



STRATEGIC PLAN

PREVENTING AND ADDRESSING VIOLENCE AGAINST
WOMEN AND CHILDREN IN THE G21 REGION
2016-2020



ACKNOWLEDGEMENTS

PARTNERS AND FUNDERS

The Preventing and Addressing Violence Against Women and Children in the G21 Region Strategic Plan 2016 – 2020 was facilitated by a partnership between the Barwon Area Integrated Family Violence Committee (BAIFVC), City of Greater Geelong (COGG), G21 - Geelong Region Alliance (G21) and Women's Health and Wellbeing Barwon South West (WHW BSW).

BAIFVC develops and supports partnerships between regional family violence and sexual assault services (women, children and men's services) and other key sectors and services, such as Child FIRST/family services, child protection, mental health services, homelessness services, housing services, Courts, Police and Indigenous Family Violence Regional Action Groups.

By convening groups of services that work to respond to and prevent violence against women and children it identifies issues and potential improvements in the system's response to women, children and men. The committee contributes to and is informed by state wide strategic discussions and considerations to improve the system response across Victoria.

G21 is the formal alliance of government, business and community organisations within the Geelong region across five municipalities – Colac Otway, Golden Plains, Greater Geelong, Queenscliffe and Surf Coast. G21 involves member organisations through eight Pillar groups based on the region's key priorities - Arts & Culture, Economic Development, Education & Training,

Environment, Health & Wellbeing, Planning & Services, Sport & Recreation and Transport.

COGG, as a G21 member, has actively partnered on the Strategic Plan development and Golden Plains Shire has chaired the Project Planning Executive Group which guided its development.

WHW BSW is a women's health promotion and primary prevention service, established in 2011 as part of the Victorian network of women's health services. WHW BSW work to achieve outcomes across three key priority areas, including prevention of violence against women, sexual and reproductive health and strengthening women's voices. WHW BSW have demonstrated leadership and expertise in undertaking and informing regional strategic planning to prevent violence against women before it occurs.

Each of the project partners in the Project Planning Executive Group (PPEG) has either contributed funding to enable the development of the Strategic Plan or provided in kind support.



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PART A: CONTEXT

THE PREVENTING AND ADDRESSING VIOLENCE AGAINST WOMEN AND CHILDREN STRATEGIC PLAN 2016-2020

VISION: To create a long-lasting partnership that generates innovative, collective action that addresses violence against women and children and create communities that are safe, healthy and free of violence.

The Preventing and Addressing Violence Against Women and Children in the G21 Region Strategic Plan 2016 – 2020 in the G21 region creates a single plan for the primary prevention, early intervention and response to violence against women and their children for the geographic region of G21 encompassing the local government areas of City of Greater Geelong, Surf Coast Shire, Colac Otway Shire, Golden Plains Shire and Borough of Queenscliffe.

The Strategic Plan's vision is that the G21 region creates a long-lasting partnership to generate innovative, collective action that addresses violence against women and children and create communities that are safe, healthy and free of violence. It proposes that this vision will be achieved if organisations implement actions in response to the following themes:

- **Strengthening leadership**
- **Increasing capacity**
- **Communicating key messages**
- **Building the evidence base.**

Each of these strategic themes aims to foster gender equity, support the expansion of appropriate service responses and provide a framework for the development of an Implementation Plan that will prioritise regional action and identify ways in which organisations and the workforce can be supported including professional development and advocacy.

The Action Plan (pg 20) identifies the steps required to consolidate partnerships across the primary prevention, early intervention and response continuum and with mainstream organisations. This includes a wide range of organisations operating where people live, work, recreate and learn.

It also focuses on the priority to broaden and formalise the partnership base to include organisations supporting Aboriginal women, women from CALD backgrounds, women with disabilities, rural women and children.

A senior and representative governance structure will be required to lead regional action, reverse women and children's current lived experiences of women and children experiencing violence and optimise gender equity.

It is proposed that PPEG will support this transition to a new governance arrangement.

PART A: CONTEXT

1. INTRODUCTION

Violence against women and children is now widely recognised as a global problem and one of the most widespread violations of human rights (VicHealth, 2008). Achieving gender equality and empowering all women and girls is one of 17 goals for the United Nations 2030 Agenda for Sustainable Development (2015).

The impact of violence has profound consequences for women, children, families and whole communities. Violence against women and children is serious, prevalent and the evidence tells us that it is preventable (Change the Story 2015).

Violence against women and children is a priority issue for communities and organisations in the G21 region. The Preventing and Addressing Violence Against Women and Children Strategic Plan 2016-2020 is a four-year plan which aims to engage partner organisations to address this catastrophic issue through collective action towards a shared vision. As a result, this Strategic Plan adopts the following vision and objectives:

VISION

The Preventing and Addressing Violence Against Women and Children Strategic Plan 2016 – 2020 (the Strategic Plan) for the G21 region creates a long-lasting partnership to generate innovative, collective action that addresses violence against women and children and create communities that are safe, healthy and free of violence.

OBJECTIVE

The Strategic Plan creates a single plan for the primary prevention, early intervention and response to violence against women and their children for the geographic region of G21.

The Preventing and Addressing Violence Against Women and Children Strategic Plan 2016-2020 is a significant progression for the G21 region. The plan takes a direct approach based on the fundamental premise that violence against women and children is unacceptable. It articulates a commitment to strategic and collaborative action across the continuum to:

- Prevent violence against women and children from ever occurring (primary prevention);
- Intervene early to identify and support women and children who are at risk of violence (early intervention); and
- Respond to violence by holding perpetrators to account, ensure connected services are available for woman and their children (response).

This Strategic Plan aims to support mainstream and specialist services operating across the whole continuum to jointly plan, deliver and advocate so that women and children can achieve civil and political equality.

