



# PREVENTION OF VIOLENCE AGAINST WOMEN:

*in the Eastern Metropolitan Region of Melbourne*

The key purpose of the document is to provide a useful resource for practitioners working in the community and health sector in the EMR. It is hoped that the document will contribute towards an increased understanding of Prevention of Violence Against Women and its gendered nature, and to provide a local context to primary prevention work happening in the region.

Women's Health East

2011

WOMEN'S HEALTH EAST (WHE) IS A NON-PROFIT HEALTH PROMOTION ORGANISATION WORKING WITHIN THE EASTERN METROPOLITAN REGION OF MELBOURNE. AS A WOMEN-FOCUSED ORGANISATION WE WORK WITH LOCAL GOVERNMENT, COMMUNITY HEALTH SERVICES AND OTHER AGENCIES IN THE REGION TO BUILD THE CAPACITY OF SERVICES AND PROGRAMS TO IMPROVE THE HEALTH AND WELLBEING OF WOMEN.

Prevention of Violence against Women  
(Women's Health East Priority Area Overview)

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Published Oct 2011

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# PREVENTION OF VIOLENCE AGAINST WOMEN: AN OVERVIEW DOCUMENT

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# ACRONYMS

<b>ABS</b>	Australian Bureau of Statistics
<b>EDVOS</b>	Eastern Domestic Violence Outreach Service
<b>EMR</b>	Eastern Metropolitan Region
<b>IVO</b>	Intervention Order
<b>PVAW</b>	Prevention of Violence Against Women
<b>SN</b>	Safety Notices (for family violence)
<b>WHE</b>	Women's Health East
<b>WHV</b>	Women's Health Victoria

# BACKGROUND

Women's Health East (WHE) is a non-profit health promotion organisation working within the Eastern Metropolitan Region of Melbourne (EMR) that aims to improve the health and wellbeing of women and girls in the region.

The work of Women's Health East (WHE) is underpinned by a social model of health; this model recognises the impact of social, cultural, political and economic factors on a woman's health and wellbeing. WHE acknowledges that health is not only about the absence of disease; it is also about physical, social and mental wellbeing. WHE applies the social determinants framework to improve health and wellbeing outcomes, aiming to prevent and reduce illness and address inequalities and disadvantage that exist within the community.

WHE adopt a gendered approach to health and wellbeing, acknowledging that women and men experience health differently. WHE believes that in order to reduce inequality and improve health outcomes both effectively and equitably for all, a gender lens must be applied.

WHE's three priority areas sit under the umbrella priority to uphold gender equity, and include:

- Preventing violence against women
- Enhancing sexual and reproductive health
- Promoting mental health and wellbeing.

This document is one of three WHE Priority Area Overview Documents. It was identified that, in addition to WHE Fact Sheets, Overview Documents would provide a useful resource for practitioners working in the community and health sector in the EMR. It is hoped that these documents will contribute towards an increased understanding of our three priority areas and to the gendered implications on health and wellbeing.

The key purpose of the Preventing Violence against Women (PVAW) Overview Document is to:

- Explore the gendered nature of violence against women
- Provide a local context to PVAW work
- Provide a user friendly overview of PVAW including; the key determinants of violence, local and regional statistics and the impact of violence against women
- Promote an evidence based approach to primary prevention of violence against women
- Profile an example of innovative primary prevention work in the EMR.

This document has been developed by WHE as an accompanying document to Women's Health Victoria's (WHV) (2009) *Women and Violence* Issues Paper. Whilst WHV's *Women and Violence* Issues Paper provides a comprehensive review of key issues and definitions around women's experiences of violence, populations most at risk, and the consequences of violence, this document will provide the wider context for PVAW – at a national, state and local level - and present a case for effective prevention practice in addressing the core determinants of violence.

# 1. INTRODUCTION

Violence against women is prevalent, serious and preventable (OWP 2009). The impact of violence has profound consequences for women, children, families and whole communities (VicHealth 2007). Since most violence against women occurs within the privacy and confines of the home, often by someone known to them or within intimate partner relationships, violence against women has been regarded as ‘the great silent crime of our time’ (Former PM Kevin Rudd, 17.09.08). With increasing momentum, preventing violence against women has become a key priority across government, business, health and community sectors.

A key challenge for individuals and professionals working in the field of violence prevention is in understanding the ever-changing landscape of primary prevention work and how best to align programs and services with evidence based practice. While primary prevention seeks to prevent violence before it occurs, critical to this important work is the ‘undoing’ of social structures that reinforce male privilege and gender inequity. Andrew O’Keefe, chairman of White Ribbon Day says, ‘It’s only by changing attitudes of power and privilege that we can begin to change the violent behaviours that flow from them’ (Ramadan 2008). Therefore effective prevention that addresses the structural root of men’s violence against women needs to be approached from a feminist framework (Pease 2008).

## Violence against Women – Key Definitions

Violence against women is now widely recognised as a global problem and one of the most widespread violations of human rights (VicHealth 2008). Family violence and sexual assault are the most common forms of violence experienced by women in Victoria (OWP 2009).

