

Partnership for a Safer Darebin



Darebin Family Violence Working Group

Background Paper

City of Darebin

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Mayor's Foreword

In its Council Plan 2001 – 2004, Darebin City Council has made a commitment to

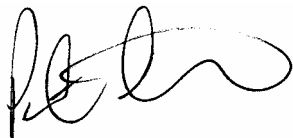
"... provide strong local leadership and foster debate about issues which directly affect our community" and "...undertake quality research and investigation of issues of emerging community concern, and develop strategies to address those issues".

Family violence is such an issue. Domestic or family violence is a widespread though mainly hidden problem across all parts of the community, regardless of geographic location, socio-economic status, age, cultural and ethnic background or religious beliefs. Such violence occurs at great cost to individuals and the community, affecting the psychological, social and economic well-being and health of those who experience it. Its short- and long-term consequences are felt by families and communities.

In response to the identification of family violence in the Darebin Community Safety Plan and concerns raised by family support workers and the Darebin Domestic Violence Network, Council took the initiative to examine and address this issue by establishing and resourcing the Darebin Family Violence Working Group.

This paper has been developed to document the work of the Darebin Family Violence Working Group and to share our experiences and learnings.

Council would like to thank all persons involved in the Darebin Family Violence Working Group for their contribution in making Darebin a safer community.



Cr Peter Stephenson
Mayor of Darebin
January 2004

Executive Summary

The Darebin Family Violence Working Group - A partnership approach

In 2002, the City of Darebin initiated a family violence project involving relevant stakeholders in the municipality. This occurred in response to concerns expressed by local welfare and support agencies and the Darebin Domestic Violence Network. It coincided with the establishment of a Family Violence Coordination Unit for the Darebin Police.

The project started with a consultation of Council staff. Subsequently, the Darebin Community Safety Committee set up a sub-committee, the Darebin Family Violence Working Group. The Working Group included individuals and organisations who work with people who experience family violence and aimed to take a partnership approach to address family violence issues in the municipality.

The Darebin Family Violence Working Group has generated a range of initiatives, including

- a family violence forum attended by over 100 police and support workers;
- the Family Violence Practice Issues forum, a network for local police, support workers and people working in the legal system;
- the Darebin Safety Card with information for people who experience family violence;
- a series of 12 information sessions on Intervention Orders; and
- information about family violence and the role of the Family Violence Coordination Unit in the local media.

However, the relationship building that has occurred between the support, police and court systems is arguably the Working Group's most significant achievement.

Traditionally, local governments have not considered it as their role to address family violence at the policy level or to improve the local service system for individuals and families experiencing family violence. By taking leadership and establishing, supporting and facilitating the Darebin Family Violence Working Group, the City of Darebin has demonstrated that local government can play an important role in this area and achieve positive outcomes for its community.

An evaluation conducted in November and December 2003 found that the work of the Darebin Family Violence Working Group resulted in a better informed local service system and more effective communication and collaboration. This was achieved in addition to other positive outcomes, such as the provision of information sessions, greater clarity about other professionals' roles and limitations, improved referral processes, and a decreased number of recidivist family violence incidents attended by police.

The definition of family violence

Violence in the home, mainly perpetrated by men against women and children, has for a long time been perceived as a private matter. However, it is a citizenship and human rights issue, whatever form it takes and wherever it occurs. Whether at home or in a public setting, violence and its threat act to exclude those who experience it from full social participation.

This project and partnership in the City of Darebin in Melbourne's north is concerned with violence in the private sphere. We defined family violence as follows:

Family violence is violent, threatening, coercive or controlling behaviour that occurs in current or past family, domestic or intimate relationships. This encompasses not only physical injury but direct or indirect threats, sexual assault, emotional and psychological torment, economic control, property damage, social isolation and behaviour which causes a person to live in fear.

Family violence is predominantly, but not exclusively, perpetrated by men against women and children. It occurs in all kinds of relationships and families, including heterosexual and same-sex relationships and against older people and people with a disability. It is an abuse of power and reflects hierarchical structures and hierarchical gender relationships in society.

Research findings

While most family violence is still hidden, research informs us that women's experience of violence is very different to that of men. Most violence against women occurs in the home, while most violence against men occurs in public places. Family

violence is perpetrated predominantly, but not exclusively, by men. The victims include women, children, older people and people with disabilities. The vast majority of perpetrators are known to the victims. A minority of women report family violence to the police. Of those who do so, few find this helpful.