2. GOVERNANCE AND WORK TO DATE

PROJECT PLANNING EXECUTIVE GROUP

Members of the Preventing and Addressing Violence Against Women and Children in the G21 Region Strategic Plan 2016 – 2020 Project Planning Executive Group (PPEG) include:

BARWON AREA INTEGRATED FAMILY VIOLENCE COMMITTEE

Janice Watt, Independent Chair, BAIFV
Elaine Williams, Regional Integration Coordinator, Bethany
Helen Bolton CEO, Barwon Centre Against Sexual Assault

G21

Jill Evans, Director Community Services, Golden Plains Shire
Sarah Leach then Janice Lane, Director HWB, G21

CITY OF GREATER GEELONG

Jane Wager, Coordinator Community Development, COGG
Heidi Waterson, Community Development Officer, COGG

WOMEN'S HEALTH AND WELLBEING BARWON SOUTH WEST

Emily Lee-Ack, Executive Officer, BSW WHW
Emma Mahony, Head of Strategy, Policy and Research Prevention of Violence Against Women, BSW WHW

KEY PRINCIPLES

Acknowledging the gendered nature of violence against women and their children.

Recognising that there are social and economic determinants of violence against women and children.

Engaging priority populations, such as rural women, Aboriginal women and women from culturally and linguistically diverse (CALD) women, women with disability, women who are hard to reach and children.

Valuing work that has come before.

Building partnership and capacity in and between sectors whether their focus is on primary prevention early intervention and response.

Committing to evidence based actions and identifying evidence gaps.

STAKEHOLDER ENGAGEMENT

OPEN WORKSHOPS

In November 2014 and February 2015 around 30 organisations attended workshops that scoped primary prevention, early intervention and response activities currently undertaken to prevent and address violence against women and children in the G21 region.

These workshops illustrated the significant activities being undertaken and also identified gaps and opportunities that could be achieved through collective and coordinated action. Participant views on the Strategic Plan's vision, goals and focus were canvassed.

The PPEG was given a clear indication that participating organisations were interested in a Strategic Plan that would span primary prevention, early intervention and response, build relationships between mainstream and specialist services, and specifically with population groups including rural women, Aboriginal and CALD women, women with disability and children and build the capacity of the G21 region to create a long-lasting partnership and innovative, collective action to address violence against women and children.

FOCUSSED WORKSHOPS AND INTERVIEWS

From July – September 2015 workshops were facilitated with the BAIFVC and G21 region Local Governments to gather responses to the Strategic Plan's draft vision, strategic themes and actions for 2016 – 17. Interviews with organisations supporting rural women, Aboriginal and CALD women, women with disability and children were also conducted to gain input, identify appropriate mechanisms for involvement in Strategic Plan content and alignment of implementation processes.

These workshops and interviews confirmed support for the Strategic Plan's vision and strategic themes, sharpened the actions, underscored the need for a developmental Strategic Plan and a well-considered and inclusive governance structure.

DRAFT STRATEGIC PLAN CONSULTATION

In November 2015 the draft Preventing and Addressing Violence Against Women and Children Strategic Plan 2016 – 2020 was widely circulated in the region to gain additional comments for incorporation.

Comments received have been integrated into the Strategic Plan where relevant. Some comments provided insight into the development of an annual Implementation Plan, or next steps in creating a broader leadership governance structure to support the Strategic Plan's annual implementation Plan and have been noted for this next step.

3. UNDERSTANDING THE CONTEXT

WHAT IS VIOLENCE AGAINST WOMEN AND CHILDREN?

The United Nations defines 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 (United Nations, 1993).

Violence against women can include psychological, economic, emotional, physical and sexual abuse. Family violence and sexual assault are the most common forms of violence experienced by women in Victoria.

While violence against women currently effects women regardless of age, culture, social and economic status, some groups of women have been identified as being at increased risk. These include women who are part of population groups within the community who are already experiencing structural or systematic disadvantage such as:

- Aboriginal women;
- Women from CALD backgrounds;
- Women with disabilities; and
- Women living in rural, regional and remote locations (VicHealth, 2007).

Similarly, children who experience violence, or witness violence against their mothers or family members experience cumulative harm, toxic stress and complex trauma. It can damage the developing brain and have profound long term effects. When children witness family violence, they experience family violence. When family violence occurs between adults, children are more likely to be at risk of physical and emotional abuse.

HOW IS VIOLENCE AGAINST WOMEN AND CHILDREN A GENDERED ISSUE?

For Victorian women aged 15-44 years, male intimate partner violence is the leading contributor to death, disability and ill health. (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).

Women constitute 77 percent of reported family violence incidents, and women and girls constitute 92 percent 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 (Deardon & Jone, 2008; Davies & Mouzos, 2007).

The evidence demonstrates that family violence and sexual assault are predominantly perpetrated by men against women, meaning that women make up the overwhelming majority of victims of family violence and sexual assault (Change the Story, 2015).

While women can sometimes be perpetrators of family violence, evidence suggests that the overwhelming majority of violence is perpetrated by men against women (Change the Story, 2015).

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PART A: CONTEXT

TERMINOLOGY

The following definitions have been adopted by this Strategic Plan as having common language and understanding is an important part of partnership and communication.

ACTION TO ADDRESS AND PREVENT VIOLENCE AGAINST WOMEN AND CHILDREN INCLUDES:



PRIMARY PREVENTION initiatives are those that seek to prevent violence before it occurs. Interventions are population based and either universal (aimed at the whole population regardless of risk) or targeted (groups at heightened risk of becoming perpetrators or victims). This work focuses on the determinants of the issue such as unequal power relations between women and men and adherence to rigid gender stereotypes. Action will be taken to engage organisations and communities to promote gender equity, cultural respect and a culture of non-violence.

EARLY INTERVENTION is when violence may occur or be repeated. Interventions are targeted at individuals and groups who exhibit early signs of perpetrating violence or of being subject to violence. This work focuses on changing behaviours or increasing the skills of individuals or groups. Action will be taken to identify women and children at the greatest risk of violence and implement strategies that reduce their risk and increase their safety. Action will also be focused on changing the behaviour of men who use violence.

