

Submission to the
**Royal Commission into
Family Violence (Victoria)**
Developed by
Women's Health in the South East



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Summary of Recommendations

Recommendation 1

Gender Equity is key to prevention. A gender equity focus needs to be central to any efforts aimed at preventing family violence. While family violence impacts on everyone, evidence has clearly established family violence as a gendered issue. We know that addressing the primary determinants of men's violence against women – namely gender inequality and adherence to rigidly defined gender roles (VicHealth 2007), will help to prevent all forms of violence against women before it occurs, including family violence.

Recommendation 2

As an immediate priority, there must be stand-alone, long-term and evidence-informed policy to guide Victorian primary prevention programming, partnerships and the development of its workforce. The policy could comprise an overarching strategic framework with accompanying action plans. The policy must be for at least 20 years, with five-yearly reviews. It must be whole-of-government and whole-of-community; and it must be developed with bi-partisan support so it can withstand successive governments

Recommendation 3

It is critical that momentum for primary prevention in Victoria is not lost while the Royal Commission into Family Violence completes its inquiry. There must be continued funding of primary prevention initiatives in the interim.

Recommendation 4

Women's Health in the South East must have ongoing funding for at least 2.0 EFT to lead primary prevention initiatives regionally and with sister organisations across the state, to ensure an intersectional approach to that work and to conduct and/or support best-practice evaluations that can determine the value of grassroots efforts.

Recommendation 5

Long term, coordinated action across society. Active engagement of a range of sectors is required e.g. local government, health, community, education, workplaces, sports, media. Action needs to be planned and coordinated to ensure that the whole of community is being reached, strategies are evidence informed, evaluation is occurring and learnings are being documented and shared. Coordination also results in avoidance of duplication and thus enables efficiencies of effort.

Recommendation 6. Preventing violence against women must be mandated as a stand-alone priority for all funded agencies of Victoria's integrated health promotion system (WHS, community health services, primary care partnerships) to facilitate and give official approval to the prioritisation of the prevention of violence against women by organisations receiving funding through this system

Introduction

Women's Health in the South East (WHISE) welcomes the establishment of the Royal Commission into Family Violence (Victoria). We thank the Royal Commission for this opportunity to make this written submission.

Family violence is the most pervasive form of violence perpetrated against women in Victoria. It is a human rights violation of unparalleled proportion and its health, social and economic impacts on women, children, families and communities is deep and shattering. It takes many forms and affects all communities irrespective of class, ethnicity or culture. This is why responding to family violence and preventing it from occurring in the first place must be a shared responsibility between state and local governments, communities, organisations, business and non-business sectors, and individuals alike.

WHISE is pleased to see that the focus of the Royal Commission's inquiry is on sustainable system-wide improvements that build on the strengths of achievements to date in responding to and preventing family violence in Victoria. WHISE is especially pleased to hear that the Victorian Government has promised to accept the recommendations arising from the Royal Commission's inquiry; and we look forward to seeing tangible positive differences as a result to the health, safety and wellbeing of Victorian women and their children.

WHISE is the regional women's health service for the Southern Metropolitan Region of Victoria. The organisation works to improve the health and wellbeing of women focusing on two main priority areas: sexual and reproductive health, and mental health including the prevention of violence against women. Gender equity and capacity building approaches underpin all of our work within these priority areas.

The majority of our health promotion work occurs within the primary prevention space; addressing the root causes of ill health. To achieve this, WHISE works directly with governments, organisations, education providers, and community groups to remove barriers that prevent women from achieving positive health outcomes within the region.

Our work spans 10 local government areas: Port Phillip, Stonnington, Glen Eira, Bayside, Kingston, Greater Dandenong, Frankston, Casey, Cardinia and Mornington Peninsula.

With over twenty years' experience WHISE and other Women's Health Services funded under the Victorian Women's Health Program are the leaders of Prevention of Violence Against Women (PVAW). Primary prevention is our long-term, core business we have specific expertise and operate as the 'back-bone' to regional efforts in PVAW.

