



Dear Sir / Madam,

Introduction and Peninsula Model

The Prevention and Better Health Alliance, operating within the framework of the Peninsula Model for Primary Health Planning (The Peninsula Model), would like to submit the attached document for your interest; *“Creating Safety, Equality and Respect in our Community: a catchment wide strategy to prevent violence against Women and their Children”*

With a specific focus on Primary Prevention, a catchment-based partnership approach has been taken to address the issue of Family Violence.

Issue in the Frankston Mornington Peninsula Catchment

- Rates of family violence are double the Victorian average in the City of Frankston, which is ranked top of all Metropolitan Local Government Areas (LGAs) in the Southern Metropolitan region for incidences of family violence
- In the City of Frankston, reported family violence incidents increased by 53.6% from 1,154 in 2009/10 to 1,773 in 2013/14
- A significant increase in the Mornington Peninsula was also reported during this time which showed a 82% increase in five years from 635 reported cases in 2009/10 to 1,157.9 reported cases in 2013/14

Why focus on primary prevention?

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 – will help to prevent all forms of violence against women before it occurs, including family violence (VicHealth 2011). A gender equity focus needs to be central to any efforts aimed at preventing family violence.

About the strategy

“Creating Safety, Equality and Respect in our Community: a catchment wide strategy to prevent violence against Women and their Children” was developed to address the determinants of men’s violence against women, with strong focus on gender equity.

The aim of this Strategy is to create a community that is safe and accessible for all women and their children within the Frankston Mornington Peninsula catchment.

This Strategy is a platform for organisations within the Frankston Mornington Peninsula catchment to share and build on skills, knowledge and resources in a collaborative effort to focus on primary prevention of violence against women and their children.

The Strategy is supported by a Statement of Intent which guides action based efforts in addressing gender equity. Health and community service organisations and key stakeholders in our catchment have taken a leadership role in supporting this strategy and have made a commitment to take action on this issue.

Contact details

For more information, please contact;

Dianne Berryman,

Frankston Mornington Peninsula Primary Care Partnership

[REDACTED]

or

Sue Glasgow,

Women's Health in the South East,

[REDACTED]

Kind Regards

[REDACTED]

Peninsula Model Governance Group

The Peninsula Model

for primary health planning



Creating Safety, Equality and Respect in our Community:

a Catchment Wide Strategy to Prevent Violence against
Women and their Children 2014-2017

Acknowledgements

The Peninsula Model Executive Group wishes to acknowledge the following groups for their efforts in producing this strategy:

- Women's Health in the North (WHIN) who gave permission for us to use their Preventing and Addressing Violence Against Women Organisational Assessment Tool. All rights are reserved to WHIN.
- The Stronger Communities project evaluation (2012) findings which have helped to guide the development of this strategy
- Women's Health in the South East (WHISE) for leading the development and writing of the Strategy, Statement of Intent and Action Plan.
- Peninsula Model, Prevention and Better Health Alliance – Primary Prevention of Violence Against Women and their Children Working Group for coordination and collaboration with stakeholders across the catchment for the development of this Strategy.

The Peninsula Model acknowledges the traditional custodians of the land in which we live and work and pays respect to Elders past, present and future.

For further information:

Peninsula Model
www.peninsulamodel.org.au
03 9788 1325
info@peninsulamodel.org.au

Women's Health in the South East
www.whise.org.au
03 9794 8677
whise@whise.org.au

Contents

Figures and tables	4
Vision	5
Goal	5
Objectives	5
Purpose of this Strategy	5
Preface	6
Statement of Intent	6
Introduction	8
Defining violence against women and their children	10
Violence against women and their children is a gendered issue	11
Prevalence of violence against women and their children	12
<ul style="list-style-type: none"> - Australian perspective - Victorian perspective - Southern Metropolitan Region perspective - Frankston-Mornington Peninsula perspective 	
Population groups most at risk	14
<ul style="list-style-type: none"> - Aboriginal and Torres Strait Islander women - Women from culturally and linguistically diverse (CALD) communities - Women with disabilities - Younger women - Pregnant women 	
Impacts of violence against women and their children	16
<ul style="list-style-type: none"> - Impact on women's health - Impact on economic and social costs - Impact on homelessness for women and their children - Impact on children 	
Causes of violence against women and their children	18
<ul style="list-style-type: none"> - Determinants of violence against women and their children - Addressing the myths to violence against women and their children 	
Addressing violence against women and their children	19
<ul style="list-style-type: none"> - A primary prevention approach - An ecological approach - VicHealth Framework for preventing violence against women 	
Existing work and gaps within the catchment	22
<ul style="list-style-type: none"> - Preventing violence against women and their children in the Frankston-Mornington Peninsula catchment 	
Organisational Assessment Tool	24
<ul style="list-style-type: none"> - Community strengthening - Organisational and workforce development - Communications, social marketing and advocacy 	
Action Plan	26
Monitoring and Evaluation	27
References	28
Appendix 1: Policy Context	31

Figures and tables

Tables

Table 1: Adoption from Frankston/Mornington Peninsula Primary Care Partnership, Primary Prevention of Family Violence, Background Paper (2010).

Figures

Figure 1: Family Violence Incident Offences reported in the Southern Metropolitan Region between 2009/2010 and 2013/2014.

Figure 2: Primary, secondary and tertiary prevention

Figure 3: Ecological model

Figure 4: VicHealth framework to guide primary prevention of violence against women



Vision

For women and their children to live free from violence; feel safe and respected, valued and heard in their relationships, workplaces and within the community. We strive for every woman, man and child in the Frankston Mornington Peninsula catchment to have equal access to opportunities that enable them to reach their potential and participate fully in the social, economic and cultural aspects of their lives.

Goal

To create a community that is safe and accessible for all women and their children.

Objectives

- By 2017, organisations in the Frankston Mornington Peninsula catchment will have formed strong partnerships across sectors and settings, to collectively address the determinants of violence against women and their children; namely gender inequity and male privilege.
- By 2017, organisations that have signed the Statement of Intent will have increased their understanding of primary prevention approaches to violence against women and their children and be working towards actions that promote equal and respectful relationships within their workplace.
- By 2017, the community within the Frankston Mornington Peninsula catchment will have greater representation on strategies undertaken to prevent violence against women and their children and are supported to take appropriate actions within their communities.

