assaults were committed by a person known to the victim (current or previous partners, boyfriends or dates, workmates; friends or family members); sexual threats by known persons in 64% of cases. In summary, sexual violence including assault and threat was used against women by known persons in 78% of cases. (ABS 2004, p.46).

## **Overview of Yarra women from 2001 Census and other data**

### ***Diversity***

In Yarra, women make up 51% of Yarra residents, approximately 35,200 individual women and girls. Yarra's population is more diverse than the metropolitan average and this is reflected among women.

Of Australian born residents, descendants of the original inhabitants, the Wurundjeri, and other indigenous residents are an important part of the City's make up despite the relatively small and probably under-reported percentage recorded in the 2001 Census

(106 indigenous females). 62.5% of residents were born in Australia or are from countries with English as first language.

While the overall percentage of women born outside Australia is high (37.5%), no one country of birth predominates apart from Vietnam. The highest numbers of women born in countries with language other than English (LOTE) include those from Vietnam, Greece, Italy, China and Malaysia.

Since the 2001 Census, it is known that there are significant but small pockets of population from countries such as East Timor, and refugees on Temporary Protection Visas. As part of a continuing exercise to identify and explore the problem of sexual violence against women in Yarra, it would be worthwhile learning what is known and experienced by these populations of women in relation to violence and sexual VAW in particular.

This diversity is an important factor when considering how to communicate about and act on sexual violence prevention within the Yarra community.

### **Age**

Compared to the Northern Metropolitan Region, Yarra has a relatively high proportion of women residents aged 15-44, the group at most risk from burden of disease as a result of physical and sexual violence (WHIN 2005, p.128). In Yarra, 67% of women are in the 15-44 age group compared to 54% of Victorian women generally. Interestingly, more than 50% of women aged 35-54 live in group households. Yarra also has the highest proportion of young women aged 25-34 in NMR, making up 30% of Yarra women.

See the discussion below about the prevalence of sexual violence experiences in the younger age group, and disease burden among women aged 15-44 as a result of sexual violence.

### ***Social Circumstances***

Yarra's has the highest proportion of women living in boarding houses and similar accommodation for homeless or non-settled people compared to the NMR. It has the highest proportion of women living in psychiatric institutions and hospitals. This is likely to involve a higher risk factor for women in relation to sexual VAW due to their vulnerability

The City of Yarra has moved toward a markedly greater concentration of high income households; however there are still a significant number of low income households in Yarra - 20 per cent of households earn less than \$400 per week, compared with 18 per cent for the metropolitan area. Family income for lone parents (mostly women) in Yarra is low and matches those of parents in Hume, the two municipalities with lowest weekly income for lone parents in the NMR. It is noted that women experiencing lower socio-economic disadvantage were only slightly more likely to experience violence (WHIN 2005, p.165)

### ***Alcohol and other drug use and violence***

*The Turning Point Report (2005)* identifies the extent of alcohol and drug use and related harm within Yarra. Alcohol related assaults in City of Yarra ranked 7<sup>th</sup> among all Victorian LGAs, with a rate of 21 per 10,000 residents, compared to a rate of 8 per 10,000 residents in the Northern Metropolitan Region and 10 per 10,000 residents in Victoria. There is probably a common belief in the community that alcohol and sexual violence have a causal relationship. However, a VicHealth analysis suggests that while alcohol may be involved in violent incidents, it is not a major factor in violence against women (Donovan and Vlasis 2005).

### ***Men who use violence***

So far, the opportunity to explore the available data in more detail gives rise to an acute awareness of the silence about men who use violence against women. This is in no way a criticism of the data but rather a realisation that it will be a major issue for consideration in relation to prevention and mobilising community support.

### ***Sex work in Yarra***

The incidence of sexual violence against women sex workers within the City of Yarra is likely to reflect that generally reported among workers in this industry, which is even higher in this occupation than among the general population (Consumer Affairs Victoria 2006, p.24-27). Legal and Illegal brothels are known to exist in the City. One example of a small but successful intervention was undertaken by North Yarra Community Health Service. A small pilot project exploring the incidence of street sex work has confirmed its existence within Yarra. The project has resulted in identification of simple strategies which service providers can use to support safer environments for women in this situation (verbal report, 6 July 2006, Next Door Primary Health).

Building on this work, it may be possible to commence dialogue with relevant services such as Project Respect and RHED (Resourcing Health and Education in the Sex Industry) and review prevention activities undertaken in other areas to support safer environments for sex workers and other residents.