RESPONSE is when violence has occurred. Interventions provide support and assistance to women and children who are affected by violence. This work focuses on dealing with violence, preventing its consequences and ensuring it does not occur again or escalate. Action will be taken to strengthen the current system that supports women and children and continue to provide ongoing support to women and children to rebuild their lives, and responding to men who perpetrate violence.

For the purposes of this Strategy we have predominantly used the term 'violence against women and children' as it encapsulates all commonly used terms for forms of violence perpetrated against women including 'family violence', 'domestic violence', 'sexual assault' or 'intimate partner violence'.

The term 'violence against women and children' is also used because it emphasises the gendered nature of violence. That is, that violence is predominantly perpetrated by men against women. Children are included because of the seriousness of the impact that violence against women has on children.

The term CALD communities will be used in the plan and is intended to be inclusive of 'refugees' and 'asylum seekers' (The only exception to using this terminology use occurs when citing external references).

This plan will use the term 'Aboriginal Communities', not 'Indigenous' or 'Aboriginal and Torres Strait Islander' – this is consistent with the preferences of local community controlled Aboriginal organisations.

4. THE COMPELLING CASE FOR COLLECTIVE REGIONAL ACTION

WHY DEVELOP A STRATEGY FOR THE G21 REGION?

Until this point, many organisations have been implementing action and this Strategic Plan provides an opportunity to strengthen this work and provide a regional framework to enhance coordination across the whole continuum. The BAIFVC has provided that structure for collaborative action focused on response and early intervention. WHW BSW, a newer organisation has led such collaboration across the Great South Coast. The opportunity is now before us to extend the work previously undertaken through the G21 Health and Wellbeing Pillar Freedom From Violence Action Group and Month of Action working group to link and coordinate activity.

This plan provides a framework to integrate and coordinate current and future efforts across State and local government, community and women's health services and the BAIFVC, a range of local and regional networks and committees and other key agencies working toward the common, collaborative goals to prevent violence against women and children. It builds on the momentum, achievements and leadership that has been demonstrated by organisations across the region and reflects a collaborative effort from many partners.

The first activity of the Preventing and Addressing Violence Against Women and Children Strategic Plan 2016-2020 will be the development of a two-year implementation plan based on the recommended actions for the identified strategic themes:

- **Strengthening Leadership**
- **Increasing Capacity**
- **Communicating key messages**
- **Building the evidence base.**

A two-year Implementation Plan process has been adopted to bring this Strategic Plan into line with other G21 region planning processes such as the mandated redevelopment of Council Plans and Municipal Health and Wellbeing Plans and that the Royal Commissions into Family Violence and Institutional Responses to Child Sexual Abuse will bring down findings in 2016 that will require review and a regional response.

These strategic themes and priority actions are identified as the critical foundations to enable integrated, innovative and evidence informed collaborative action across primary prevention, early interventions and response. (A summary of 2016 – 2020 outcomes and recommendations for action from 2016-2017 can be found in Part B from page 20-24).

Development of an annual Implementation Plan will commence following finalisation of the Strategic Plan. It will build on a range of work that is currently being implemented in the region and beyond and provide opportunities for organisations to develop partnerships and engage in practical and strategic initiatives. The Preventing and Addressing Violence Against Women and Children Strategic Plan 2016-2020 highlights that everyone has an important role and that working in partnership with other organisations is critical.

The commitment to addressing violence against women and children in the G21 region is unmistakable. This strategy will strengthen the region's capacity to work effectively across the continuum. It will provide a mechanism to coordinate and integrate activities in order to maximise the region's efforts, and minimise duplication. Through this coordination, the Strategy will enable mutually reinforcing actions across the continuum of violence against women and children. The evidence suggests that it is not possible to end violence against women and children with disparate initiatives, short-term funding and one-off projects. (Amnesty International Australia, 2008).

The Strategic Plan has been designed to reflect the fact that organisations are at different levels of readiness and will have different roles to play across the areas of primary prevention, early intervention and response. Some organisations are clearly mandated to work with women once violence has occurred while others will focus on addressing the underlying causes of violence against women and children – namely gender inequality between men and women.

The Strategic Plan is not intended to restrict organisations from tailoring actions for themselves and the communities they work with. It seeks to build on evidence-informed practice, provide opportunities for partners to work together, coordinate their work, reach groups that will not be easily engaged and build their organisational capacity to respond to violence against women and children. In this way it will enable partners to complement each other's work, provide a process to prioritise action and jointly advocate.

VIOLENCE AGAINST WOMEN AND CHILDREN IS PREVALENT

Partners to this Strategic Plan know that violence against women and children is one of the most serious and pervasive issues affecting women, families, communities and society (Women's Health Victoria, 2009).

We are informed by evidence that two out of five women in Australia have experienced at least one incident of violence since the age of 15 and one in five women have been victims of sexual violence. Both

PART A: CONTEXT

women and men are more than three times as likely to be physically assaulted by a man as by a woman. But a woman was most likely to experience violence in her home. Five out of ten women said alcohol or other drugs contributed to their most recent physical assault by a male while gender remains the most substantial variable when considering differences in patterns of victimisation and perpetration. One in four women in Australia have experienced at least one incident of violence by an intimate partner who they may, or may not, have been living with. Cohabiting partner violence does not just affect the victim. Since the age of 15, over 400,000 women had experienced partner violence during pregnancy and over half a million women reported that their children had seen or heard partner violence (ANROWS, 2015).

In the year ending 31 March 2015, there were 69,442 family incidents recorded by Victoria Police, rising by 8.2% from 64,187 incidents in 2014. This resulted in a family incident rate per 100,000 people in Victoria of 1,166.9. This was an increase of 6.2% from the previous year, and an increase of 65.0% from 2011 (Victoria Police, 2012).