Purpose of this Strategy

This Strategy is a platform for organisations within the Frankston Mornington Peninsula catchment to share and build on skills, knowledge and resources in a collaborative effort to focus on primary prevention of violence against women and their children. This collaborative approach is intended to maximise impact and use resources efficiently integrated planning, reduced duplication of effort, and shared ownership of processes and outcomes. The Strategy will support existing work and provide new opportunities to engage in prevention initiatives. The Strategy will focus on addressing particular determinants of men's violence against women and their children with a strong focus on gender equity within three key domains: society, organisation/community and individual.

Preface

The Peninsula Model for Primary Health Planning (the Peninsula Model) is a catchment-based partnership between a range of health and community service organisations, key stakeholders, consumers, carers and communities. Working collaboratively, the partnership identifies the health needs of Frankston and Mornington Peninsula communities and develops effective service responses to meet those needs. The Model encompasses goals of improving service coordination, health promotion, early intervention and client experience in agreed priority areas (Peninsula Model 2013).

Based on a population health approach, the Model wraps the collective effort of cross-sector providers around agreed health priorities to address service gaps for the catchment. This collective effort maximises impact and makes efficient use of resources through integrated planning, reduced duplication of effort, and shared ownership of processes and outcomes.

The Prevention of Violence against Women and their Children working group was established in February 2014 out of the Prevention and Better Health Alliance to drive the development of this Strategy based on:

- Sharing and building upon existing resources and evidence
- Developing new tools and resources
- Building the capacity of internal and external agencies to work within the primary prevention sphere
- Implementing the strategy using a collaborative approach

Statement of Intent

This Statement of Intent is a formal and public commitment of organisations in the Frankston and Mornington Peninsula region to take action in the prevention of violence against women and their children. By signing the Statement of Intent, these organisations are displaying their sincere determination and commitment to the vision, goal, objectives and actions of this strategy, and to work together in the important work of the prevention of violence against women and their children.

Signatories will be expected to implement the activities set out in the Action Plan in the most appropriate way for their organisation.

Creating Safety, Equality and Respect in our community

a Catchment Wide Strategy to
Prevent Violence against Women and their Children
2014 - 2017

GOAL	OBJECTIVES
<p>To create a community that is safe and accessible for all women and their children.</p>	<ol style="list-style-type: none"> 1. Encourage organisations to work collaboratively across sectors and settings within the catchment to collectively address the key determinants of Violence against Women and their Children. 2. Increase the capacity of organisations to understand the primary prevention of Violence against Women and their Children and commit to implementing actions within their agency that promotes gender equality and respectful relationships. 3. Increase the community's capacity to understand the primary prevention of Violence against Women and their Children and take appropriate action.
<p>VISION</p> <p>For women and their children to live free from violence; feel safe and respected, valued and heard in their relationships, workplaces and within the community.</p> <p>We strive for every woman, man and child in the Frankston-Mornington Peninsula catchment to have equal access to opportunities that enable them to reach their potential and participate fully in all aspects of their lives.</p>	

ACTIONS

- Sign a Statement of Intent and signatories display commitment publicly.
- Commit to workforce development on gender equity and the Prevention of Violence against Women and their Children.
- Organisations incorporate gender equity into existing relevant policies.
- Provide staff within each organisation access to resources on Prevention of Violence against Women and their Children.
- Promote and support Prevention of Violence against Women and their Children campaigns as appropriate.
- Participate in an annual event that focuses on gender equity and Preventing Violence against Women and their Children e.g. 16 Days of Activism.
- Ensure that all communications regarding Violence against Women and their Children have a focus on gender equity.

WE, THE FOLLOWING ORGANISATIONS COMMIT TO THE ABOVE GOAL, VISION, OBJECTIVES AND WILL TAKE ACTION TO PREVENT VIOLENCE AGAINST WOMEN AND THEIR CHILDREN

Introduction



Violence against Women and their Children is a national issue which causes long-term health and economic impacts to the individual, workplaces, community and society. While Violence against Women and their Children is serious and prevalent, the evidence tells us that it is preventable.

Primary prevention aims to stop violence before it occurs by addressing and challenging prevailing gender norms and power structures, and focusing on promoting equal and respectful relationships between men and women at the individual, community, organisational and societal level.

Creating Safety, Equality and Respect in our Community, is a three-year catchment-wide, primary prevention strategy aimed at preventing violence against women and their children in Frankston Mornington Peninsula 2014-2017. Often, restricted resources, time pressures and short-term funding cycles have affected past work on preventing violence against women and their children which has caused limited sustainability, scope and reach.

The intention of this Strategy is that it will be implemented through a collaborative approach across Local Government, Community and Women's Health Services, Primary Care Partnership, Medicare Local and other key agencies. Through partnerships and collaboration, the Strategy is intended to build capacity for internal and external agencies working within the primary prevention sphere, and build upon already existing resources within the catchment.

The term 'Violence against Women and their Children' is used interchangeably with 'family violence', 'intimate partner violence' or 'domestic violence'. For this strategy, the term 'Violence against Women and their Children' is used to reflect the gendered patterns of victimisation and perpetration, and to ensure that we can respond to women's experiences of violence in a range of contexts. The term also reflects current usage in national, state and local policies and good practice initiatives.

Creating Safety, Equality and Respect in our Community: a Catchment Wide Strategy to Prevent Violence against Women and their Children 2014-2017 refers to violence against women and their children. However the primary focus is on preventing violence against women with consideration of the flow-on effects to children.

Research shows that children who experience trauma as a result of witnessing violence are likely to experience developmental delays and poor health outcomes, and this risk increases with multiple traumatic experiences. Witnessing violence is also a significant risk factor for young men becoming perpetrators of violence in the future (National Crime Prevention 2001). The prevention of violence against women and their children has positive effects for children and young people and helps to reduce the prevalence of violence over generations (Baim & Guthrie 2012).