Family violence occurs across all cultural and socio-economic groups and in the context of a society where women do not have equal power. Contributing factors include racism, poverty, homophobia, dispossession of Indigenous people and a culture that promotes the use of violence.

Young women are at a greater risk of family violence than mid-age and older women. Perpetrators of family violence are often also perpetrators of child abuse and neglect. Further, there is a link between violence towards humans and animal cruelty.

Family violence represents a great economic cost to the community, including cost to the health, welfare, legal and education systems. Further, it requires a considerable amount of police and housing resources.

Family violence affects the well-being, health and future life chances of women and children. Women who have experienced family violence visit GPs and hospitals more frequently than other women, are more likely to smoke, have higher levels of divorce and separation, and are more likely to have asthma, bronchitis/emphysema, depression and anxiety. Drug and alcohol-related domestic violence and the distress in families and relationships as a result, contributes to high levels of stress, anxiety, and low self-esteem.

The reasons for family violence are complex. Factors contributing to family violence include poverty, racism, homophobia, and the dispossession of Indigenous people. A framework for addressing family violence in our community must take into account the structural power differences and inequality between men and women. Further, language and cultural needs of women from diverse ethnic and cultural backgrounds must be considered in any response to family violence.

An understanding of the different life experiences of men and women and the power imbalance between men and women must inform family violence services. Any response to family violence must include the empowerment of women and children and consider women's diverse life experiences and cultural backgrounds.

Council, State and Federal Government policies

Federal, State and many local governments have developed policies that address family violence. For the City of Darebin, such policies include DAREBIN*safe* (the Darebin Community Safety Plan), DAREBIN*health* (the Municipal Public Health Plan), DAREBIN*substance* (the Drug and Alcohol Action Plan), the Darebin Poverty Enquiry and the *Safer Families Safer Communities* strategy.

Background

Introduction

For over a year, a group of individuals and organisations in Darebin have been working in partnership to monitor family violence and improve the service system for people who experience family violence. Council has provided leadership and resources to this group, the Darebin Family Violence Working Group. While the work of the group has not yet been completed, this paper has been developed to document the work to date and share what we have learned.

This document provides a definition of family violence, reports on a consultation with Council staff, presents the work of the Darebin Family Violence Working Group to date, and summarises Australian research on family violence, including data that give an indication of the extent of family violence in Darebin. Further, it provides information about the service system, the legal situation and government policies in regard to family violence.

Definition of family violence

Violence in the home, mainly perpetrated by men against women and children, has for a long time been perceived as a private matter. However, it is a citizenship issue, whatever form it takes and wherever it occurs. Whether at home or in a public setting, violence and its threat act to deflect those who experience it from full social participation.

The terms 'domestic violence' and 'family violence' are often used interchangeably. Some people prefer the term 'gender violence' or 'criminal assault in the home' to emphasise that this type of violence is mainly directed against women and that it constitutes a criminal offence. Domestic violence is the term most commonly used in Australia to describe violence and abuse occurring between people who are, or who have been, in an intimate relationship.

In a statement of principles agreed by the Australian Heads of Government at the 1997 National Domestic Violence Summit, the following definition was agreed upon (Laing 2000):

Domestic violence is an abuse of power perpetrated mainly (but not only) by men against women both in relationship and after separation. It occurs when one partner attempts physically or psychologically to dominate and control the other. Domestic violence takes a number of forms. The most commonly acknowledged forms are physical and sexual violence, threats and

intimidation, emotional and social abuse and economic deprivation.

The Commonwealth Government suggested in its *Working Together Against Violence* strategy (2001) that

Domestic violence occurs when one partner in a relationship attempts by physical or psychological means to dominate and control the other. It is generally understood as gendered violence, and is an abuse of power within a relationship (heterosexual or homosexual) or after separation. In the large majority of cases the offender is male and the victim female.

It involves a wide range of behaviours, such as physical abuse, sexual abuse, spiritual abuse, verbal abuse, emotional abuse, social abuse and economic abuse.

The term 'family violence' is often more acceptable to Indigenous communities because it is seen as emphasising a holistic approach to understanding violence. Violence is perceived to affect all members of families and communities. The term family violence is also used to refer to violence and abuse perpetrated within familial relationships other than partner violence and abuse of children by parents, for example violence by adolescents towards parents, or abuse of older family members (elder abuse¹).