The United Nations (1993) define violence against women as:

*‘Any act of gender-based violence that results in, or is likely to result in, physical, sexual or psychological harm or suffering to women including threats of such acts, coercion or arbitrary deprivations of liberty, whether occurring in public or private life.’*

Other key definitions include:

### Family Violence

Includes behaviour that is physically or sexually abusive, emotionally or psychologically abusive, threatening or coercive, or in any other way controls or dominates the family member and causes that family member to fear for their safety or wellbeing or for the safety and wellbeing of another person (OWP 2009).

### Sexual Assault

Includes any unwanted sexual behaviour that causes humiliation, pain, fear or intimidation. It includes behaviour that does not involve actual touching, such as verbal sexual harassment. Violence against women can be both criminal and non-criminal in nature and it is, in the main, behaviour intended to exercise power and control over women (OWP 2009).

While violence against women is a term that is often used interchangeably with 'domestic violence', 'intimate partner violence' and 'family violence', the term 'violence against women' is a definition that encapsulates various forms of violence along the continuum of violence perpetrated against women. Further to this it recognises the gendered and disproportionate nature of violence that predominately is perpetrated by men against women.

For more information on the language of violence see WHV (2009) *Women and Violence Issues Paper* p3-5.

### **Scope of this document**

This document focuses particularly on violence against women by men known to them, since evidence suggests that most violence against women is perpetrated by a male acquaintance, an intimate partner or other relative (VicHealth 2007).

Whilst it is not within the specific scope of this document WHE acknowledges the experiences of women and girls who experience violence outside of a family violence setting (including sexual, physical, emotional or psychological abuse) and that these experiences have health and other impacts on those women and girls and their families and communities.

## 2. REPORTED INCIDENTS OF VIOLENCE AGAINST WOMEN

Between the financial year 2009-2010 there were 35,720 family violence incidents reported to police across Victoria (Victoria Police 2011). While low levels of reporting by women who have experienced violence make it difficult to measure the true extent of violence against women, research indicates that since the age of fifteen, 1 in 5 women have experienced sexual violence and 1 in 3 women physical violence (Mouzos & Makkai 2004). Further evidence suggests that more than half of Australian women (57%) have experienced some form of physical or sexual violence since the age of sixteen (OWP 2009). Watts and Zimmerman (2002) note that given stark issues around under-reporting, these findings may be more accurately viewed as representing the minimum levels of violence that occur.

### Context of Violence

Data published from the Personal Safety Survey (ABS 2006) found that most women assaulted in the last 12 months were assaulted by either a current or previous partner (31%), a male family member (28%) or other another male person (12%). The data also indicates that 78% of women sexually assaulted since the age of 15 were assaulted by someone known to them.

While violence mostly occurs in the home, sexual assault can also occur in a range of settings such as workplaces, schools, pubs and clubs (VicHealth 2007) - outside of the 'family violence' context. Girls and young women aged 15-24 are the most likely of the different age groups to experience sexual assault (ABS 2006).

For more information on populations most at risk see WHV (2009) *Women and Violence* Issues Paper Ch5.

### Family Violence in the EMR

The Eastern Metropolitan Region (EMR) of Melbourne comprises 7 municipalities including: Boroondara, Knox, Manningham, Maroondah, Monash, Whitehorse and Yarra Ranges. Between the financial year 2009–2010, the number of family violence incidents reported to the Victorian Police in the EMR was 4,043 (Victoria Police 2011).

The table below summarises family violence data produced annually by Victoria Police that have been recorded per 100,000 population to enable comparisons across different areas. The table also highlights the number of charges laid, Intervention Orders (IVO) applied for and where Family Violence Safety Notices (SN) were issued.

The information demonstrates that Knox had the highest rate of recorded family violence incidents in the region, followed by Maroondah (WHE 2010). It should be noted that

discrepancies in reported family violence incidences may be influenced by a range of factors including community awareness and education campaigns that encourage reporting and police vigilance in family violence reporting.

Recorded Family Violence Incident Reports 2009–2010 Rate per 100,000 Population Eastern Metropolitan Region Local Government Areas and Victoria					
	FV Incidents	Where Charges Laid	Where IVO Applied For	Where SN Issued	IVO and SN
<b>Boroondara</b>	263.5	36.9	16.1	18.4	34.5
<b>Knox</b>	582.8	108.4	35.9	48.1	84.0
<b>Manningham</b>	319.7	64.1	32.9	39.6	72.5
<b>Maroondah</b>	504.6	81.9	31.1	51.8	82.8
<b>Monash</b>	336.2	51.7	21.0	29.5	50.5
<b>Whitehorse</b>	325.6	42.4	18.6	32.8	51.4
<b>Yarra Ranges</b>	454.6	88.0	35.6	73.2	108.8
<b>Victoria</b>	649.9	165.2	106.4	61.5	167.9

Figure 1: Recorded Family Violence Incidence Reports 2009-2010 (cited in WHE 2010, p84)

# 3. A GENDERED APPROACH

Violence against women is the leading contributor to death, disability and ill-health in Victorian women aged 15–44 (VicHealth 2004). Family violence and sexual assault are predominantly perpetrated by men against women. Evidence demonstrates that women make up the overwhelming majority of victims of family violence and sexual assault (VicHealth 2008; Victoria Police 2009).