Although the focus of this strategy is on preventing men's violence against women and their children, we recognise that this is not the only form of violence in our society. Violence can occur, for example within same sex relationships, and men also experience violence. Whilst men can also be victims of violence, the nature of this violence presents itself in fundamentally different ways to that experienced by women. Men are more likely to be physically assaulted within the public sphere by other men with whom they have no personal relationship with, whereas women are more likely to experience violence within their own homes and from a person who is known to them. Therefore the primary focus of this Strategy is on addressing the significant and widespread issue of men's violence against women and their children whilst recognising that all forms of violence are unacceptable and impact directly on health and wellbeing.

For the purpose of this strategy, a woman is referred to as someone who was born female and/or who identifies as being a woman (World Health Organisation 2014) and children are referred to as those aged 0 – 18 years as defined under the Children, Youth and Families Act 2005 (Australian Government 2005).

Defining violence against women and their children

The United Nations (1993) defines violence against women (and their children) 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 deprivation of liberty, whether occurring in public or private life'.

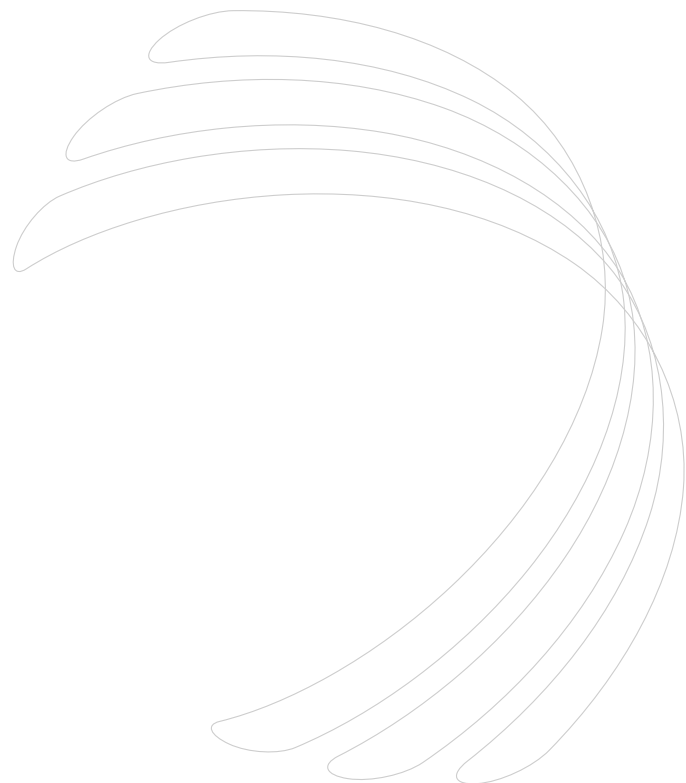
Violence against women (and their children) is not just physical abuse; the different types of violence include psychological, economic, emotional, sexual, social and spiritual abuse (Council of Australian Governments 2012).

Violence against women and their children is a gendered issue

Women can be perpetrators of violence; however the evidence demonstrates that the overwhelming majority of abuse and violence is perpetrated by men against women (National Council to Reduce Violence against Women and their Children 2009). The greatest risk factor for becoming a victim of violence is, simply, being female (National Council to Reduce Violence against Women and their Children 2009).

Some data that highlights the gendered issue of violence includes:

- The number of women being the victim of reported family violence incidents is 77%, and women and girls constitute 92% of reported rape incidents (Victoria Police 2009).
- Male intimate partner violence is the leading contributor to death, disability and illness for women aged 15-44 years (VicHealth 2004).
- Compared with male victims of intimate partner violence women are: five times more likely to require medical attention or hospitalisation, five times more likely to report fearing for their lives and five times more likely to be killed by an intimate partner (Mouzos 1999).
- Almost every week a woman is killed in Australia by a current or previous male partner (Deardon & Jones 2008 & Davies & Mouzos 2007).
- While men are more likely to be physically assaulted by a male stranger, women are more likely to be assaulted by a current and/or previous partner.



Prevalence of violence against women and their children

Australian perspective

In Australia, approximately one in three women over the age of 15 years have experienced physical assault, one in five women have experienced sexual assault, and over half of all women have experienced at least one incident of physical or sexual violence in their lifetime (Mouzos & Makkai 2004, Australian Bureau of Statistics 2006).

The Australian Bureau of Statistics [ABS] (2012a) ran Australia's largest survey on personal safety in 2012. The results showed that 34% of women reported having experienced physical violence since the age of 15, and 19% of women reported having experienced sexual violence, since the age of 15. Women aged 18 years and over were more likely to have experienced violence since the age of 15 by a known person than by a stranger. An estimated 3,106,500 women had experienced violence by a known person (36% of all women who had experienced violence) compared to 1,068,200 women who had experienced violence by a stranger (12% of all women who had experienced violence). The most likely type of known perpetrator was a previous partner (15%). This is in contrast to males who were more likely to have experienced violence by a stranger (36%). However, due to the private and often intimate nature of violence against women, only a fraction of incidents are apparently reported to the police, while reporting is affected by many variables.

Victorian perspective

In Victoria the rate of reported family violence incidents has been on a steady rise. According to Victorian Police crime statistics in 2013/14, there were 65,393 incidents where police submitted family violence reports. This was 8% higher than the 60,550 reported in 2012/13 (Victoria Police 2014).

In addition, there were 2,144 rape offences recorded in 2013/14, an increase of 3.7% on the 2,067 offences recorded in 2012/13. The number of rape offences which were recorded as arising from family incidents increased by 15.6%, and accounted for 34.3% of total rape offences. In addition, female victims accounted for 90% of rape victims (Victorian Police 2014).