### ***Gambling and sexual VAW***

Conclusive findings as to any causal relationship between gambling and VAW (including sexual VAW) do not exist as there is neither quantitative data nor substantiated research about how gambling relates to other social issues. A preliminary web literature search confirmed the paucity of research in this specific area. However, it is believed that there is sufficient anecdotal evidence from the Victorian gambling counselling sector and previous State Government commissioned research to indicate that gambling is associated with a wide range of social exclusion issues. These include homelessness and bankruptcies, suicides, alcohol and substance abuse, and family violence (verbal report, 4 July 2006, Victorian Office of Community Advocate on Gambling).

### ***Violence in the workplace***

The Victorian Work Cover Authority estimates that workplace violence costs \$57 million per annum. Comparative international studies indicate the actual costs are likely to be much higher. Other impacts identified in international research include staff turnover,

absenteeism, reduced efficiency, decline in work quality, counselling, mediation or grievance proceedings, increased error margins and unsafe workplaces (OWP 2004).

## **Discussion**

As already stated, compared to the NMR and metropolitan Melbourne, Yarra has a predominance of women aged 15-44, making up 67% of Yarra women. This compares to 54% of Victorian women generally. As we know that women aged 15-44 are at the highest risk of disease burden due to physical and sexual violence (WHIN 2005, p.128), it could perhaps be inferred that among Yarra's women are both relatively high prevalence of sexual violence and relatively high risk compared to other municipalities in Victoria. It would be wrong to interpret this by identifying Yarra as a "high risk" area in which to live, but rather would reflect the overall data trends about the general situation of women in the 15-44 age group, no matter where they live.

The Australian Longitudinal Study on Women's Health (ALSWH) also known as Women's Health Australia (Commonwealth Department of Health and Aging 1996- ) is following 40,000 women in three different age groups over a 20 year period. It suggests that young women in the NMR reported slightly lower than average physical, emotional or sexual violence (WHIN 2005, p.208). Unfortunately, the number of women resident participants in Yarra is statistically so small as to make generalisations impossible.

The slightly lower than average experience of violence reported by NMR younger women in the ALSWH study is no great reassurance in considering the problem. The rates of experiencing violence are still very high. Just over one third of young women in the North (aged 22-27) reported experiencing violence in their lifetimes. Of the one third reporting violence, 17.4% cited experiencing sexual abuse. Mid-age women reported violence against them at similar rates to Victoria. However, no breakdown is provided for physical versus sexual violence (WHIN, 2005, p.214).

## **Health consequences**

The direct health consequences of violence against women include a range of serious mental and physical health illnesses and conditions, ranging from depression to reproductive health consequences (McCarthy 2003). VicHealth commissioned research by Professor Theo Vos (2004) which found that "intimate partner violence is responsible for more ill health and premature death among Victorian women than any other of the well known risk factors, including high blood pressure, obesity and smoking" (cited in Donovan et al 2005, p.8).

## **Economic and other costs**

The economic costs of violence against women are now recognised, for example, it is estimated that Australian businesses lose at least \$500 million p.a. due to acts of family violence (McCarthy 2003). Poverty, homelessness and reduced economic participation of women are all outcomes of violence against women. It is also argued that women's citizenship and participation opportunities can be severely curtailed by their experience of violence (Calazza 2001).

## Crime data

As with health data, crime data appears difficult to obtain with specific reference to the City of Yarra. In relation to reported crime overall, the Crime Prevention Victoria Report cites the ABS Women's Safety Survey (1996) that, whereas over one third of women sexually assaulted by a stranger made a Police report, only 4.7% of women assaulted by their current partner did so (CPV 2002, p, 5). This data is consistent with the often reported fact that it is mostly men known to women as current or former partners, boyfriends, workmates friends or family members, who sexually assault them (Task Force draft report 2006, p.5).

At the first Yarra Task Force meeting held in March 2006, it was verbally estimated by Victoria Police representatives that of the reported sexual assaults in the Victoria Police region, 10% were reported in Yarra. Of these, half were reported by adults and the other half were in relation to children under 18 years. No numbers were cited.

In 1993, Operation Pegasus, a landmark State-wide campaign targeted at Child sex abuse received 2495 calls reporting violence. Calls were mostly from women reporting violence against them, some dating back more than 30 years (web sources various). Most callers (60-70%) were in the 20-44 age group. 70-75% of calls reported assaults which occurred to them between the ages of 10-24 years. Consistent with more recent figures, 90.2% of reported offences had not ever been reported to police. Reasons given for not reporting included 31% of callers who felt that they would not have been believed; 28% feared reprisal and 16% did not wish family or friends to know what had happened to them (verbal data provided from official and confidential files of Victoria Police, 1 May 2006). Hard data and information specific to Yarra is not available.