Compared with male victims of relationship violence, women are:

- Five times more likely to require medical attention or hospitalisation (Mouzos 1999).
- Five times more likely to report fearing for their lives (Mouzos 1999).
- Five times for likely to be killed by an intimate partner (Mouzos 1999).

Women constitute 77 per cent of reported family violence incidents, and women and girls constitute 92 per cent of reported rape incidents (Victoria Police 2009). Further to this, we know that almost every week a woman is killed in Australia by a current or previous male partner (Dearden & Jones 2008; Davies & Mouzos 2007).

Gender-based violence both reflects and reinforces inequities between women and men and therefore - by intention or effect – perpetuates male power and control (UNFPA n.d.). This is further sustained by a culture of silence and denial of the seriousness of the consequences of abuse (UNFPA n.d.).

Given the stark gendered nature of violence, prevention efforts need to address the key determinants of violence. This is explained in Chapter 4.

# 4. DETERMINANTS OF VIOLENCE AGAINST WOMEN

Violence against women has its roots in gender and power inequality (OWP 2010). Gendered issues of power and control are reinforced through a complex web of cultural and social norms and structures that perpetuate unequal relationships (OWP 2010). In order to develop appropriate responses to end violence against women we need to understand the underlying determinants of why violence occurs in the first place.

In VicHealth's report (2007), *Preventing Violence Before it Occurs: A framework and background paper to guide the primary prevention of violence against women*, the key determinants of violence against women are identified as:

- Unequal power relations between women and men
- Adherence to rigid gender stereotypes
- Broader cultures of violence.

Community and societal ideas of what it means to be a woman and a man can contribute to the problem of violence against women by supporting the traditional gendered power-imbalance (OWP 2009). Promoting equal and respectful relationships is critical to women and their children being able to live free from violence (VicHealth 2007). Research shows that social norms, attitudes and beliefs contribute to all forms of violence against women, whether it is emotional, psychological, economic, physical or sexual violence (Flood & Pease 2006). These beliefs can result in violence being justified, excused or hidden from view. Building greater equality and respect between women and men can therefore reduce the development of violent supportive attitudes and beliefs and deconstruct structural gender norms (VicHealth 2006).

While men's violence against women affects all communities, some groups of women may be at increased risk. These include:

- Aboriginal and Torres Strait Islander women
- Women from culturally and linguistically diverse backgrounds
- Women with disabilities
- Women living in rural, regional and remote locations
- Same sex attracted women
- Younger women
- Women in mental health in-patient care
- Pregnant women (VicHealth 2007).

There are also a number of other factors that contribute to family violence. Compounding factors may include: alcohol and drugs, unemployment and financial stress, a violent family background, dispossession and institutionalisation, stress, mental illness, culture and socio-

economic background (OWP 2010). It should be noted that while these factors may play a role in family violence incidence and further compound issues, these are not in themselves, considered causes of violence.

For more information on populations most at risk see WHV (2009) *Women and Violence Issues* Paper Ch.5.

# 5. IMPACT OF VIOLENCE AGAINST WOMEN

Violence against women is a serious public health issue. Research indicates the profound and long-term toll that violence takes on women’s health, on families, communities and on society in general (Campbell 2002; OWP 2009).

## Impact on Women’s Health

Among Victorian women aged 15-44 years intimate partner violence is the leading contributor to death, disability and ill-health (VicHealth 2004). The health impacts of violence on women’s health and wellbeing can result from direct acts of violence or from the long-term effects of violence (WHO 2009). These can range from poor physical and mental health outcomes, gender inequity, social isolation and economic disadvantage (OWP 2009). In dealing with the trauma of experiencing violence, a woman may respond in a range of ways, including; substance use, depression, anxiety and social withdrawal; all responses which can adversely affect women’s physical and mental wellbeing (OWP 2009).

Figure 2 below demonstrates that intimate partner violence is the largest risk factor contributing to ill-health and death among Victorian women under 45 years of age. Figure 3 provides a breakdown of the burden attributable to violence. Here we see that mental illness, including anxiety and depression represent a significant proportion of the morbidity (62%).