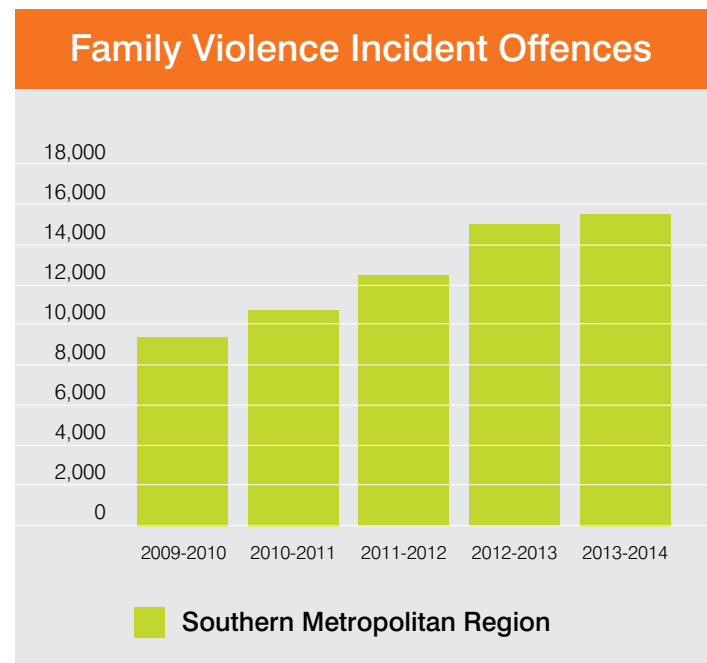
These statistics show that the issue of violence against women and their children is an increasing problem within Victoria.



Southern Metropolitan Region perspective

There has also been a rapid increase of family violence within the Southern Metropolitan Region of Melbourne. In 2009/10 there were 9,381 reports of family violence incidents, with the number in 2013/14 increasing considerably to 15,244. This represents a 60% increase in four years across the region.

Figure 1: Family Violence Incident Offences reported in the Southern Metropolitan Region between 2009/2010 and 2013/2014.



When considering the rate of family violence per 100,000 people, the SMR sits slightly lower in total reported family violence incidents compared to the Victorian average (1,096.9 per 100,000 compared to the Victorian rate of 1,129.2 per 100,000).

Of the 15,244 reported family violence incidents in 2013/14:

- Children were present at 2,880 cases (360.7 per 100,000, compared to the Victorian rate of 387.6 per 100,000);
- Charges were laid in 2,845 cases (458.4 per 100,000, in contrast to the overall Victorian rate of 507.7 per 100,000); and
- 2,421 Intervention Orders and Family Violence Safety Notices were issued, a rate of 274.9 per 100,000 in the SMR compared to a rate of 295.3 per 100,000 in Victoria.
- The total number of reported rapes in the region was 490, and a further 1,558 sex (non-rape) crimes were also reported. In Victoria there were 37 reported rapes per 100,000 compared to the SMR rate of 35.3 per 100,000.
- 1,558 reported sex (non-rape) crimes in the SMR gave a rate of 112.1 per 100,000 compared to the Victorian rate of 128.9 per 100,000.

* 'Sex (non-rape)' is defined as all other forms of sexual assault excluding rape.

Frankston Mornington Peninsula perspective

Violence against women and their children is unacceptably high in our community. Rates of family violence are double the Victorian average in the City of Frankston, which is ranked top of all metropolitan Local Government Areas (LGAs) in the SMR for incidences of family violence (Victorian Police 2014).

In the City of Frankston, reported family violence incidents increased by 53.6% from 1154 in 2009/10 to 1773 in 2013/14 (Victorian Police 2014).

A significant increase in the Mornington Peninsula was also reported during this time which showed a 82% increase in five years from 635 reported cases in 2009/10 to 1157.9 reported cases in 2013/14 (Victorian Police 2014).

Within the City of Frankston it was reported that children were present at 29.3% of family violence callouts and charges were laid at 37.4% of all cases. Between 2008/09 to 2011/12, Seaford saw the most significant increase in the number of family violence callouts, followed by central Frankston and Carrum Downs (Victorian Police 2014).

Population Groups most at risk

Violence against Women and their Children affects all communities regardless of age, culture, social, and economic status. Some sub-population groups are at higher risk of either experiencing, or perpetrating, violence against women or their children (VicHealth 2007). These include:

- **Aboriginal and Torres Strait Islander women**

- Victorian-based studies have identified that Aboriginal and Torres Strait Islander women experience rates of family violence between 5 and 45 times higher than non-indigenous women. This higher prevalence of violence is not part of Indigenous culture, but is understood to be the result of social and economic marginalisation, historical impacts of colonisation, and disruption to Indigenous culture and identity (VicHealth 2007).
- Aboriginal and Torres Strait Islander women are 35 times more likely to be hospitalised for assaults relating to family violence than other women (Al-Yaman et al 2006).

- **Women from culturally and linguistically diverse (CALD) communities**

- There is conflicting evidence as to whether CALD communities have a higher rate of experiencing family violence; however these communities do face greater obstacles in breaking the cycle of violence (InTouch Multicultural Centre against Family Violence 2010).
- Some members of CALD communities, especially newly-arrived immigrants from non-English speaking backgrounds, have a higher risk of social isolation, uncertainty with legal rights and residency status, unemployment and dependence on family and are exposed to the stresses of recent migration (InTouch Multicultural Centre against Family Violence 2010).
- Women from CALD communities may have difficulty leaving violent relationships due to cultural pressures and might be more dependent on their perpetrator. If recently arrived in Australia, they can be particularly vulnerable and reluctant to disclose acts of violence because of threats of deportation relating to their visa conditions (National Council to Reduce Violence against Women and their Children 2009).