WHISE recognises that gender based violence is one of the most urgent public and social health issues affecting Australian women and has a commitment to addressing the root causes of violence against women. According to the United Nations (UN), violence against women is 'any act of gender-based violence that results in, or is likely to result in, physical, sexual or psychological harm and suffering to women, including threats of such acts, coercion or arbitrary deprivation of liberty, whether occurring in public or private life' (United Nations 1993).

'Family violence' is used throughout this submission in line with the language specified by the Royal Commission. It should be noted however that family violence sits along a broader continuum of violence perpetrated against women. This submission draws on evidence around good practice for the broader area of preventing men's violence against women, as the vast majority of all family and sexual violence is perpetrated by men against women. (Victoria Police 2009, Crime Statistics 2008-09)

‘Gender equality’ is the absence of discrimination based on your gender impacting on your opportunities, and access to power and resources. ‘Gender equity’ is about fairness. A ‘gender equity approach’ recognises that the playing field is not currently level and so treating everyone the same will not get us to equality. In fact, it will perpetuate existing inequalities. A gender equity approach usually involves different strategies for men and women and aims to rectify the imbalances in order for us to move toward an outcome of equality.

It is very important to recognise the intersection of different forms of discrimination faced by women. Intersectionality is an approach to understanding gendered experiences and the oppression of women that takes account of ethnic and racialised (and other) marginalities. A central principle of the intersectional approach to primary prevention is the understanding that gender inequality is not the only factor in determining violence against women. Rather, violence against women takes place in the intersections of systems of power and oppression.

Factors such as Aboriginality, class, age, sexuality, ethnicity and disability intersect with gender to shape the experience and risk of family violence, as well as access to appropriate responses. Women’s diverse backgrounds, contexts and life experiences demands a sophisticated, long term commitment to addressing the diverse and intersecting forms of discrimination faced by women and ensures an approach to both prevention and response that is accessible, inclusive and relevant. One example is a current gap in the evidence base around effective and culturally relevant prevention approaches for culturally and linguistically diverse communities in Victoria. This is an area that needs more attention.

WHISE would like to acknowledge and support the ‘Getting serious about change: the building blocks for effective primary prevention of men’s violence against women in Victoria’ document.

A Joint Statement from the following organisations and peak membership bodies:

CASA Forum Victorian Centres Against Sexual Assault

Domestic Violence Victoria

Multicultural Centre for Women’s Health

No To Violence

Our Watch

Victorian Equal Opportunity and Human Rights Commission

Women with Disabilities Victoria

Women’s Health Association of Victoria

Women’s Health Victoria

We also acknowledge the participation of VicHealth in the drafting of this Joint Statement, and note that they indicate support for it in their own submission to the Royal Commission into Family Violence.

WHISE as a member of Women’s Health Association of Victoria (WHAV) contributed to the document.

WHISE’s written submission focuses on the prevention of family violence.

Question 1: Are there other goals the Royal Commission should consider?

The prevention of violence against women is a long term undertaking. Family violence will only stop when community norms and societal structures that perpetuate unequal relations between men and women are changed (VicHealth 2007). As seen in other successful campaigns, such as SunSmart and Road Safety initiatives, changes to attitudes and behaviours require long-term, coordinated action.

One off or short term projects will not prevent family violence. Effective prevention requires a range of mutually reinforcing, evidence-based strategies reaching out to the whole of the community. We need both structural and cultural change which results in gender equality in our,

- personal relationships – partners, family and friends,
- community – at school, at work, in community groups, faith based groups, sporting clubs, and
- society – in the media, advertising and popular culture, in those holding positions of leadership/power, including in our governments, and in regulatory or legislative frameworks that support gender equity.