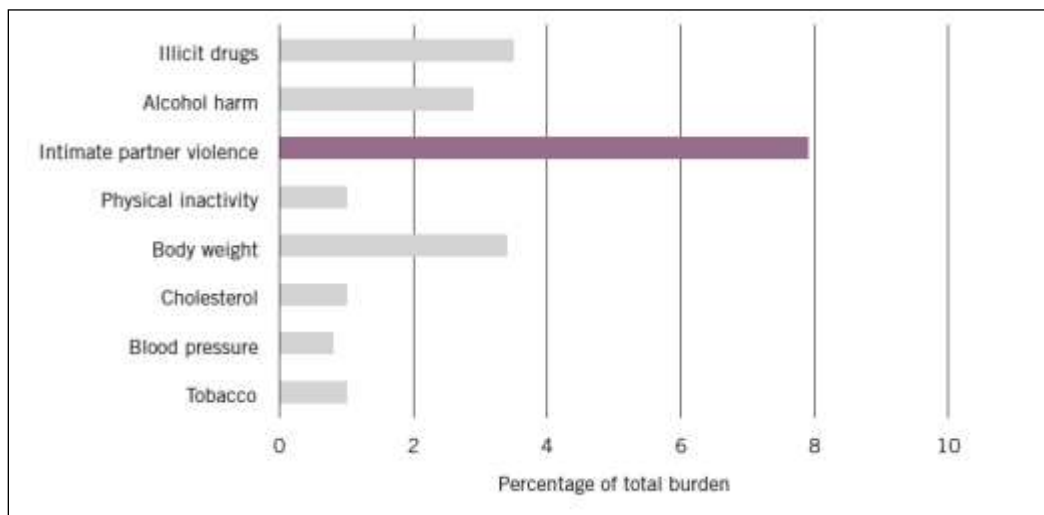


Figure 2: Top 8 risk factors contributing to the disease burden in Victorian women aged 15-44 years in 2001 (VicHealth 2004, p.27).

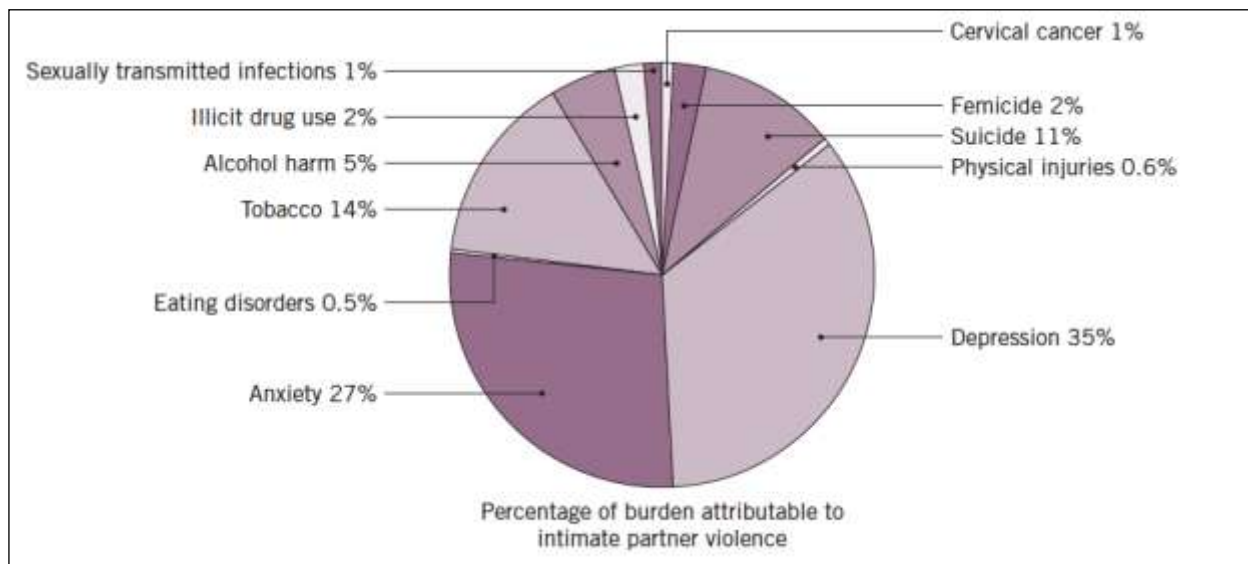


Figure 3: Health outcomes contributing to the disease burden of intimate partner violence in Victorian women in 2001 (VicHealth 2004, p.27)

### Impact on Children

There may be direct and indirect impacts on the health and wellbeing of children who witness violence or live in a violent environment. Research suggests 1 in 4 adolescents have seen violence against their mother or step-mother; and in 65% of family violence incidents in Victoria children were present (OWP 2009).

### Social and Economic Costs

The social and economic costs of violence against women are enormous and its effects are widespread (WHO 2009; OWP 2009). Annually, in Australia men’s violence against women and their children costs an estimated \$13.6 billion – a figure that is likely to rise to \$15.6 billion by 2021 if preventative action is not taken (NCRVAWC 2009; KPMG 2009).

Additional social implications can result in women suffering social isolation, inability to work, loss of wages, lack of participation in regular activities, and limited ability to care for themselves and their children (WHO 2009).

This chapter has identified that violence not only comes at a significant cost to individuals, employers, organisations, governments, services and the community, ongoing costs for the victim may continue well after the violence has ended.

For more information on consequences of violence see WHV (2009) *Women and Violence* Issues Paper p.14.