- **Women with disabilities**

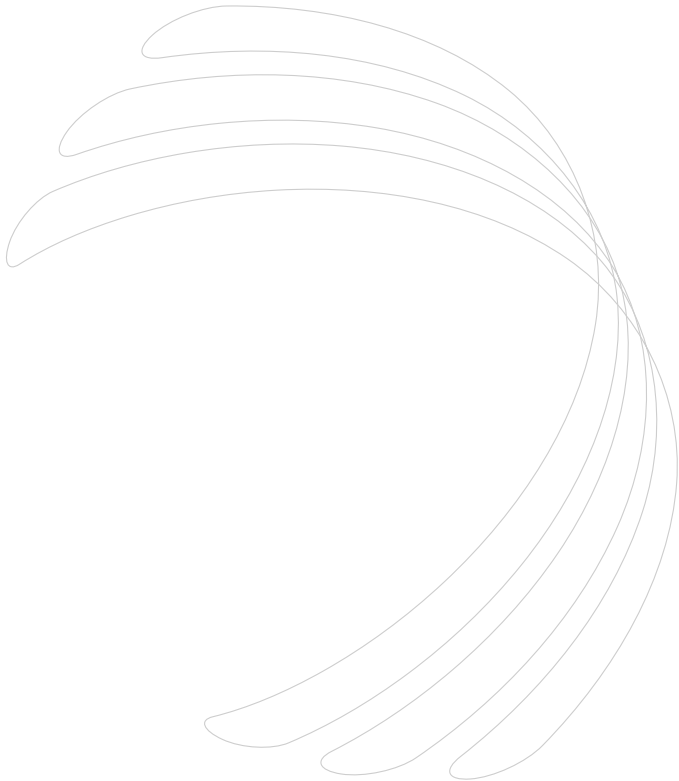
- Women with physical and cognitive disabilities experience higher rates of intimate partner violence than those without disabilities (Brownridge 2006; Cohen et al 2005).
- A shocking 90 per cent of Australian women with an intellectual disability have been subjected to sexual abuse, with more than two-thirds (68%) having experienced such abuse before the age of 18 (Australian Law Reform Commission 2010; Victorian Women with Disabilities Network Advocacy Information Service 2007).
- Humiliation, harassment, forced sterilisation, denial of reproductive rights, neglect, denial of mobility and communication devices, withholding of food or medication, threats of institutionalisation, and restrictions to supports and social networks are all forms of violence experienced by women with disabilities (Salthouse & Frohmader 2004; Women with Disabilities Australia 2008).

- **Younger women**

- For young women, the risk of violence by a male intimate partner can be three-to-four times higher than the risk for women across all other age groups (Young et al 2000).
- In Australia, findings from the Personal Safety Survey show that in the 12 months prior to the survey, 12 per cent of women aged 18 to 24 years had experienced at least one incident of violence compared to five per cent of women aged 35 to 44 years and four per cent aged 45 to 54 years (ABS 2012a).
- The National Crime Prevention (2001) estimates that one in seven (14%) young women and girls in Australia (aged 12 to 20 years) have experienced sexual assault or rape.

- **Pregnant women**

- Statistics show that women are more likely to experience violence when they are pregnant or have recently given birth. This is a critical, transitional life phase where gender roles and equality become increasingly relevant.
- Pregnant women appear to be at higher risk of violence than other women, particularly from their partners. More than one-third of Australian women (36%) who have experienced violence by a previous partner, and 15% by a current partner, report that the violence occurred during pregnancy (ABS 2006).



Impact of violence against women and their children

Impact on women's health

Violence against women and their children is a public health problem and a violation of human rights. Violence against women and their children results in major health, social and economic consequences for women, their families, communities and society (Victorian Health Promotion Foundation 2012).

The direct health consequences of gender based violence to women include mental health issues, physical injury, and reproductive health issues (Victorian Health Promotion Foundation 2011). Women who have been exposed to violence report poorer overall physical health than those who have not, and there is evidence that the health impact of violence can persist long after the abuse has stopped (Victorian Health Promotion Foundation 2004).

Impact on economic and social costs

Violence against women and their children can significantly impact on women's financial position. It can result in a woman being terminated from her position due to the impact on her work performance or having to leave her current employment due to the impact on her health. It can also affect employment stability and career advancement (Victorian Health Promotion Foundation 2012).

Organisations are also adversely impacted upon by violence against women and their children. Violence against women and their children can increase staff turnover, absenteeism and work productivity. In addition, it also impacts on the employee's health and wellbeing, staff morale and the organisation's image and reputation (Victorian Health Promotion Foundation 2012).


Violence against women and their children cost the Australian economy USD\$14.7 billion in 2013. This includes the pain, suffering and premature mortality costs, production-related costs and second generation costs. The cost of this violence is roughly 1.1% of Australia's Gross Domestic Product, or for every man, woman and child-\$6,500 per person. These costs are based on reported violence only.

Socially, violence takes women from families, communities, workforces and broader social involvement for which the cost to communities is inestimable (Women's Health in the North 2011).

Impact on homelessness for women and their children

Violence against women and their children is a major cause of homelessness in Australia.

Violence against women and their children makes them vulnerable to homelessness in two ways: firstly, violence removes the sense of safety and belonging associated with the home; and secondly, leaving a violent situation usually requires leaving the family home (Southwell 2002).



Women and children who leave their home because of domestic and family violence experience severe social and personal disruption, poorer housing conditions, and financial disadvantage (Spinney & Blandy 2011).

According to the Australian Institute of Health and Welfare (2008), one in five women seeking supported accommodation are escaping violence at home. Domestic and family violence is overwhelmingly the major reason women seek assistance from specialist homelessness services. In addition, more than half of women in domestic related homelessness present to Supported Accommodation Assistance Program services with children (Commonwealth of Australia 2008). Research also shows that children aged 18 years and under account for 26% of Victoria's homeless populations (Australian Bureau of Statistics 2012b).

Impact on children

More than one million children in Australia are affected by violence (Australian Domestic and Family Violence Clearinghouse & The University of New South Wales 2011). Children are affected where violence or abuse occurs within the family, either as witnesses to the violence, or as victims of violence themselves.

Children often experience serious emotional, psychological, social, behavioural and developmental consequences as a result of experiencing violence (Australian Domestic and Family Violence Clearinghouse & The University of New South Wales 2011). In addition, children who witness intimate partner violence are at risk of developing anxiety, depression, low self-esteem and physical health complaints. Poor school performance, disobedience and nightmares are also associated with children witnessing violence in their homes (Flood & Fergus 2009).

In Victoria, the Family Violence Protection Act 2008 recognises the vulnerability of children to experiencing violence directed against women, and identifies children's witnessing of family violence as an example of family violence in and of itself.