While violence mostly occurs in the home, sexual assault can also occur in a range of settings such as workplaces, schools, pubs and clubs – outside of the ‘family violence’

context (VicHealth, 2007). The rate of sexual assault varies significantly with age. Young women are at increased risk when compared to the national average, with 2.2% (23,500) of women aged 18-24 years having experienced sexual assault in the last 12 months (ANROWS, 2015).

VIOLENCE AGAINST WOMEN AND CHILDREN IS SERIOUS

Violence against women and children is a violation of women's human rights and freedoms. We know from research that has long indicated the profound and long-term toll that violence takes on the health and wellbeing of women, families, communities and on society (Campbell, 2002). In Australia in 2009, men's violence against women and children was estimated to cost \$13.6 billion per annum – a figure forecast to rise to \$15.6 billion by 2021 if preventative action is not taken (KPMG, 2009).

Among Victorian women aged 15-44 years, violence is the leading contributor to death, disability and ill-health. The main health outcomes contributing to this burden of disease include depression and anxiety (62 percent collectively). This is followed by suicide, tobacco and alcohol use, and other negative impacts (Mouzos & Makkai, 2004). The trauma of experiencing violence has devastating



and widespread impacts on women's physical and mental wellbeing. The physical impacts can include bruises, welts, fractures, eye damage, chronic pain syndromes, permanent disabilities including acquired brain injuries, gastrointestinal disorders, gynaecological disorders, sexually transmitted infections, HIV and unwanted pregnancies (VicHealth, 2011). Additional social implications can include 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 (World Health Organisation, 2009).

The experience, and or exposure, of violence against children also violates the United Nations Convention of the Rights of the Child which requires the protection of children who are exposed to and witness family and domestic violence.

VIOLENCE AGAINST WOMEN AND CHILDREN IS PREVENTABLE

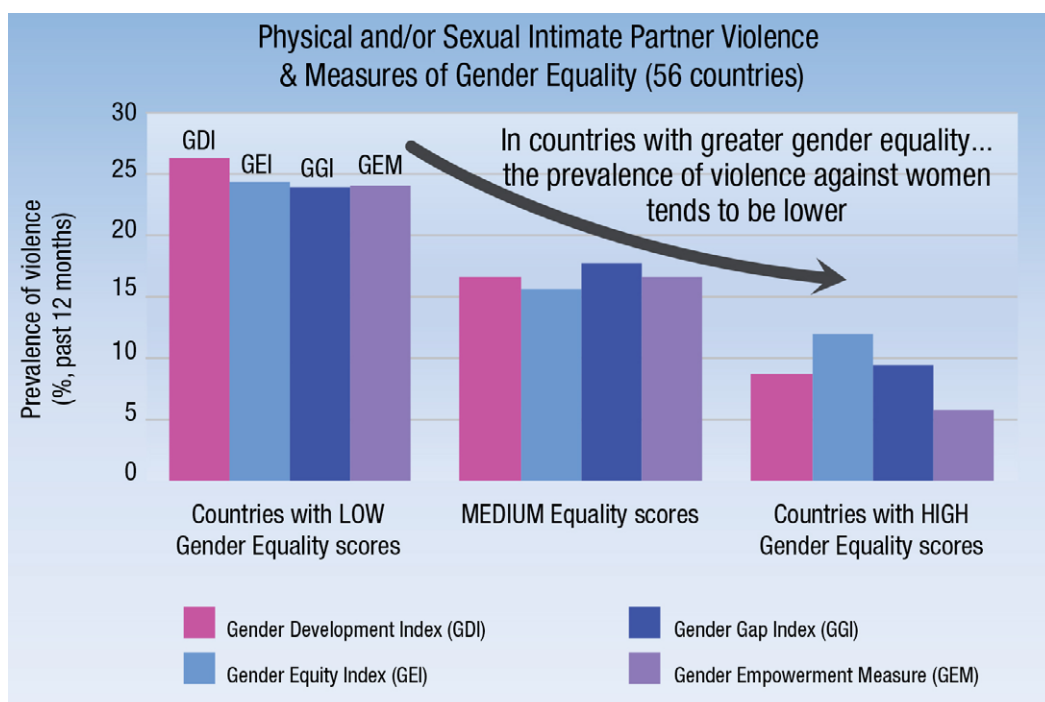
While this Strategy has outlined the serious and prevalent nature of violence against women and children - the evidence is clear that such violence is preventable (VicHealth, 2007). The VicHealth Framework for the Prevention of Violence Against Women promotes a health promotion approach, using primary prevention action to redress the social drivers of violence, which centre around power and gender inequality. National and international research shows that gender inequality is a key determinant, or underlying cause, of violence against women and children (VicHealth, 2007; United Nations Development Fund for Women, 2008). Our Watch, ANROWS & VicHealth have recently released an overview of effective prevention practice by technique which will inform activities and approaches (Change the Story, 2015).

Building greater equality and respect between women and men can therefore reduce the development of violence-supportive attitudes and beliefs, and deconstruct structural gender norms. (VicHealth,

2006). Therefore, the focus of a Primary Prevention approach is on addressing the underlying causes of violence against women and children including gender and power inequality between men and women. The following diagram illustrates that in countries with greater equality between women and men tend to have lower levels of violence against women (United Nations Development Fund for Women, 2010).

The Global Gender Gap Report 2015 (November 2015) puts Australia at 36 out of 145 countries on the gender gap index, below the United States (20).

In 2006 Australia was ranked 15th out of 136 countries. And we're well behind New Zealand coming in a highly respectable 10th place in the gender equality index. Iceland topped the list for the country with the smallest gender gap, followed by the three Nordic states Finland, Norway and Sweden. Ireland rounded out the top five. Women in countries including South Africa, Cuba, Burundi, the Philippines, Latvia and Lesotho all enjoy greater equality with men than Australia.