Increased and sustained funding and policy emphasis on prevention must occur in order for this to take place. Violence against women is a serious human rights abuse issue, placing an obligation on government and funders to take action to prevent it. An increased focus on prevention is critical to halt the escalating incidence of family violence and to prevent family violence in the future. The prevention of violence and the minimisation of violence are two different things and should be treated as such in the articulation of goals for this Commission. The recommendations directly related to the primary prevention of violence against women and their children must be a standalone goal and priority for future planning.

Funding needs to include:

- Support for leadership and coordination – Victoria has paved the way in guiding and informing evidence-based primary prevention practice, at both government and local levels this should be acknowledged and built upon to further strengthen Victoria's efforts to prevent family violence. Leadership and coordination of 'on the ground' work is essential and requires funding support. A coordinated state-wide response should make use of established plans, networks and infrastructure at the regional and local level. Women's Health Services in every region of Victoria are leading and coordinating regional action. The role of women's health services in leading, coordinating and supporting organisations to undertake primary prevention work is resource intensive and requires funding support. Our experience in the South East is that bodies such as local government and community health organisations also have important leadership roles and reach, at a local level.
- Investment in evaluation – The prevention of violence against women remains an emerging area of practice. While there is evidence to support the need for action to address the key determinants of violence (gender inequality and adherence to rigid gender roles) and while information is known about some specific interventions, there are still gaps in our knowledge. In particular, the evidence base would benefit from greater investigation of what works with specific population groups and in particular settings. One area where evidence is missing relates to the impacts of undertaking a range of mutually reinforcing activities at a population level. Well evaluated regional action plans have the capacity to add to this gap in evidence.

Question 3: Which of the reforms to the family violence system introduced in the last ten years do you consider most effective? Why? How could they be improved?

Over the past 10 years, there has been a shift in Victoria which has involved moving away from focusing on the victim and looking at the societal structures and systems that have a responsibility to keep women and children safe and respected. In the early 2000s, prevention was considered however these were particularly short-term solutions to addressing the issue.

In 2007 when *VicHealth's publication Preventing violence before it occurs: A framework and background paper to guide the primary prevention of violence against women in Victoria* was released, this provided a structure for all workers to utilise and look at a range of settings and population groups which has provided long-term impacts and a tailored response to focus on the root causes of violence.

The introduction of the National Plan to Reduce Violence Against Women and their Children 2010-2022 shows that the Australian Government recognises the need for long-term goals and changes cannot be made immediately without the resources to support it now and over the next 12 years.

These reforms have both focused on primary prevention and provided a tailored approach to health professionals working within the space.

Question 4: If you or your organisation have been involved in programs, campaigns or initiatives about family violence for the general community, tell us what these involved and how they have been evaluated.

- White Ribbon Day event through the Southern Melbourne Primary Care Partnership's Family Violence Working Group - 2 hour event with guest speakers; evaluated through number of attendees plus short term impact evaluation.
- 16 Days of Activism: evaluated through social media engagement including hits, comments and increased followers
- Healthy Relationship sessions with CALD communities – 90 minute sessions; evaluated through participation satisfaction surveys
- WHISE is leading the development of a regional strategy for the prevention of violence against women and their children (PVAW&C) in the Southern Metropolitan Region. It is envisaged that the strategy will provide an overarching agenda for the prevention of violence against women and children in the Southern Metropolitan Region and a commitment from organisations in the region to prioritise PVAW&C and gender equity work. It will also highlight leadership opportunities and drivers of change, as well as providing a clear set of objectives and actions for organisations to work towards. The strategy will serve as a catalyst for increased coordination and collaboration of PVAW&C activities across the region in order to augment existing approaches and avoid unnecessary duplication.
- Peninsula Model: Creating Safety, Equality and Respect in our Community: a Catchment Wide Strategy to Prevent Violence against women and their children 2014-2017, WHISE led the development, wrote the Strategy, Statement of Intent and Action Plan and is a signatory.