Causes of violence against women and their children

Determinants of violence against women and their children

The public health perspective places particular emphasis on primary prevention, or effort to prevent violence against women and their children from occurring in the first place. As with many other contemporary population health issues, the primary prevention of violence against women and their children works by initiating changes to the root causes of the problem. Understanding the underlying determinants of violence against women and their children is therefore integral to taking primary prevention action. From the public health perspective, understanding the determinants of violence against women and their children is therefore the key to doing something about it.

Whilst many factors have been identified to explain its occurrence, there is general agreement on the two most fundamental and underlying causes. These are:

- The unequal distribution of power and resources between men and women. This includes: unequal economic, social and political power between men and women (from the relationship to the societal level) – and the laws and practices that support or fail to address this.
- An adherence to rigidly defined gender roles. This includes: Attitudes and social norms: e.g. rigid gender roles and stereotypes, or seeing violence as a means of asserting male dominance or solving disputes.

(VicHealth 2007, p. 27; Foundation to Prevent Violence against Women and their Children 2014)

Addressing the myths to violence against women and their children

Research has shown that other factors such as alcohol and drug use, poor mental health, socio-economic disadvantage or childhood exposure to violence are neither necessary nor sufficient conditions for violence to occur (VicHealth 2007). While these may be identified as risk or contributing factors, they are excuses and only become significant where they intersect with the underlying determinants of norms and social practices relating to gender roles, identities and stereotypes. Importantly, while these factors are critical to our understanding, they provide neither justification nor excuse for violence (VicHealth 2007; Our Watch 2014). Many men affected by these determinants are not violent and these risk factors are not prominent for many men who are violent. Research shows that there are almost even numbers of sober and drunken people who are violent; whereas alcohol and other addictive substances are used by abusers to give themselves permission to be violent (White Ribbon Day 2014). Also the vast majority of violent men are not suffering from a mental illness and would appear to be respectable men who are very much in control. They are represented in all occupations and social classes and the violence is usually only visible within their relationship with their partner and children (White Ribbon 2014). To be consistent with contemporary Victorian Government policy and VicHealth, this strategy is based on the principle that men are responsible for learning non-violent behaviour (Statewide Steering Committee to Reduce Family Violence 2005; VicHealth 2007).

Addressing violence against women and their children

A primary prevention approach

The prevention of violence against women and their children is one of the priorities of the Prevention and Better Health Alliance. 'The Prevention and Better Health Alliance has a commitment to working towards addressing the social determinants of health through a primary prevention approach. The social determinants of health can be considered the root causes of health and disease' (Peninsula Model 2013), therefore this working group focuses on the primary prevention of violence against women and their children rather than secondary and tertiary prevention approaches which are already occurring within the catchment, illustrated in Table 1.

Table 1: Adapted from Frankston / Mornington Peninsula Primary Care Partnership, Primary Prevention of Family Violence, Background Paper (2010).

Infrastructure and Systems Change	Community and Health Development	Health Education and Empowerment	Communication Strategies	Disease Prevention
Policy and legislation change Organisational change	Advocacy Community engagement Community development	Knowledge Awareness raising Skill building	Health information Behaviour change programs	Screening and assessment
Primary		Secondary		Tertiary

Primary prevention is upstream work that seeks to prevent violence before it occurs and is a whole of population approach which is concerned with wider societal and cultural change. Primary prevention is about establishing communities within environments where people live and work which address the underlying causes of violence against women and their children – namely gender and power inequality between men and women. Therefore the focus is not on the violence or the 'problem,' rather on shifting the social, structural and cultural norms that facilitate and perpetuate inequalities between men and women that allow violence to occur. (VicHealth 2007; Frankston/Mornington Peninsula Primary Care Partnership 2010)

Therefore the following definitions below explain the difference between primary, secondary and tertiary prevention in relation to violence against women and their children with examples shown in Figure 2.

- Primary prevention acts to complement existing education, awareness raising and response based approaches which support those who are at risk or affected by violence.
- Secondary prevention (midstream) addresses the early signs of violence to prevent an act of violence from occurring or escalating. This can target communities, settings, populations, or individuals that are classified as 'at risk' of developing or experiencing violent behaviours.
- Tertiary prevention (downstream) occurs after an act of violence has occurred by implementing measures to prevent it from recurring again in the future.

Figure 2: Primary, secondary and tertiary prevention

Primary Prevention	Secondary Prevention	Tertiary Prevention
Preventing violence before it occurs e.g. Gender equality training programs that promote equal & respectful relationships.	Taking action on the early signs of violence e.g. Awareness raising events, White Ribbon Day.	Intervening after violence has occurred e.g. Crisis centres, police & courts.

Source: Women's Health East 2013

An ecological approach

The ecological approach (Figure 3) is widely recognised as being an effective model to understand the complexity of violence against women and their children as it highlights the interplay between three specific levels; societal, community/organisational, and individual/relationship.

In the context of the prevention of violence against women and their children the:

- Societal level refers to 'the cultural values and beliefs that shape the other three levels of the social ecology' (VicHealth 2007, p. 26).
- Community/organisational level refers to the existing social structures that impact on a person and;
- Individual/relationship level recognises an individual's lived experiences as well as their interactions with others.

By viewing violence against women and their children through this model, it can be seen that individuals exist within two broader structures – community/organisational and societal and that these two structures are what are responsible for the violence occurring at the individual level.

The ecological approach suggests that violence against women and their children stems from cultural and environmental issues rather than individual deficits and pathologies (Australian Women's Health Network 2014; VicHealth 2007) and provides support for working at all levels, with different population groups, within a range of settings.

Figure 3: Ecological model



Source: VicHealth 2007

The VicHealth framework (Figure 4) has been chosen to assist with developing the Strategy action plan and to reflect the ecological approach.