## 6. A POLICY CONTEXT

At both national and state levels, significant advances have been made around the prevention of violence against women (VicHealth 2007). Much of the work around primary prevention is guided by state and national policies. These policies are underpinned by an evidence-based approach to understanding the determinants of violence against women as outlined in VicHealth's Framework document (2007). The report presents a framework for action to prevent violence before it occurs – including a multi-level approach targeting individual, community and organisational, and societal levels.

Based on the framework recommendations, a number of key policies were formed at both the Victorian State and Commonwealth levels. Most relevant to the work of primary prevention include:

### ***A Right To Respect: Victoria's Plan to Prevent Violence against Women, 2010-2020\****

- The Plan (OWP 2009) takes a strong primary prevention focus, addressing the underlying causes of violence against women and reflecting the government's commitment that all women have a right to live free from violence. It is a long-term, coordinated and whole-of-community approach to change the culture in which violence occurs.

### ***A Right to Safety and Justice: Strategic Framework to Guide Continuing Family Violence Reform in Victoria, 2010-2020\****

- A supporting strategy to *A Right to Respect*, securing the safety and wellbeing of family violence victims and holding perpetrators to account for their use of violence (OWP 2010).

### ***National Plan to Reduce Violence against Women and their Children, 2010-2022.***

- The National Plan (launched February 2011) provides a framework for a coordinated approach across Commonwealth, State and Territory Governments to reduce violence against women and their children. It reinforces a national commitment to primary prevention and enhancing the justice system to create respectful relationships, fair outcomes and safer communities.

*\*NB: Victorian State policies cited above are currently under review due to a recent change in government. This document will be reviewed once state policies are confirmed.*

Since 2005 the Victorian Government has invested over \$175 million in a number of significant whole-of-government reforms to reduce and prevent violence against women. These have been driven through four policy initiatives:

1. Development and investment in integrated family violence system reform.
2. A sexual assault reform strategy which aims to improve the effectiveness of the system response to sexual offending and victims of sexual assault.
3. The development, in partnership with the Indigenous community, of an Indigenous Family Violence 10-Year Plan *Strong Culture, Strong Peoples, Strong Families: Towards a safer future for Indigenous families and communities*.
4. Development of the first whole of government long term plan to prevent violence against women, identifying strategies and initiatives addressing the underlying causes of violence against women, promoting gender equality and respectful relationships (FaHCSIA 2009). This Plan is noted above.

# 7. EFFECTIVE PREVENTION

While this Overview Document has demonstrated many reasons to prevent violence against women – including the profound and long-term toll it takes on women’s health, families and whole communities, together with associated social and economic costs - the overarching impetus for change is because violence against women is wrong. It is a violation of human rights and it is a crime. Ending gender-based violence means changing cultural concepts about gender and masculinity, and promoting equal and respectful relationships.

Evidence shows that violence against women is preventable (VicHealth 2007). The VicHealth Framework promotes an upstream health promotion approach where primary prevention action is used to redress the social drivers of violence, which centre around power and gender inequality. In working across a range of levels including; individual, organisational, community and societal, the VicHealth evidence recommends that primary prevention work be guided by three intersecting components. These include:

- Promoting equal and respectful relationships between men and women
- Promoting non-violent social norms and reducing the effects of prior exposure to violence
- Improving access to resources and systems of support.

The key settings that have been identified include: education and training; local government and health and community services; sports and recreation; workplaces; and media, arts and popular culture (VicHealth 2007). A settings approach is important because violence occurs within the everyday settings of people’s lives. The VicHealth evidence suggests that in order for primary prevention efforts to be effective, strategies need to be implemented across a range of settings and audience levels ensuring that messages are consistent and mutually reinforcing (VicHealth 2007).

While primary prevention holds significant promise, one of the key challenges is that the field represents an emerging area of practice with only a small number of interventions that have been rigorously evaluated (VicHealth 2007). Increasingly however, there are a growing number of evaluated primary prevention projects that have successfully been implemented across Victoria in a range of settings.

The following table developed by VicHealth (2005) provides an outline of public health strategies for the prevention of violence against women. It includes practical examples of primary, secondary and tertiary level interventions across different levels of participation.

<b>A Public Health Model for the Prevention of Violence Against Women</b>			
<b>Public Health Strategies</b>	<b>Primary Prevention</b>	<b>Early intervention</b>	<b>Intervention</b>
<b>Research, monitoring and evaluation</b>	A study explores whether there is a relationship between gender related income inequality and the prevalence of domestic violence. →	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.
<b>Direct participation</b>	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.
<b>Organisational development</b>	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.
<b>Community strengthening</b>	A local council works with its community to develop a women's safety strategy covering a range of council activities from land-use planning to community services. →	Local men develop a mentoring program targeted to young boys who have been identified as behaving disrespectfully toward women and girls. →	The community attracts additional resources to provide emergency accommodation for local women and children fleeing family violence.
<b>Communications and social marketing</b>	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.
<b>Advocacy</b>	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.
<b>Legislative and policy reform</b>	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.