Question 5: If you or your organisation has been involved in observing or assessing programs, campaigns or initiatives of this kind, we are interested in your conclusions about their effectiveness in reducing and preventing family violence.

PVAW is core business for WHISE – we are seen as leaders in this space regionally, and contribute to a State-wide approach as a member of Women’s Health Association of Victoria (WHAV). Currently in the Southern Metropolitan Region there are a number of programs designed to PVAW; however there is limited collaboration and coordination of these programs across organisations and sectors. The significant and long-term cultural change necessary to eliminate men’s violence against women requires the implementation of consistent and coordinated initiatives; not one-off or short term projects. Organisations and services operating in this space must be funded accordingly, to ensure that programs and initiatives are implemented in-line with recommendations emerging from local and international research. ‘Setting the Standard’ 2008

White Ribbon – A focus in the media and funding allocations on male engagement programs alone is problematic as it fails to celebrate the overwhelming achievement of women in this space. Placing male champions of change on a pedestal reinforces traditional power structures and somewhat limits the discourse to “say no to violence”, rather than challenging rigid gender stereotypes and gender inequality. Questioning the long-term effect of this beyond awareness raising.

Discourse needs to shift away from attributing primary blame to factors that contribute to the occurrence of violence; to be framed as preventing VAW through addressing the underlying causes of VAW.

1. Gender inequality
2. Rigid adherence to gender norms.

Some effective primary prevention programs, campaigns and initiatives include:

- Gender Equity training to Local Government
- Primary Prevention training to Local Government
- Take a Stand against Domestic Violence – Women’s Health Victoria program
- Act@Work- Women’s Health Grampians

Question 6: What circumstances, conditions, situations or events, within relationships, families, institutions and whole communities, are associated with the occurrence or persistence of family violence?

The root causes of violence against women are:

- Gender inequality
- Rigid adherence to gender roles and stereotypes
- Attitudes, norms, behaviours and practices that support violence.
(Our Watch 2014)

The findings from the 2013 National Community Attitudes towards Violence Against Women Survey showed that Australia’s attitudes, norms and behaviours are still supporting violence such as one in five Australians believe that men should take control in relationships, even though controlling

behaviour is a key factor in abusive relationships (Webster K, Pennay P, Bricknall R, Diemer K, Flood M, Powell A, Politoff V, Ward A 2014, p. 61)

Question 7: What circumstances and conditions are associated with the reduced occurrence of family violence?

To reduce family violence, it is critical to focus on the circumstances and conditions that are causing it in the first place. Research from the United Nations shows that countries that have greater gender equality between women and men tend to have lower levels of violence against women; based on the leading global indices for gender equality. Those countries with lower levels of gender equality have higher rates of violence against women (*UN Women, Investing in Gender Equality: Ending Violence Against Women 2010*).

Therefore to reduce violence against women the following examples need to be considered:

- improve gender equality
- improve respectful relationships between men and women
- reduce the gender pay gap
- eradication gender stereotypes and rigid gender roles
- equal representation of men and women in positions of leadership
- challenge attitudes, norms, behaviours and practices that excuse violence.

Question 9: Does insufficient integration and co-ordination between the various bodies who come into contact with people affected by family violence hinder the assessment of risk, or the effectiveness of (early intervention, crisis and ongoing) support provided, to people affected by family violence? If so, please provide examples.

When attending relevant regional network meetings in regards to family violence, the workers are very much response focus. Response workers' understanding of primary prevention is very limited. Therefore, the whole continuum is not considered in regard to primary prevention and the discussions are based around crisis and rehabilitation at the expense of preventing the problem from occurring.

Question 10: What practical changes might improve integration and co-ordination? What barriers to integration and co-ordination exist?

To improve the capacity of family violence workers by considering primary prevention within their work, increased resources and tools need to be provided. Also primary prevention training to services would also be beneficial to look at how their organisation could work from a primary prevention perspective in regard to existing policies and communications.