City of Yarra has explored crime statistics in relation to its drug profile (*Turning Point Report 2005*). Several key data sources provide useful and reliable information on the extent of alcohol and drug use and related harm within Yarra. Selected data which may bear some relation to violence against women include:

alcohol related assaults in City of Yarra ranked 7<sup>th</sup> among all Victorian LGAs, with a rate of 21 per 10 000 residents, compared to a rate of 8 per 10 000 residents in the northern metropolitan health region and 10 per 10 000 residents in Victoria. The majority of these rates had increased over the most recent period.

domestic incidents deemed by police to be related to alcohol were generally comparable to the rate observed in Victoria as a whole. Definite alcohol involvement in domestic incidents had increased over time.

This interpretation implies that there may be a relationship between alcohol abuse and violence against women. While this is probably a common understanding in the community, a Vichealth study identifies that while alcohol may be involved in violent incidents it is not a major factor in violence against women (Donovan and Vlasis 2005). An alternative view about the role of alcohol in sexual violence is that predatory men target women who are drunk, or appear to be so, to facilitate rape (Kelly, Lovett and Regan 2005 cited in UNDAW 2005).

Data specific to Yarra was sought from CASA and Gatehouse. Gatehouse provides support services to young people less than 18 years where a report has been made about sexual assault, and shares service provision for Yarra with North East CASA, and

Children's Protection Service (for under 12 year old children). Gatehouse was able to provide Yarra specific data for the small segment of the municipality which it covers. Between 2003 and 2005 (3 years) Gatehouse worked with a total of 49 female young people from City of Yarra (Gatehouse, 5 July 2006).

Given that the sexual assault service coverage of Yarra's young people is spread geographically across three service providers, the figure by no means provides the whole picture of reported crime against young women under 18 years. CASA was unable to provide data.

### **Qualitative data**

While there is some quantitative data, the existence of qualitative data for Yarra appears negligible. The stories of women and others about their experiences of sexual VAW and stories about successful prevention would enhance the impact of the quantitative data and may be effective in raising community understanding and commitment to any future strategy created by City of Yarra. Some of these stories may be found in the documents of the Victorian Women's Safety Strategy (2002).

### **Conclusion**

Gaps in data make a Yarra-specific picture of sexual VAW incomplete. However, broadly speaking, there is currently no reason to assume that Yarra women experience prevalence of sexual VAW any differently from women elsewhere in Victoria or Australia. City of Yarra has several important features which make the prevention of sexual violence a worthwhile and potentially effective public health initiative.

## Bibliography

ABS (2004), *Sexual Assault in Australia - a statistical overview* (4523.0)

Australian Longitudinal Study of Women's Health: (Commonwealth Department of Health and Ageing 1996-). **Web site:** <http://www.newcastle.edu.au/centre/wha/>

Calazza, Amy, 2001, *Women's Community involvement: the effects of money, safety, parenthood and friends*, US institute for Women's Policy Research ([www.iwpr.org](http://www.iwpr.org))

Consumer Affairs Victoria, *Proposed Prostitution Control Regulations 2006*, Victorian Department of Justice

Crime Prevention Victoria, 2002, *Women's experience of crime and safety in Victoria 2002*, Victorian Department of Justice

*Data Book* – see Women's Health in the North below

Donovan, Robert J, and Vlasis Rodney (2005), *VicHealth Review of Communication Components of Social Marketing/public Education Campaigns Focussing on Violence Against Women*, Victorian Health Promotion Foundation, Melbourne

Hayes, Trish (2006), *Gender, Local government and Violence Prevention: learning from international good practice to develop a Victorian model*, (Background paper for Making the links: Gender, Violence Prevention and Local Governance Project) University of Melbourne

Kelly, Liz (2005), *Promising practices addressing sexual violence*, UNDAW Good Practices Expert Group meeting 17-20 May 2005 (Also see ref. below)

McCarthy, Therese (2003), *Public Health, Mental Health and Violence against Women Report*, Victorian Health Promotion Foundation

Mouzos, Jenny and Makkai, Toni (2004), *Women's experiences of male violence : findings from the Australian component of the International Violence Against Women Survey (IVAWS)* Australian Institute of Criminology, Canberra (Research and public policy series, no. 56)

No To Violence Male Family Violence Prevention Association (2005): *Men's Behaviour Change Group Work: a manual for quality practice*, NTV Inc Richmond

Operation Pegasus reference: Hayden, The Hon Bill, Governor General: *Address on domestic violence:* [www.aic.gov.au/publications/aust-violence-2/hayden.pdf](http://www.aic.gov.au/publications/aust-violence-2/hayden.pdf)

United Nations Division for the Advancement of Women UNDAW (2005), *Good practices in combating and eliminating violence against women*, <http://www.un.org/womenwatch/daw/egm/eql-men/index.html>