VicHealth 2005

Figure 4: Public Health Strategies for the Prevention of Violence against Women (VicHealth 2005, p.9)

## 8. PROFILING EFFECTIVE PRIMARY PREVENTION IN THE EMR

While there is a range of prevention activity being undertaken in the EMR, the following case study profiles one example of primary prevention work that is being implemented in the region. The project works from a feminist framework, promoting equal and respectful relationships within new-parent relationships. *Baby Makes 3* is a VicHealth funded, active research project that contributes to the evidence-base for primary prevention interventions.

### **Case Study: Baby Makes 3**

***Promoting equal and respectful relationships during the transition to parenthood.***

The *Baby Makes 3* project is a partnership between Whitehorse Community Health Service and the City of Whitehorse Maternal Child Health Services. The *Baby Makes 3* three-week group program seeks to guide first-time parents through the practicalities of responding to relationship demands following the birth of a child. While the program assists first-time parents in maintaining healthy and equal relationships during this transition, it also builds capacity in the sector by providing professional development to Maternal Child Health nurses. Workshops enable staff to be better equipped to engage first-time parents around issues of gender equality and relationship stress. The program is also designed to compliment already existing ‘new parents groups’ in local government’s Maternal Child Health settings.

This primary prevention program intervenes at a crucial time in a relationship where ‘couple’ dynamics will often shift and form during the transition to becoming a ‘family’. Over the course of the 3 weeks, the program engages parents to explore how gender roles, norms and expectations can impact on the health of a relationship. The program promotes a safe forum for self-reflection and equips parents with skills necessary to model respectful relationships during this important transition.

In October 2011, the *Baby Makes 3* evaluation report was released highlighting positive feedback and promising outcomes from the project. In addition to the evaluation report, a range of resources including a group work manual, facilitator training and a step-by-step guide for implementing the program will be available for other local governments to replicate the project in their local area. *Baby Makes 3* is currently being expanded and rolled out in Yarra Ranges.

For a copy of the evaluation report visit:

<http://www.vichealth.vic.gov.au/Publications/Freedom-from-violence/Sharing-the-evidence.aspx>

**For more information contact the *Baby Makes 3* Project Officer, Monique Bouma at: [mbouma@wchs.org.au](mailto:mbouma@wchs.org.au) / (03) 8843 2275.**

## 9. RECOMMENDATIONS & CONSIDERATIONS

Violence against women is prevalent, serious and preventable. While VicHealth provides the evidence around primary prevention, national and state policies provide a strategic framework for government, community and health practitioners to work effectively in this area. VicHealth's (2007) *Preventing Violence Before it Occurs*, recommends that preventing violence against women requires a coordinated and multidisciplinary approach of reinforcing strategies, across multiple levels of influence.

VicHealth identifies that in order to address the key determinants of violence, prevention activities should be guided by three interrelating themes for action. These include:

- Promoting equal and respectful relationships between men and women
- Promoting non-violent social norms and reducing the effects of prior exposure to violence
- Improving access to resources and systems of support.

In addition to this, a review of international literature recommends a number of features for good practice of violence prevention work (Hayes 2006). These are broadly summarised as:

- Community based approaches that recognise women as experts in identifying issues, resources and solutions to violence against women
- Identification of violence through a gender analysis that recognises public and private forms of violence
- Community based partnerships
- Involvement across a range of sectors (e.g. police, justice, education, health, urban planners)
- The empowerment of women should be recognised as central to the elimination of violence against women
- Recognition that the determinants of violence can be found in the structural context of people's lives
- Leadership from local government in modelling good practice around preventing violence against women and providing a coordinated approach
- Planned, coordinated, evaluated and sustainable projects.

As preventing violence against women continues to build momentum across government, business, health and community sectors, organisations are well placed to make a significant contribution to this important area of work. Paramount to prevention efforts is the capacity of organisations to recognise and prioritise violence against women as a significant public health issue.

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# 11. APPENDICES

## 1. HELPFUL RESOURCES FOR ORGANISATIONS ADDRESSING PVAW WORK

### **VicHealth PVAW Publications webpage**

VicHealth PVAW webpage includes links to key documents including:

- *Sharing the Evidence: Preventing Violence against Women*
- *Preventing Violence Before It Occurs: A framework and background paper to guide the primary prevention of violence against women (2007)*
- *Violence Against Women: Community Attitudes Survey*, and many more...

<http://www.vichealth.vic.gov.au/Publications/Freedom-from-violence.aspx>

### **Data Book for the Eastern Region**

WHE Data Book – Up-to-date, sex-disaggregated data for the EMR. It serves as a resource for gender-specific population health and wellbeing planning in the region.