We see that when service providers have the resources or capacity to work on preventing violence they are not directed towards the root causes, but to secondary approaches to prevention of violence, often delivering one-off events, which are shown not to be effective in the long term.

WHISE provides an overarching agenda for PVAW work with a focus on regional demands; it provides leadership and drives change, with a clear set of objectives, activities and commitment to work on the prevention of violence against women and their children. Such a regional focus exists and works well in the response space; however primary prevention is a completely different area of expertise and programming and therefore necessitates a separate focus.

Creating supportive and safe environments where women live, work and learn. Including a greater emphasis on and funding for primary prevention; with the key goals to change the behaviour and attitudes surrounding VAW of the broader community. PVAW interventions can occur at the individual, community, societal and workplace level and must be resourced accordingly in order to achieve long-term cultural change.

Family violence policies must be in place, so that women feel safe in their workplace.

Measures must be taken to ensure the workplaces and organisations (including community organisations) are gender equitable – pay, leadership positions.

Including challenging workplace culture – sexism, working hours,

Question 17: Are there specific cultural, social, economic, geographical or other factors in particular groups and communities in Victoria which tend to make family violence more likely to occur, or to exacerbate its effects? If so, what are they?

As research shows, family violence is not specific to one population group and can happen to anyone in the community regardless of gender, sexual identity, race, age, culture, ethnicity, religion, disability, economic status or location.

The prevalence, severity and form of violence against women, access to services and capacity to leave violent relationships differs within a community, with certain groups more vulnerable than others. Domestic violence is more prevalent within certain communities, such as in rural Australia and some Indigenous communities (Carrington & Phillips 2006). The severity of offences also appears to differ between socioeconomic, age and cultural groups (NCRVWC 2009b; WA Department for Communities 2006; WESNET 2000). Some women may be more vulnerable to becoming victims and less capable of exiting violent relationships based on certain factors such as age, location, ethnicity, Indigenous status and their English language abilities (KPMG Management Consulting 2009).

Indigenous women are over-represented as victims of violence, with victimisation rates estimated to be much higher than those of non-Indigenous women.

Research has found that women living in remote and rural areas experience higher rates of reported violence than those living in metropolitan areas.

Research has also shown that women from culturally and linguistically diverse (CaLD) backgrounds are less likely to report family violence victimisation to police or to access mainstream services because of a perception that these services would not understand their particular situation and respond appropriately. Within Greater Dandenong alone, 60% of residents are born overseas and 64% of residents are from non-English speaking backgrounds. In 2012-13, 2240 recently-arrived

migrants including refugees settled in Greater Dandenong – the highest number of settlers in any Victorian municipality (Brown & Smith 2013).

- Women may be at increased risk of domestic violence during pregnancy.
- Older women experience violence and abuse at higher rates than older males.
- Women with a physical or intellectual disability are more likely than women without disability to experience intimate partner violence and the violence they experience is also likely to be more severe and extend for longer periods of time.
- Younger women are more likely to experience physical and sexual violence than older women.

It is important to note that when gender and other diverse factors intertwine it compounds to greater disadvantage. When looking at gender and other factors such as age, ability or sexuality, this can contribute to double or triple disadvantage which is known as intersectionality.

Within the Southern Metropolitan Region of Melbourne, family violence police incidents have increased from 2009 to 2014. From 2013/2014, 15,244 of the 65,393 family violence reported incidences in Victoria were within the Southern Metropolitan Region. This equates to almost a quarter of all reports in Victoria alone. Unfortunately the data is not sex disaggregated so we cannot get an accurate picture of how many of these represent violence against women compared to for example, brother hits brother. It can only be assumed that it would be a large proportion. As you can see the rates continue to grow each year. This could be attributed to two things – family violence incidents are in fact increasing or police reporting of family violence is increasing. Either way, we know that there are still a large proportion of women who do not report so these numbers only represent part of the problem. Alarming considering there are still over 15,000 reported cases in the SMR alone.