THE IMPACT OF VIOLENCE AGAINST WOMEN ON THEIR CHILDREN

A group of agencies operating services to disadvantaged and vulnerable children, youth and families affected by family violence in Victoria have described the impacts of family violence on children and young people as being “damaging and lifelong”. They highlight research indicates that “... living with family violence and related harms can damage children’s brain development, often resulting in lifelong mental health problems and behavioural issues that diminish life chances” (Anglicare Victoria et al, 2015). Almost half of the women who experience violence by an ex-partner said children had seen or heard the violence (ABS 2013).

Child FIRST and Family Services data in the Barwon Region has been sourced from Department of Health and Human Services Catchment Reports. It indicates that, in comparison to State data, Barwon has on average 10% higher rates of co-occurrence of risk factors such as mental health, family violence, child protection involvement, substance abuse and disability. There has also been a 53 per cent increase in the number of new referrals received by Barwon Child FIRST with family violence identified as a referral issue during 2011-12 to 2014-15.

Victoria Police data (2013-14) indicates that children were present at 882 family incidents which was up from 400 like incidents in 2009-2010 which was higher than the Victorian average.

The implication of this impact is that children need child-centred practice and be recognised in the service system in their own right so that their trauma can be addressed. It also means that stronger links should be supported through specialised children’s services, universal early childhood services and family violence services so that children can remain engaged with early childhood health, education and social supports vital to early development.

5. STRENGTHENING THE EVIDENCE BASE

Yet, in spite of the prevalent and serious nature of violence against women and children, the current evidence base is not comprehensive or easily accessible. National and State data does not translate to regional or municipal settings and service level data is not necessarily shared by Government Agencies to support collective planning and coordination.

The BAIFVC submission to the Royal Commission into Family Violence notes that “the availability of data about the prevalence of family violence in Barwon is not readily accessible” (BAIFVC, 2015). While a range of data sources exist including police, homelessness services, specialist family violence services, Child First, courts, hospital emergency departments and individual agency data, there is no central collation of this data or single point where it can be accessed. While statistics compiled by the Victoria Police report incidents of family violence and sexual assault. It is widely accepted that a significant proportion of family violence and sexual assault incidents are not reported to the police.

Victoria Police data for the last two consecutive years (2012-2014) indicates that the rate of family violence incidents in the Barwon area was higher than the state average (1101 and 1193 compared with 1065 and 1129 respectively), primarily due to the significantly higher rates in both Colac-Otway and Greater Geelong. Colac-Otway has experienced a staggering 340% increase in family violence rates over the past five years.

In 2014, Victoria Police Data indicates that Barwon family violence incidents also featured the following offences:

- A third of sexual assault and related offences (3,282 of 9,806 offences);
- Almost half of assault and related offences (17,544 of 37,639 offences); and
- More than half of stalking, harassment and threatening behaviour offences (5,310 of 10,573 offences).

6. WOMEN AND CHILDREN AT RISK

A recent paper by the Parliament of Australia (2015) provides an overview of the prevalence, risk factors and cost of domestic violence in Australia. The paper identifies Aboriginal women, women from culturally and linguistically diverse backgrounds, women with disabilities and women from rural and remote areas as at-risk groups.

This Strategic Plan also reflects the position taken in *Change the Story* (2015) that prevention of violence against all women is critical and that this requires understanding that women's and men's identities, social positions and experiences are shaped not just by gender, but by a range of other social categories of difference, including Aboriginality, culture, race, ethnicity, faith or spirituality, socio-economic status, ability, sexuality, gender identity, education, age and immigration status. As such, this Strategic Plan applies to anyone who identifies and lives as a woman.

In order to achieve genuine partnership and take innovative, collective action with organisations in the G21 region working with at risk groups, shared data and relevant information is outlined below as a starting point:

ABORIGINAL WOMEN

The experience of violence against Aboriginal women has been described by the Victorian Aboriginal Child Care Agency (VACCA) as being broader and more encompassing than that of the mainstream context. Family violence includes intergenerational violence and abuse and its impacts on extended families and kinship networks. This violence contributes to overall levels of violence reported by Aboriginal people and the trauma experienced within families and kinship groups.

In a submission to the Royal Commission into Family Violence (2015), VACCA highlighted the point made by the Victorian Indigenous Family Violence Taskforce Final Report that 1 in 3 Indigenous people are the victim, have a relative who is a victim or witness to an act of violence on a daily basis in our communities across Victoria.

They also state that:

- Aboriginal people in Victoria are eight times more likely to be a victim of family violence. Aboriginal women are 45 times more likely to be victims of family violence than non-Aboriginal women. Aboriginal people are hospitalised as a result of partner violence at 34 times the rate of non-Aboriginal people. Family Violence escalates to homicide in Aboriginal situations at double the rate of non-Aboriginal family violence. Aboriginal women are 25 times more likely to be killed or injured because of family violence than non-Aboriginal women.
- The number of Aboriginal women reporting violence by a current partner were 1.2 (NSW), 1.6 (SA) and 2.2 (NT) times the rates for non-Aboriginal women. The number of Aboriginal women reporting sexual assault by a family member were 1.4 (QLD), 1.5 (NSW and SA) and 3.8 (NT) times the rates for non-Aboriginal women. These figures cannot be provided in Victoria as the police incident data is not available.
- In 2012-13, the rate of Aboriginal children and women aged 10 years and over accessing Specialist Homelessness Services and escaping family violence (359 clients per 10 000 population) was 10 times the rate for female non-Aboriginal clients (34 clients per 10 000 population).
- Aboriginal people are disproportionately victims in homicide incidents. The rate of victimisation by Aboriginal people was approximately five times higher than that of non-Aboriginal people (Bryant & Cussen 2015). The majority of Aboriginal homicides occurred between family members in the context of domestic conflict.
- A recent Secretariat National Aboriginal and Islander Child Care study found that Aboriginal children were significantly more likely to have witnessed physical violence against their mother or stepmother than non-Aboriginal children. 42% of Aboriginal young people reported witnessing violence against their mother or stepmother compared with 23% of all children.