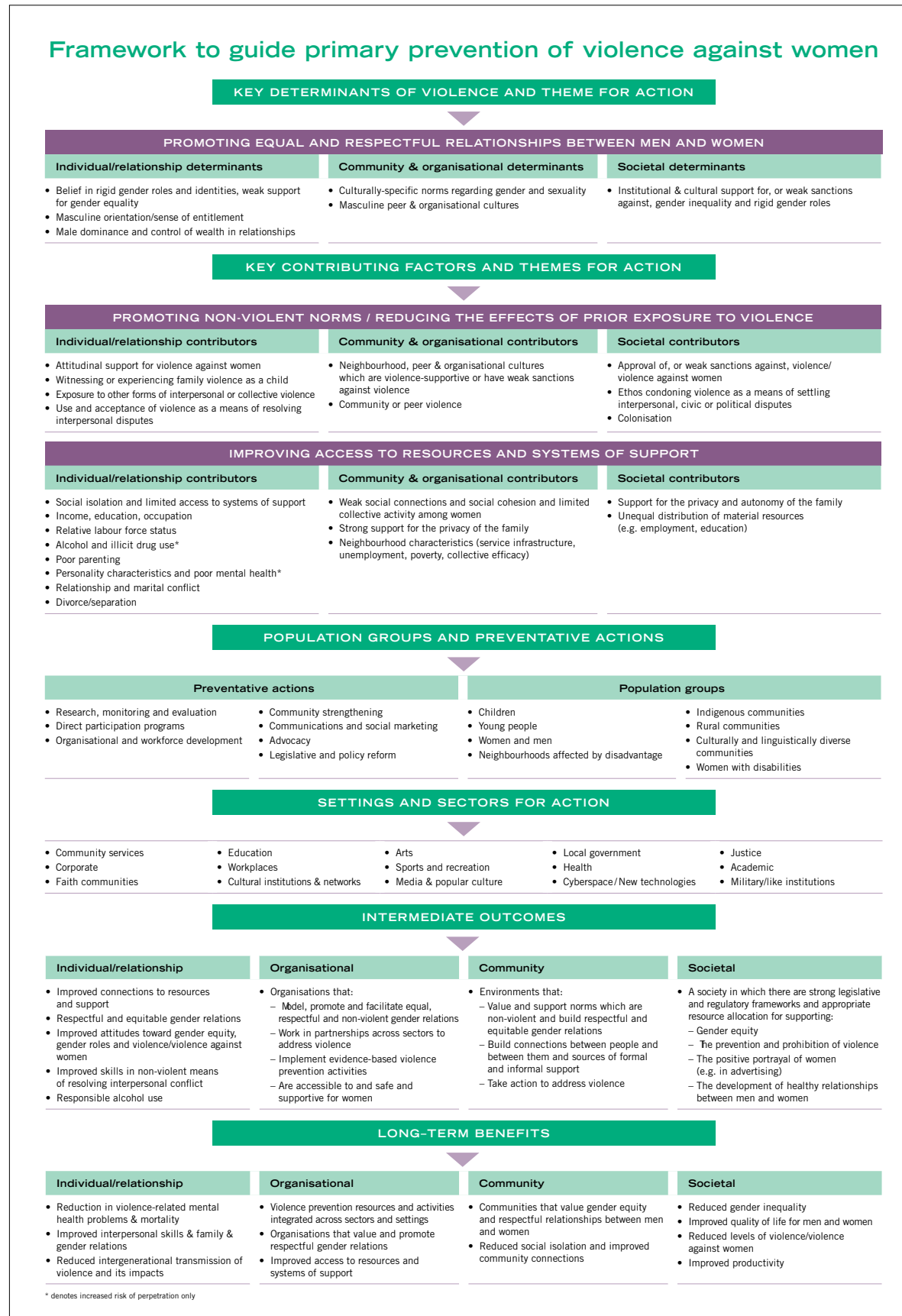
VicHealth Framework for preventing violence against women

The VicHealth framework (Figure 4) is based on an ecological model for understanding violence and is used widely within the Australian context. This model, proposed by the World Health Organization (WHO 2002), recognises that factors influencing violent behaviour or vulnerability to violence lie at multiple and interacting levels of influence – individual/relationship, community and organisational, and societal (VicHealth 2007).

The VicHealth framework provides a collation of research evidence not only demonstrating that violence against women is preventable, but also supporting a spectrum of prevention strategies across a range of contributory factors, as well as across a range of population groups and settings of sites of intervention (VicHealth 2007).

VicHealth's framework highlights that primary prevention is a long-term endeavour involving major cultural and societal change. Reductions in violence against women and their children are unlikely to occur by any single project and needs to be addressed by multi-level approaches (Kwok 2013).

Figure 4: VicHealth framework to guide primary prevention of violence against women



Existing work and gaps within the catchment

Preventing violence against women and their children in the Frankston Mornington Peninsula catchment

Women's Health in the South East has collected details on initiatives and practices across the Frankston Mornington Peninsula catchment that work toward the prevention of violence against women and their children.

The mapping exercise is intended to increase opportunities for collaboration by providing information on what is happening in the region and while identifying gaps in preventing violence against women and their children to inform future work particularly for Creating Safety, Equality and Respect in our Community: a Catchment Wide Strategy to Prevent Violence against Women and their Children 2014-2017. It also supports the sharing of information between partners, and improve referral of clients to appropriate services.

Initiatives and practices have been allocated to three categories of prevention which are: primary, secondary and tertiary. Information was verified with services and is correct to the best of WHISE's knowledge as at 23 September 2014.

The mapping exercise can be found at:

The Peninsula Model Website: <http://www.peninsulamodel.org.au/>

Women's Health in the South East: <http://www.whise.org.au/resources/relationships.html>

Findings

There were no ongoing primary prevention initiatives or practices identified that solely service the Frankston Mornington Peninsula catchment. A small number of primary prevention initiatives were identified which serviced either all of the SMR or were Victorian wide initiatives. These included programs that promote equal and respectful relationships and gender equality. The majority of initiatives or practices that solely service the Frankston Mornington Peninsula catchment, or focus on the whole SMR or Victoria, were classified as secondary prevention of violence against women and their children. These included awareness raising campaigns such as White Ribbon Day, counselling for women who may be at risk of violence and behaviour change programs for men.

Many of the initiatives or practices that solely service the Frankston Mornington Peninsula catchment, or the whole of the SMR or Victoria, were classified as tertiary prevention of violence against women and their children. These included crisis centres, emergency housing as well as Victoria Police responses.