VicHealth (2004), *The health costs of violence: Measuring the burden of disease caused by intimate partner violence*, Victorian Health Promotion Foundation, Carlton South

VicHealth (2005a): *Public health model for the prevention of violence against women*, [www.vichealth.vic.gov.au](http://www.vichealth.vic.gov.au)

VicHealth (2005b), *A Plan for Action 2005-2007 Promoting Mental Health and Well being*, Victorian Health Promotion Foundation, Carlton South

Victorian Office of Women's Policy (2004), *Analysis of workplace violence research frameworks*: URCOT staff with assistance from the Research Sub- Committee for the Statewide Steering Committee to Reduce Violence against Women in the Workplace ([www.women.vic.gov.au](http://www.women.vic.gov.au) )

Whitzman, Carolyn, Canuto, Marisa and Binder Sarah (2004), *Women's Safety Awards 2004: a compendium of good practices*, Femmes et Villes International

Women's Health in the North 2005, *Women in Melbourne's North: a data book for program and service planning in health*, WHIN (also known as The Data Book)

**Telephone, email, interview – unpublished data**

Gatehouse (Royal Children's Hospital) 5 July 2006

North Yarra Community Health Service (Next Door Primary Health) 7 July 2006

Victorian Office of Community Advocate on Gambling 4 July 2006

Victoria Police (Task Force member) 1 May 2006

## Additional resources with an action focus

### General websites

- [United Nations Division for the Advancement of Women](http://www.un.org/womenwatch/daw/)  
<http://www.un.org/womenwatch/daw/>

The UN's Division for the Advancement of Women (DAW) advocates the improvement of the status of women of the world and the achievement of their equality with men. The Division promotes women as equal participants and beneficiaries of sustainable development, peace and security, governance and human rights. As part of its mandate, it strives to stimulate the mainstreaming of gender perspectives both within and outside the United Nations system. Many resources are available. Good starting point for international research relating to many issues for women, including violence against women.

- [Women in Cities international](http://www.femmesetvilles.org)  
[www.femmesetvilles.org](http://www.femmesetvilles.org)

Women in Cities International is an exchange network for various partners concerned with gender equality issues and the place of women in cities on the five continents. Its main theme is supporting a gender-based approach in municipal planning and management. Links to the Victorian Gender, Local Governance and Violence Prevention Project (2006-2009) is available on the website.

### Additional publications and specific campaigns

- 101 ways to prevent violence  
<http://www.dvirc.org.au/PublicationsHub/101WaysPrevent.htm>

A Victorian Resource Kit Bursting with Community-based Education Projects to End Family Violence

- 10 Point Plan for Women's Health 2006-2010  
<http://www.whv.org.au/news/10ptplan.pdf>

A vision for Victorian women's health over the next 5 years which addresses the impact of gender on health and health inequalities

- Victorian Local Government Women's Charter
- 2001 Centenary of Federation Women's Petition  
[www.vlga.org.au/issues/women\\_gov.html](http://www.vlga.org.au/issues/women_gov.html)

Both the Charter and the Petition support gender equity in all aspects of government and governance. They can be used as foundations for policies and practices which local

governments can use to improve women's participation, including response to violence against women.

- Zero Tolerance Charitable Trust (UK)

<http://www.zerotolerance.org.uk/>

The Zero Tolerance Charitable Trust is an organisation promoting innovative policy and practice that tackle the root causes of male violence against women and children. The Trust originated from the Edinburgh City Council Women's Committee in 1992. From little things big things grow...

### **Broad research and data sources**

- Clearing House for women's health issues:

<http://www.whv.org.au/clearinghouse.htm> Women's Health Victoria

Women's Health Victoria's Clearinghouse collects English language information, literature and resources relating to women's health. It acts as an interchange point for knowledge, research and initiatives in women's health. The broad spectrum of women's health information is sorted, analysed and reviewed to ensure its currency, usefulness and relevance, and is made easily accessible to health p

- Domestic Violence and Incest Resource Centre

<http://www.dvirc.org.au/>

DVIRC is a state-wide service in Victoria, Australia. DVIRC aims to reduce and prevent family violence by providing education to improve service and policy responses, and by assisting people who have experienced abuse.

- Australian Centre for Study of Sexual Assault (ACSSA)

<http://www.aifs.gov.au/acssa/links.html>

The Australian Centre for the Study of Sexual Assault (ACSSA) aims to improve access to current information on sexual assault in order to assist policymakers and others interested in this area to develop evidence-based strategies that respond to, and ultimately reduce, the incidence of sexual assault. The emphasis of the Centre is on all forms of sexual assault; particularly the sexual assault of women and girls over fifteen years of age (the most commonly reported victims); and adult survivors of child sexual assault.