WOMEN FROM CULTURALLY AND LINGUISTICALLY DIVERSE BACKGROUNDS

According to the Australian Domestic & Family Violence Clearinghouse (2013), while a number of qualitative studies with immigrant and refugee communities have been conducted, there is limited quantitative data available about the prevalence of domestic violence in these communities. Prevalence is uncertain, however some cultural practices may expose immigrant and refugee women and girls to additional risks of violence. Trauma from previous experiences of violence, particularly for refugees who have fled persecution and who have spent time in refugee camps, urban areas or immigration detention in countries of asylum, may also leave women and girls vulnerable to further violence in the home.

The Clearinghouse suggests that obtaining accurate data about domestic and family violence in immigrant and refugee communities is difficult because victims often experience additional challenges to disclosure and seeking help including:

- Fear of retaliation by the perpetrator;
- Doubt that police will believe them and/or fear of authorities;
- Cultural stigma and risks of experiencing shame from their families and rejection from their communities;
- Fear of a lack of cultural understanding in mainstream services about their specific circumstances;
- Language barriers restricting victims' capacity to find information about and access services, particularly those with interpreter/translator services;
- A lack of awareness of legal, economic, social and human rights;
- Reliance on the abusive partner for a visa leading to victim concerns about their migration or refugee status and the possibility of being deported;
- Lack of access to public funds, health care, refuge or housing and other services that require a visa;
- Lack of family or other social supports if a victim leaves her abusive partner; and
- Risks of being forced to engage in survival sex for income and susceptibility to sexual abuse by strangers.

WOMEN WITH DISABILITIES

Women with disabilities experience higher rates of violence over their lifetime, and for longer periods of time in comparison to their male counterparts and women in the general population, and at the hands of a greater number of perpetrators (Women with Disabilities Victoria, 2015).

Research in 2014 indicates that:

- Women and girls with disabilities are twice as likely as women and girls without disabilities to experience violence throughout their lives;
- Over one-third of women with disabilities experience some form of intimate partner violence;
- In mental health inpatient services, 45 per cent of women experienced sexual assault and more than 80 per cent lived in fear of being abused, while 67 per cent of women reported harassment during admission;
- Many women experience social isolation as both a risk factor for, and a consequence of, violence. Some perpetrators use social isolation as a form of controlling behaviour in itself; and
- Isolation can be compounded for women living rurally or remotely, women who are culturally isolated and for older women.

WOMEN FROM RURAL AND REMOTE AREAS

It has been argued that women in rural and remote areas have a higher reported incidence of violence than those in metropolitan settings. This is compounded by lack of access to services, transport and telecommunications and the lack of anonymity (Parliament of Australia, 2015).

This is supported by a recent report by Australia's National Research Organisation for Women's Safety (2015) when the prevalence of violence by an intimate partner is measured since the age of 15, both the 2005 and 2012 surveys show women living outside of capital cities report higher rates of such violence. Access to guns in rural settings increases the risk for women experiencing violence in these communities. Further key facts include that:

- Rural and remote women experience unique structural and cultural barriers that impact on their ability to disclose, report, seek help and receive appropriate services following domestic and family violence and sexual assault;

- Women living in socially and geographically isolated places often cope with domestic and family violence by themselves for long periods of time;
- Informal support plays a vital role in women's decisions to seek formal help;
- Women living in isolated locations experience high rates of domestic and family violence, and sexual assault, with possible greater frequency and severity of abuse; yet they live much farther away from available resources and services;
- Social isolation can build close-knit communities and shape ideas about gender roles. This context can shape women's feelings of embarrassment, self-blame and wanting to remain private about violence and abuse, or not seek assistance as showing varying levels of resilience by coping on their own; and
- Close community networks and overlapping personal and work roles can also discourage reporting.



PART A: CONTEXT

7. POLICY CONTEXT

The Preventing and Addressing Violence Against Women and Children Strategic Plan 2015 – 2020 in the G21 region focus on women and children is consistent with:

INTERNATIONAL LEGISLATION AND POLICY

- The United Nations Declaration on the Elimination of Violence against Women (1993).
- The United Nations Convention on the Rights of the Child (1989).

NATIONAL LEGISLATION AND POLICY STATEMENTS

- The National Plan to Reduce Violence Against Women and their Children 2010 – 2022.
- Protecting Children is Everyone's Business, National Framework For Protecting Australia's Children 2009–2020.

VICTORIAN GOVERNMENT LEGISLATION AND POLICY STATEMENTS

- Change the Story: A shared framework for the primary prevention of violence against women and their children in Australia (2015).
- Victoria's Vulnerable Children - Our Shared Responsibility Strategy 2013–2022.
- Victoria's Action Plan to address Violence Against Women and Children 2012 - 2015.
- Commission for Children and Young People Act (2012).
- Right to Respect: Victoria's Plan to Prevent Violence against Women 2010-2020. Department of Planning and Community Development (2009).
- The Victorian Family Violence Protection Act (2008).

- Indigenous Family Violence Strategy Strong Culture, Strong Peoples, Strong Families Towards a safer future for Indigenous families and communities 10 year plan (2008).
- Preventing Violence Before it Occurs: A framework and background paper to guide the primary prevention of violence against women in Victoria. VicHealth (2007).
- The Victorian Charter of Human Rights (2006).
- Child Wellbeing and Safety Act (2005).

LOCAL GOVERNMENT POLICY STATEMENTS

- Prevention of Violence Against Women - Leading Change in the Victorian Local Government Sector booklet (2013).
- Municipal Public Health and Wellbeing Plans 2013 - 17.
- Respect & Equity: Preventing Violence Against Women Guide for Local Government (2012).
- The Victorian Municipal Association of Victoria Prevention of Violence Against Women Leadership Statement (2012).

In addition, the Governor of Victoria appointed a Chair and two Deputy Commissioners to the Royal Commission into Family Violence on 22 February 2015. The Commission has been inquiring into how Victoria's response to family violence can be improved and is due to provide its report and recommendations to the government by Monday, 29 February 2016.