<http://www.whe.org.au/newsite/documents/Women's%20Health%20East%20Data%20Book.pdf>

### **Gender Analysis Tool**

Developed by Women's Health in the North, the *Gender Analysis Tool* assists organisations and policy, program and health planners to produce work that is 'gender sensitive'

[www.whin.org.au](http://www.whin.org.au)

### **Fact Sheets – Gender Local Governance and Violence Prevention**

Developed by Women's Health in the North

- **Fact Sheet 1:** Creating Effective Partnerships to Prevent Violence
- **Fact Sheet 2:** Getting Local Data about Violence and Prevention
- **Fact Sheet 3:** Creating Local Policies, Programs and Practices to Prevent Violence
- **Fact Sheet 4:** Monitoring and Evaluating Violence Prevention

<http://www.abp.unimelb.edu.au/research/funded/glove/>

### **Steps 2 Safety (online DVD resource)**

A state wide family violence resource, STEPS 2 SAFETY is a short film which explains the Family Violence Intervention Order Process in an easy to understand way.

[www.eclc.org.au/steps2safety](http://www.eclc.org.au/steps2safety)

### **101 Ways to Prevent Family Violence, DVRCV**

<http://www.dvrcv.org.au/publications/books-and-reports/101-ways/>

## **Local Government and Community Leaders Preventing Violence against Women**

[www.lgpvaw.net.au](http://www.lgpvaw.net.au)

## **Responsible Reporting Guidelines for Journalists**

This document has been developed by Eliminating Violence against Women (EVAs) as a guide to assist the media when reporting violence against women.

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

## **Women's Health Issues Paper – Women and Violence**

Issues paper developed by Women's Health Victoria collaborating evidence and providing a gender analysis on women and violence.

<http://www.whv.org.au/publications-resources/issues-paper>

## **Fact Sheets**

WHE fact sheets are designed for people working in the health and community sector. It includes health and wellbeing information that is specific to women in the EMR.

[http://www.whe.org.au/newsite/resources\\_Fact\\_Sheets.html](http://www.whe.org.au/newsite/resources_Fact_Sheets.html)

## 2. FAMILY VIOLENCE CONTACTS & REFERRAL

### **In an Emergency**

In an emergency situation where a person is in immediate danger or at risk of harm, contact Emergency Services (000)

### **Help Lines**

#### **Lifeline**

Phone: 13 11 14 (24 Hours)

Website: [www.lifeline.org.au](http://www.lifeline.org.au)

#### **Centre Against Sexual Assault**

Phone: 1800 806 292 (24 Hours)

Website: [www.casa.org.au](http://www.casa.org.au)

#### **Nurse On Call**

Phone: 1300 60 60 24 (24 Hours)

#### **Women's Domestic Violence Crisis Service of Victoria**

Phone: 03 9373 0123 (24 Hour Crisis Support)

Website: [www.wdvcsv.org.au](http://www.wdvcsv.org.au)

#### **Child Protection Crisis Line**

Phone: 13 12 78 (24 Hours)

#### **Suicide Helpline Victoria**

Phone: 1300 651 251 (24 Hours)

Website: [www.suicideline.org.au](http://www.suicideline.org.au)

#### **National Sexual Assault, Family and Domestic Violence Counselling Line**

Phone: 1800 RESPECT (1800 737 732) (24 Hours)

Website: [www.1800respect.org.au](http://www.1800respect.org.au)

#### **Follow the Line – National Advice Line**

Phone: 1800 MYLINE (1800 695 463) (24 Hours)

Website: [www.theline.gov.au](http://www.theline.gov.au)

## **Regional Services**

### **Eastern Domestic Violence Outreach Service (EDVOS)**

Phone: 03 9259 4200

Email: [edvos@edvos.org.au](mailto:edvos@edvos.org.au)

### **Eastern Centre Against Sexual Assault (ECASA)**

Business Line: 03 9870 7310

Access to Counselling Line: 03 9870 7330

After Hours Crisis Line: 03 9349 1766

24 Hour Toll Free Line: 1800 806 292

Email: [ecasa@maroondah.org.au](mailto:ecasa@maroondah.org.au)

Website: [www.casa.org.au](http://www.casa.org.au)

### **Victorian Legal Aid – Ringwood**

Phone: 03 9879 5500

Website: [www.legalaid.vic.gov.au](http://www.legalaid.vic.gov.au)

### **Eastern Community Legal Centre**

Phone: 03 9285 4822

Website: [www.eclc.org.au](http://www.eclc.org.au)

## State wide Services

### **Immigrant Women's Domestic Violence Service**

Phone: 03 8413 6800

Website: [www.iwdvs.org.au](http://www.iwdvs.org.au)

### **The Domestic Violence & Incest Resource Centre (DVIRC)**

Phone: 03 9486 9866 or

Phone: 03 9417 1255

### **Domestic Violence Victoria - Peak Body of Family Violence Services in Victoria**

Phone: 03 9921 0828

Website: [www.dvirc.org.a](http://www.dvirc.org.a)

### **Women's Information Referral Exchange (WIRE)**

Phone: 1300 134 130

Website: [www.wire.org.au](http://www.wire.org.au)

### **Women's Legal Service Victoria**

Legal Advice Line: 03 9642 0877 or 1800 133 302

Website: [www.womenslegal.org.au](http://www.womenslegal.org.au)

### **Victims of Crime Helpline**

Phone: 1800 819 817 (8am-11pm Mon-Fri)