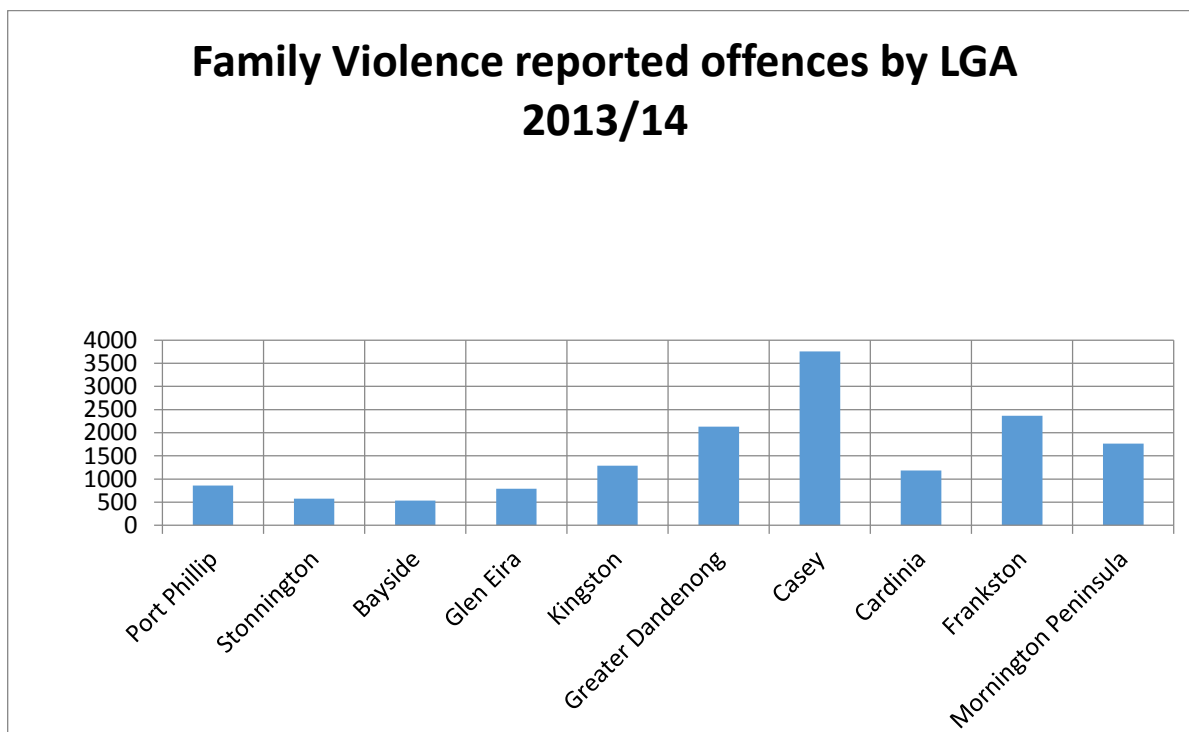


Fig. 1 Family Violence reported offences by LGA 2013/14

For individual local government areas within the Southern Metropolitan Region, as shown in Fig.1, The City of Casey has the highest number of family violence incidences in Victoria - 3,752 reported

incidences in 2013/2014. Also Frankston City Council has the 4th highest number of family violence incidences in Victoria- 2,368 reported incidences in 2013/14. The numbers for all 10 local government areas continue to increase including the Inner-South which has increased its reporting rates considerably.

It is also important to note that research indicates that young people may be directly or indirectly impacted by family violence through: physical harm, stress and anxiety; isolation from friends and family; and assuming parental responsibility.

Question 18: What barriers prevent people in particular groups and communities in Victoria from engaging with or benefiting from family violence services? How can the family violence system be improved to reflect the diversity of people's experiences?

Language is a barrier to many women engaging with, or benefitting from, family violence services.

Women from a CALD backgrounds have different expectations within relationships and may continue to live with experiences that women from non-CALD backgrounds would not.