Family violence is defined in the Victorian Government's *Safer Streets and Homes* strategy (2002) as:

Violent, threatening, coercive or controlling behaviour that occurs in current or past family, domestic or intimate relationships. This encompasses not only physical injury but direct or indirect threats, sexual assault, emotional and psychological torment, economic control, property damage, social isolation and behaviour which causes a person to live in fear.

There is contention about the use of the terms 'victim' and 'perpetrator'. While these terms highlight the power relationship in which the abuse occurs, they tend to portray women as passive victims and men as abusers, thereby narrowing the perception of possibilities for change. Alternatively, some people prefer terms such as 'men who use violence' to denote that such behaviour is a choice and that it is open to change. Accordingly, the terms 'survivor' or 'women who experience violence' are seen to acknowledge women's resourcefulness in dealing with violence and abuse (Laing 2000).

¹ The term elder abuse is also used to describe abuse perpetrated by professional carers.

We have adopted the term family violence because it incorporates violence that occurs between family members, i.e., between partners, siblings and/or across generations. This term is also more acceptable to the Indigenous community as it reflects the impact of violence on all members of a family. Family violence is predominantly, but not exclusively, perpetrated by men against women and children. It occurs in all kinds of relationships and families, including homosexual relationships and against older people and people with a disability. It is an abuse of power and reflects hierarchical structures and hierarchical gender relationships in society.

For the purposes of this project, the Darebin Family Violence Working Group agreed on the following definition of family violence:

Family violence is violent, threatening, coercive or controlling behaviour that occurs in current or past family, domestic or intimate relationships. This encompasses not only physical injury but direct or indirect threats, sexual assault, emotional and psychological torment, economic control, property damage, social isolation and behaviour which causes a person to live in fear.

Family violence is predominantly, but not exclusively, perpetrated by men against women and children. It occurs in all kinds of relationships and families, including heterosexual and same-sex relationships and against older people and people with a disability. It is an abuse of power and reflects hierarchical structures and hierarchical gender relationships in society.

History

Since the mid 1970s, male violence against women perpetrated mainly in the private or domestic sphere has been on the feminist agenda. Until then, such violence was predominantly hidden from the public domain and historical evidence of domestic violence is rare. The first women's refuge in Australia was established by a group of feminists in Sydney in 1974. By 1980, there were approximately 100 refuges across Australia receiving Commonwealth funding from the Community Health Program. In 1983, the Women's Emergency Services Program was established, a Commonwealth, State and Territory program providing further funding to refuges for services such as information and crisis help.

The Supported Accommodation Assistance Program (SAAP) was set up in 1985 to rationalise all refuge and other accommodation programs. This coincided with growth in related support services such as rape and incest information and referral centres (Office of the Status of Women 2001). In 2000-2001, there were 283 SAAP agencies in Australia supporting women escaping domestic violence, 52 of these in Victoria.

The issue of violence against women is increasingly recognised at the global level as gender based violation of human rights. The many forms of violence against women and girls include female infanticide, deprivation of food for girls and women, dowry deaths, honour murder, disproportionate exposure to HIV/AIDS, harmful traditional practices such as sati² and genital mutilation, battering, marital rape and murder (Laing 2000).

² A Hindu custom in India in which the widow is burnt to ashes on her dead husband's pyre.

Addressing family violence issues in Darebin

In 2002, the City of Darebin commenced work on a family violence project. This occurred in response to concern expressed by local welfare and support agencies and the Darebin Domestic Violence Network and coincided with the establishment of a Family Violence Coordination Unit for the Darebin Police. The project started with a consultation of Council staff. Subsequently, the Darebin Safety Committee set up a sub-committee involving relevant stakeholders to address family violence issues in the municipality. The consultation with Council staff and the work to date of the subcommittee, the Darebin Family Violence Working Group, are described in this section.

Consultation with Council staff

Between May – July 2002 a consultation was undertaken with Council staff in the following program areas:

- Aged & Disability Services;
- Children's Services;
- Customer Services;
- Family Support Service;
- Maternal & Child Health Services;
- Municipal Public Health Planning;
- Safer Communities Program; and
- Youth Services.

Staff were asked three questions:

1. In your role with Darebin City Council, what is your experience with family violence?
2. What resources are you aware of?
3. What do you consider to be Council's role regarding family violence?

For the purposes of the consultation, family violence was understood in a broad sense as abuse or violence that occurs between family members, i.e., between partners, siblings and/or across generations.