As evident in the mapping of family violence services, there is a lack of primary prevention of violence against women and their children initiatives at a local, regional and state-wide level.



Organisational assessment tool

An organisation assessment tool was completed by six out of the seven working group member agencies. With permission from the original developers and owners, Women's Health in the North (WHIN), the organisational assessment tool was used to establish current organisational approaches to the prevention of violence against women and their children. The organisational assessment tool covered five key areas in the prevention of violence against women and their children:

- Organisational commitment
- Workplace culture and leadership
- Professional development and training
- Partnerships and collaboration
- Services, programs and practices

The results of the organisational assessment tool were then collated and key themes drawn out to inform actions specific to the Frankston Mornington Peninsula catchment. Three themes emerged as requiring specific attention within this strategy and action plan:

- Organisational policies and procedures
- Organisational and workforce development
- Communications and social marketing

The results also provided a clear indication that many of the actions that were needed to be addressed fell within the organisation/workplace setting. Given this information, one of the key settings for action will be organisations and workplaces as we strongly believe that change needs to occur within these settings, as well as occur more broadly. Workplaces are well placed to recognise local issues and influence broader social change by being leaders within their community.

Other key settings for actions within this strategy align with the ecological model and include settings within the society and individual domains.



Taking a settings based approach ensures that people are reached where they live, work and play, and that actions can be tailored to meet the needs of specific population groups (Australian Women's Health Network 2014).

A set of key preventative actions have also been established and are in line with the findings of the organisational assessment tool. These actions include:

- **Community strengthening**

- This aims to enable and support communities to address violence against women and their children and the social norms that make it acceptable (VicHealth 2007).

- **Organisational and workforce development**

- Organisations and organisational cultures have a powerful role in influencing the behaviours of individuals and groups so can play a role in violence prevention by modelling non-violent, equitable and respectful gender relations. Workforce development involves building the skills of relevant workforces to implement primary prevention activity either informally and opportunistically or at a more formal level (VicHealth 2007).

- **Communications, social marketing and advocacy**

- Communications and the media can be used in a range of ways and platforms to raise awareness of violence against women and their children and address attitudes, behaviours and social norms that contribute to this problem. This action will coincide with advocacy which involves building collective activity to raise awareness of the issue of violence against women and their children and to encourage governments, organisations and communities to take action on factors contributing to the problem (VicHealth 2007).

Action plan

Creating Safety, Equality and Respect in our Community:

a Catchment Wide Strategy to Prevent Violence against Women and their Children 2014-2017

As a signatory to this Action Plan, you commit to:

Actions	Activities
Sign a Statement of Intent and display it publicly to show your organisation's commitment to the Prevention of Violence Against Women and their Children.	Organisations in the catchment sign the Statement of Intent and work towards each action. Signatory organisations to participate in the evaluation of actions. Signatory organisations promote Creating Safety, Equality and Respect in our Community: a Catchment Wide Strategy to Prevent Violence against Women and their Children 2014-2017 to networks and community groups.
Signatories commit to workforce development on gender equity and the prevention of Violence against Women and their Children.	Staff in each signatory organisation will attend workforce development opportunities in relation to gender equity and Primary Prevention of Violence against Women and Their Children annually. Staff to have a greater understanding of gender equity and primary prevention of violence against women and their children and implement actions within their organisation.
Signatory organisations incorporate gender equity into existing relevant policies.	Signatory organisations to audit existing anti-discrimination policies to ensure inclusion of gender equity. Signatory organisations have a policy that includes explanations of gender equity and what it means for the organisation. Signatory workplaces are inclusive of the diverse needs of both male and female staff members.
Signatories to provide staff within each organisation access to resources on Prevention of Violence against Women and their Children.	Signatory organisations to make Violence against Women and their Children resources easily accessible to their staff and clients.
Signatory organisation to promote and support Prevention of Violence against Women campaigns as appropriate.	Create awareness of campaigns such as 'Our Watch' and provide support to staff members who wish to become a White Ribbon Ambassador.
Participate in an annual event that focuses on gender equity and preventing violence against women and their children e.g. 16 Days of Activism.	Organisations host or participate in an annual event.
Ensuring that all communications regarding violence against women and their children have a focus on gender equity.	Organisations introduce or adapt communication strategies to reflect the inclusion of gender equity. Organisations identify gender equity in all media regarding violence against women and their children.

Monitoring and Evaluation

The working group, in conjunction with the Prevention and Better Health Alliance of the Peninsula Model has overall responsibility for overseeing the implementation of the strategy and action plan which will be evaluated and reviewed on an annual basis. Evaluation will take into consideration an ecological approach where outcomes for society, organisation and individual are all considered.



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Appendix 1: Policy Context

◆ International context:

- United Nations Convention on the Elimination of All Forms of Discrimination Against Women

◆ National context:

- National Plan to Reduce Violence against Women and their Children, 2010-2022
- National Women's Health Policy 2010
- Our Watch – End Violence against Women And their Children Five Year Strategic Plan 2014

◆ Victorian context:

- Victorian Charter of Human Rights and Responsibilities Act
- 2011 Victorian Families Statement
- Victoria's Action Plan to address Violence against Women and their Children, 2012-2015
- Victorian Local Government Women's Charter
- Strong Culture, Strong Peoples, Strong Families: Towards a safer future for Indigenous families and communities
- Indigenous Family Violence Primary Prevention Framework

◆ Southern Metropolitan Region

- Women's Health Services across Victoria are leading a Regional Action to Prevent Violence against Women and their Children 2014-2016. The Southern Metropolitan Regional Strategy is currently being developed.

◆ Frankston Mornington Peninsula Context

- Creating Safety, Equality and Respect in our Community: a Catchment Wide Strategy to Prevent Violence against Women and their Children 2014-2017
- Peninsula Model – Preventing Violence Against Women and their Children Working Group
- Frankston Mornington Peninsula Family Violence Network
- Mornington Peninsula Shire: Prevention of Family Violence Implementation Plan 2014-2017



www.peninsulamodel.org.au
info@peninsulamodel.org.au