Often women from CaLD backgrounds have lots of responsibility within their family but hold little or no power within their family.

Women from CaLD backgrounds are regularly blamed by their partner or community for occurrences that have taken place by other family members.

Much of the family violence information that is produced does not have cultural reference to women from CaLD backgrounds and therefore the women do not feel it is relevant to them.

Some women from CaLD backgrounds are partnered to older men and have little power within their relationship.

Accessing services can be difficult for some CaLD women. It can be particularly difficult for women with small children and for those women who are not permitted by their partner to be unaccompanied outside of the home.

The family violence system can be improved by:

- Women having access to immediate response and assessment - often women have to wait a number of weeks if their case is not deemed urgent.
- Improving waiting times for women to access family violence services

Question 19: How can responses to family violence in these groups and communities be improved? What approaches have been shown to be most effective?

Responses can be improved by decreasing the time women need to wait until they are allocated a worker or receive any kind of assistance.

Further investment in primary prevention research with migrant and refugee communities, indigenous communities, women with disabilities needs to occur in order to develop affective interventions for and importantly with these communities. There must be a greater focus on the intersectional disadvantage that women face in current societal structures based on a number of

factors (incl class, race, sexuality, disability) in order to develop programs and policies that seek to rectify this disadvantage and ensure that prevention activities are responsive and inclusive.

Question 20: Are there any other suggestions you would like to make to improve policies programs and services which currently seek to carry out the goals set out above?

Based on evidence, there is a need to:

- Fully fund the implementation of actions outlined in *Victoria's Action Plan to Address Violence against Women and their Children 2012–2015*, including all primary prevention initiatives.
- Commit to the prevention of violence against women as a priority in Victorian health planning.
- Continue to resource Victorian women's health services to lead, implement and expand regional partnerships to prevent violence against women.
- Continue to fund Victorian women's health services to deliver gender equity training with local government.
- Fund Victorian women's health services to develop and deliver targeted primary prevention of violence against women training to key sectors including business, police, government, public health, housing, education, sports, media and the arts.
- Fund Victorian women's health services to develop state-wide communications and social marketing campaigns that achieve consistent messaging on promoting gender equity and the primary prevention of violence against women.
- Partner with Victorian women's health services to implement primary prevention of violence against women initiatives to support mental health promotion action as part of the *Victorian Public Health and Wellbeing Plan 2011–2015*.
- Collaborate with the National Centre for Excellence and other key research institutions to fund research that investigates the determinants of violence against women and that builds the evidence-base for effective primary prevention practice.
- Fund Victorian women's health services to develop strategies to prevent the use of Information and Communication Technologies (ICTs) in the perpetration of violence against women (for example, non-consensual sexting), through education and awareness raising initiatives with young people embedded in a gendered, primary prevention and whole-of-school approach.

Some suggestions and recommendations that also need to be considered are:

- Organisations to undertake a gender audit of their policies
- Organisations, including Local Governments, ratifying a Family Violence and Gender Equity policy.
- Act@Work to be implemented into male dominated workplaces and environments (e.g. sporting clubs)
- Healthy relationship programs with a whole of school approach being implemented in primary and secondary schools.

- Whole of community understanding of the harmful effects of “sex sells” messaging.

Question 21: The Royal Commission will be considering both short term and longer term responses to family violence. Tell us about the changes which you think could produce the greatest impact in the short and longer term.

- Preventing VAW needs to be a standalone priority area – in policy, planning and funding.
- Gender equity activities need to be integrated cross-sectorally.
- Workplace cultural shift towards valuing women in the workplace equally to that of men.
- Implementation of Family Violence policies so women can access workplace Family Violence leave entitlements which will translate into women and children being safer.
- Increase resourcing in primary prevention which will reduce incidents of family violence and reduce costs to the community.
- Reiterating the need to invest in primary prevention activities, with a focus on gender equity and intersectionality – including collaborative, integrated approaches.

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