This, along with the Royal Commission into Institutional Responses to Child Sexual Abuse will shape Victorian policy directions in coming years.

The establishment of a regional Strategic Plan prior to the Royal Commission into Family Violence will position the region to work with partners on the annual Implementation Plan.

8. RESEARCH CONTEXT

Australia's National Research Organisation for Women's Safety (ANROWS) has been tasked with developing a cohesive and comprehensive national evidence base that is relevant to policy and practice and actively contributes to the National Plan outcomes. This has generated a research agenda that will focus on experience and impacts, gender inequality and primary prevention, service responses and interventions and systems.

Our Watch – the National Foundation to Prevent Violence against Women and their Children was established by the Australian and Victorian governments in 2013 to drive nation-wide change in the culture, behaviours and attitudes that underpin and create violence against women and children. Our Watch's mandate is to stop violence before it happens. ANROWS and Our Watch are working together to ensure a strong evidence base to the prevention of violence against women and their children.

It is acknowledged that the scale of the problem is not adequately known, given high levels of under reporting of violence against women and children, relevant data collected by a range of organisations is fragmented and disparate and so evidence based practice is challenging.

However, the Victorian Government plans to develop a family violence index to bring together data from across the fields of crime, justice, health, education and our community to create unique. This, and the combined practice set of indicators to provide a broader context for consideration of family violence prevalence. Knowledge developed in local places, can combine to work towards more evidence based practice.



9. PARTNERS IN GOVERNANCE AND IMPLEMENTATION

The Preventing and Addressing Violence Against Women and Children Strategic Plan 2016 – 2020 was facilitated by a partnership between BAIFVC, COGG, G21 and WHW BSW. Input was received from many regional organisations.

It is a unique and ambitious plan for the G21 region because it proposes that innovative, collective action from organisations working in primary prevention, early intervention and response settings is the most systematic way to address violence against women and children in the G21 region. It also sets the challenge that the specific needs of rural women, Aboriginal women, CALD women, women with disability and children need to be integrated from the Plan's governance arrangements through to implementation.

Collective action is an approach to achieving large scale social change by bringing cross-sector organisations together to focus on a common agenda. The development of this Strategic Plan aims to establish a shared agenda that will identify a way to measure results, pursue a coordinated plan, effect open communication and support the work of many partners.

This integration will inevitably be a complex challenge but a necessary one because the evidence previously cited illustrates why violence against women and children is everyone's business. The recommended actions in the strategic themes of strengthening leadership, increasing capacity, communicating key messages and building the evidence base will need a broader governance structure and implementation partnership.

This partnership will engage:

- Australian Government
- Victorian Government:
 - o Department of Health and Human Services (including Sport and Recreation);
 - o Department of Justice and Regulation (including Victoria Police) and
 - o Department of Education and Training.
- Local Government:
 - o Borough of Queenscliffe;
 - o City of Greater Geelong;
 - o Colac Otway Shire;
 - o Golden Plains Shire; and
 - o Surf Coast Shire
- BAIFVC
- G21
- WHW BSW
- Barwon South West Indigenous Family Violence Regional Action Group
- Community, sporting, education, health and mental health organisations
- Community organisations focussed on CALD women, women with disabilities and children

Implementing the Preventing and Addressing Violence Against Women and Children Strategic Plan 2016 – 2020 will require a transition of governance from the PPEG, which was tasked with the Strategic Plan development, to a new governance arrangement.





STRATEGIC FRAMEWORK AND ACTION PLAN

The Preventing and Addressing Violence Against Women and Children Strategic Plan 2016 – 2020 will be implemented in two stages.

The first stage has resulted in the delivery of this high level overarching Strategic Plan that outlines a regional vision, objective, strategic themes and actions to achieve improved outcomes for women and children by 2020. The Strategic Plan has established shared definitions and a common platform for understanding the presentation and complexities of violence against women and children in the region. It has articulated the compelling case for collective action and the actions requiring further effort.

The second stage will require additional work on governance, establishment of an annual Implementation plan and Strategic Plan evaluation processes.

Identification of resources to support this process, and the actions outlined in the table in Part C, will be a key priority.

PREVENTING AND ADDRESSING VIOLENCE AGAINST WOMEN AND CHILDREN STRATEGIC PLAN 2016 – 2020

VISION: *To create a long-lasting partnership that generates innovative, collective action that addresses violence against women and children and create communities that are safe, healthy and free of violence.*

STRATEGIC THEME 1: STRENGTHENING LEADERSHIP

By 2020 our regional leadership will be stronger because the following outcomes will be achieved:

- A regional leadership structure is in place to support, review and evaluate Strategic Plan implementation. This structure includes senior regional leaders from prevention, early intervention and response sectors, rural women, Aboriginal and culturally and linguistically diverse communities, women with disability and State and Local Government.
- **Chief Executive Officers and Boards from organisations across the G21 region have endorsed the Preventing and Addressing Violence Against Women and Children Strategic Plan 2016 – 2020.**
- Organisations actively and consistently support advocacy on identified gaps in primary prevention, early intervention and response resources.

STRATEGIC THEME 2: INCREASING CAPACITY

By 2020 our regional leadership will be stronger because the following outcomes will be achieved:

- Resource gaps and priorities for prevention, early intervention and response services will be identified as the basis for negotiation with all tiers of government. In this Strategic Plan, workforce refers to anyone working across the continuum from prevention, early intervention and response services such as local government, community and health organisations, educational institutions, social and sporting clubs and service organisations.
- **Workforce knowledge and practice gaps for prevention, early intervention and response staff will be identified. Specific consideration will be given to the needs of rural women, Aboriginal and CALD women, women with disability and children.**
- Workforce development training for prevention, early intervention and response practitioners will be coordinated into a regional calendar.
- **Workforce development training resources and tools will be available for sharing.**
- Partnerships will exist within, and across, the prevention, early intervention and response continuum and will incorporate organisations representing population groups including rural women, Aboriginal and CALD women, women with disability and children.