### **Court Network**

Phone: 03 9603 7433

### **Gay and Lesbian Switchboard**

Phone: 03 9663 2939 (Hours 6pm-10pm)

Website: [www.switchboard.org.au](http://www.switchboard.org.au)

### **Aboriginal Family Violence Prevention & Legal Service**

Phone: 1800 105 303

Website: [www.fvpls.org](http://www.fvpls.org)

### **Centrelink Crisis Payment**

Phone: 13 28 50

Website: [www.centrelink.gov.au](http://www.centrelink.gov.au)

### **Translating and Interpreting Service**

Phone: 13 14 50

**Women with Disabilities Victoria (WDN)**

Phone: 03 9664 9317

Website: [www.wdv.org.au](http://www.wdv.org.au)

**Assistance for Hearing Impairment**

Phone: 13 36 77

**Gay and Lesbian Counselling and Community Services of Australia**

Phone: 1800 184 527

Website: [www.glccs.org.au](http://www.glccs.org.au)

**Relationships Australia**

Phone: 1300 364 277

Website: [www.relationships.com.au](http://www.relationships.com.au)

## State-wide Specialist Family Violence Services in EMR

The following services are located in EMR and provide both a state wide and regional crisis response to women and children living with violence. The present scope of support includes – complex crisis case management; 24/7 after-hours; outreach; SSATI; intensive case management; specialist children’s case management; A Place to Call Home and Safe at Home; response to women living with a disability.

Referrals to these services are made through Women’s Domestic Violence Crisis Services state-wide and EDVOS and Opening Door services in EMR. These specialist services, together with EDVOS, form the DV East Network. Direct contact can be made for information and support as follows:

### **Brenda House Domestic Violence Service**

Phone: 9877 0311

Email: [wendy@brendahouse.org.au](mailto:wendy@brendahouse.org.au)

### **Kara House**

Phone: 98779522

Email: [kara.house@infoxchange.net.au](mailto:kara.house@infoxchange.net.au)

### **Maroondah Halfway House**

Phone: 98452773

Email: [mhwh@spiritmail.com.au](mailto:mhwh@spiritmail.com.au)

### **Robinson House**

Phone: 9898 9604

Email: [manager@robinsonhouse.org.au](mailto:manager@robinsonhouse.org.au)

### **Women’s Liberation Halfway House**

Phone: 0417 343 575

Email: [kathy@wlhh.org.au](mailto:kathy@wlhh.org.au)

### **Woorarra**

Phone: 9752 6961 or

Phone: 0417 379 010

Email: [suesanders@woorarra.org.au](mailto:suesanders@woorarra.org.au)

## Key Sites

### National

#### Australian Domestic and Family Violence Clearinghouse

Website: [www.austdvclearinghouse.unsw.edu.au](http://www.austdvclearinghouse.unsw.edu.au)

#### National Child Protection Clearinghouse

Website: [www.aifs.gov.au/nch/info.html](http://www.aifs.gov.au/nch/info.html)

#### Parliament of Australia, Parliamentary Library, Domestic Violence in Australia – an Overview of the Issues

Website: [www.aph.gov.au/library/intguide/sp/dom\\_violence.htm](http://www.aph.gov.au/library/intguide/sp/dom_violence.htm)

#### Partnerships against Domestic Violence (PADV)

Website: [www.padv.dpmc.gov.au](http://www.padv.dpmc.gov.au)

#### Australian Centre for the Study of Sexual Assault

Website: [www.aifs.gov.au/acssa](http://www.aifs.gov.au/acssa)

### Victoria

#### Victorian Community Council Against Violence

Website: [www.vccav.vic.gov.au](http://www.vccav.vic.gov.au)

#### Victorian Office of Women’s Policy

Website: [www.women.vic.gov.au](http://www.women.vic.gov.au)

#### Department of Justice

Website: [www.justice.vic.gov.au](http://www.justice.vic.gov.au)

#### Victoria Police

Website: [www.police.vic.gov.au](http://www.police.vic.gov.au)

#### No To Violence

Website: [www.ntv.net.au](http://www.ntv.net.au)

## Other Useful Sites

#### National Crime Prevention Program

Website: <http://sgeag001web.ag.gov.au/www/ncpHome.nsf>

#### Women’s Services Network (WESNET)

Website: [www.wesnet.org.au](http://www.wesnet.org.au)

#### National Women’s Justice Coalition (NWJC)

Website: [www.nwjc.org.au](http://www.nwjc.org.au)

#### When love hurts: a guide on love, respect and abuse in relationships

Website: [www.dvirc.org.au/whenlove/index.htm](http://www.dvirc.org.au/whenlove/index.htm)

#### Department of Human Services (DHS)

Link to sexual assault support services in Victoria and a description of services provided  
<http://www.dhs.vic.gov.au/for-individuals/child,-youth-and-family-services/sexual-assault/support-services>

Family Violence page with links to men’s behaviour change services





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Website: <http://www.whe.org.au>

Published Oct 2011

This Document is available online at:

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