PART B: STRATEGIC FRAMEWORK

STRATEGIC THEME 3: COMMUNICATING KEY MESSAGES

By 2020 our regional leadership will be stronger because the following outcomes will be achieved:

- There is a comprehensive understanding of:
 - Gender equity as the key determinant of Preventing and Addressing Violence Against Women and Children; and
 - The impact of violence against women and children in the G21 region; and specific population groups including rural women, Aboriginal and CALD women, women with disability and children.
- **The strategic communication plan has resulted in shared marketing material, social media responses, resources and a year round timetable for reinforcing regional key messages.**

STRATEGIC THEME 4: BUILDING THE EVIDENCE BASE

By 2020 our regional leadership will be stronger because the following outcomes will be achieved:

- A shared evidence base for the primary prevention, early intervention and response continuum. This will include specific focus on rural women, Aboriginal and CALD women, women with disability and children.
This will be inclusive of three levels of evidence:
 - Evidence to define and describe the issue of gender inequity and the impact of violence against women and children in the G21 region;
 - Evidence of best, and promising, practice to reduce gender inequities in a range of settings and the impact of violence of against women and children; and
 - Evidence that is collected in our practice when evaluating our work.
- **Evidence generated from state, national and international bodies will be incorporated into the evidence base.**
- Evidence will be translated and communicated for practitioner, organisational and community use.
- **The evidence will enable a shared and comprehensive narrative about gender inequity and violence against women and children in the G21 region to be the basis of joint advocacy.**

PART C: ACTION PLAN 2016-2018

STRATEGIC THEME 1: STRENGTHENING LEADERSHIP

Between 2016 – 2017 we will undertake the following actions to achieve our stated outcomes:

- Establish a regional leadership structure to oversee the Strategic Plan development and annual Implementation Plans.
- **The Project Planning and Executive Group (PPEG), that coordinated the Strategic Plan process, will conduct a piece of work to identify the most appropriate terms of reference, and structure to include representatives from the primary prevention, early intervention, response sectors, rural women, Aboriginal and CALD women, women with disability and children, State and Local Government. It is a priority to ensure that the health, human services and justice systems are coordinated to work in a collaborative and seamless system.**
- Provide education for the regional leadership group to ensure strong understanding of the available evidence across primary prevention, early intervention and response.
- **Prioritise the key organisations / sectors to gain endorsement of, and ongoing commitment to, the plan.**
- Develop an engagement kit and processes to support organisations to present consistent information to boards/councils and cascade information through organisations.
- **Regional leadership group to identify priorities across primary prevention, early intervention and response, and develop advocacy actions. These priorities may include place based or population group gaps.**

STRATEGIC THEME 2: INCREASING CAPACITY

Between 2016 – 2017 we will undertake the following actions to achieve our stated outcomes:

- Gather information, share and communicate available data to prioritise regional resource gaps across primary prevention, early intervention and response.
- **Implement advocacy actions to address identified resource gaps.**
- Implement the Royal Commission into Family Violence recommendations tailored to regional needs.
- **Identify skill and competencies required across the primary prevention, early intervention and response sectors and a priority hierarchy from raising awareness, to increasing knowledge followed by specific skill and competencies.**
- Facilitate a workforce skills and training audit to identify required skills and training availability or gaps.
- **Develop a tool kit for organisational implementation to support regional analysis.**
- Develop, promote and support implementation of an annual training calendar that is accessible across the whole region.
- **Use the existing knowledge in the primary prevention, early intervention and response sectors to build the capacity of partner agencies and non-specialist services.**
- Conduct a regional conference focusing on raising awareness, increasing knowledge, skill development and training for primary prevention, early intervention and response.
- **Action across a range of workforce development strategies based on need. These actions could include reflective practice activities, supervision and mentoring, leadership development, student placement programs and secondment opportunities for staff to work across the continuum.**
- Collate, share, review and update existing training resources.
- **Document current or proposed evidenced based partner initiatives across primary prevention, early intervention and response to enable collaboration and strategic partnering.**
- Identify and include human and financial resources to support priority projects in strategic and budget plans and report on completed actions in annual reports.
- **Create partnership opportunities between primary prevention and early intervention organisations through the facilitation of networks and other forums.**

PART C: ACTION PLAN 2016-2018

STRATEGIC THEME 3: COMMUNICATING KEY MESSAGES

Between 2016 – 2017 we will undertake the following actions to achieve our stated outcomes:

- Develop a strategic communication plan identifying key messages and marketing material to inform multiple audiences from primary prevention, early intervention and response.
- **Develop actions to increase health literacy across primary prevention, early intervention and response continuum and to develop consistent understanding of the issues of and relationship between gender inequity and violence against women and children.**
- Identify the ways in which regional leaders will be fully informed and supported in promoting, communicating and implementing the plan.
- **Identify and support champions at all levels, from specific population groups and locations and across the primary prevention, early interventions and response continuum.**
- Match effective and consistent marketing material and communication strategies to the variety of target audiences from Federal, State and Local Government, community and health services, violence against women and children services, the G21 community and key population groups including rural women, Aboriginal and CALD women, women with disability and children.

STRATEGIC THEME 4: BUILDING THE EVIDENCE BASE

Between 2016 – 2017 we will undertake the following actions to achieve our stated outcomes:

- Collate existing evidence, identify current gaps and share in accessible formats as the basis for regional advocacy, communicating key messages.
- **Inform practice through the development of common tools for planning and evaluation across primary prevention, early intervention and response.**
- Follow ANROWS updates to the evidence base as it comes available, analyse for local impact and implementation consequences and translate and circulate any adjustments to the regional narrative.
- **Explore regional mechanisms for incorporating data into practice systems.**
- Build evidence updates in to all capacity building activities including proposed conference.
- **Renew the narrative if the evidence base changes and regularly update all regional organisations.**

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