Family violence in Darebin

Council's direct service staff encounter at times direct or indirect evidence of family violence. The range of family violence situations includes violence against women and children in their homes, the abuse of children with a disability, adults with disabilities abusing their parents, older people being physically, emotionally or financially abused by carers, and female genital mutilation (in particular among Somali women and girls in the Reservoir area). The victims of family violence are predominantly women and children.

Council staff identified the following issues in regard to family violence:

- family violence encompasses physical, social, emotional and financial violence;
- family violence is an abuse of power which is inherent in hierarchical structures where an individual or group has a superior status over another or others;
- violence within families and communities encompasses a wide range of behaviours, ranging from road rage and verbal abuse at sporting events to criminal assault in the home;
- violence within families and communities occurs at all ages and among people from all social and economic backgrounds;
- family violence as a result of carer stress;
- the need to be sensitive to the victim's wishes and needs when reporting family violence to the Department of Human Services (DHS). This has to be balanced with the duty of care;
- support services for individuals and families experiencing family violence in the Darebin community are often stretched;
- Aged Care Assessment Services (ACAS) are very responsive but need a lot of evidence to back-up allegations of family violence. Such evidence is often difficult to obtain; and
- after family violence issues are identified by Council's staff in the Aged & Disability Services program, there are insufficient resources to maintain ongoing case management.

The extent of family violence is difficult to quantify and Council staff do not keep family violence records. However, staff provided the following estimates:

- at present Council's Aged & Disability Services staff provide case management to ten children with a disability. Of these, child abuse (i.e., physical abuse/neglect/residing in a risky environment) of approximately two or three children with a disability has come to the attention of staff. These children are also clients of DHS Protective Services;
- Council's Family Support Service spends approximately 15% of its resources on family violence work. If the work with adult women who experienced childhood sexual assault is included, this increases to approximately 25-30%;

- at present, Council's Children's Services staff are aware of four children in Family Day Care and of eight children in Council's Holiday Program with DHS Protective Services involvement.

Further, it was pointed out that the East Preston and East Reservoir areas have the highest number of substantiated child abuse cases in the Northern Region, and that Darebin has the highest ATSI/Koori notifications of child abuse in the Northern Region.

Resources for individuals and families who experience family violence

Council provides or funds a range of services that support individuals and families experiencing family violence, including (but not exclusively):

- Family Support Service provide support and counselling;
- Council's Family Support Service staff participate in the Preston Court's Domestic Violence Intervention Order Service (DIOSS). This consists of a group of local agencies attending family violence court cases on Thursdays;
- Youth Services (e.g., Young Women's Program, Same Sex Attraction Program, Youth Services Network);
- Enhanced Home Visiting Service of the Maternal & Child Health Service;
- assessment and short-term case management by Aged Care & Disability Services staff; and
- Neighbourhood Houses and other support services that are funded through the Community Grants Program.

A representative of Council's Customer Services stated that Customer Service staff only encounter family violence through requests for referral and that they refer people to appropriate services but do not have any further involvement.

Professional development, induction for new staff and program handbooks cover issues of family violence. For example, while child care staff are not mandated to report child abuse, Council provides its child care workers with training for mandatory reporting in the context of Council's duty of care for its clients.

In addition, Council promotes family and community safety through a range of initiatives and partnerships. For example, Council's Family Support Service host the meetings of the Darebin Domestic Violence Network. Further, Council addresses community safety issues through community education, advocacy and its involvement in the Darebin Local Safety Committee and the development and implementation of the Darebin Community Safety Plan (DAREBINsafe).

Council staff are well aware of local and regional support services and refer people involved in family violence to agencies and programs such as the Men's Violence Program at the Preston Creative Living Centre, the Domestic Violence and Incest Resource Centre (DVIRC), the Northern Metro Victims Assistance Program, and the Darebin Community Health Centre. Further, Council staff have links with DHS Protective Services.

While Darebin has a range of support services for people involved in family violence, these services find it sometimes difficult to respond to the needs of families and individuals in a timely manner. A need for the following services was identified:

- family violence support services for people from culturally and linguistically diverse backgrounds;
- services for children who experience family violence;
- more counselling services;
- additional funding for supervision for nurses in Council's Enhanced Home Service; and
- additional resources to train casual staff in Council's holiday program.

Council's role in regard to family violence

A range of suggestions was made to describe Council's role in regard to family violence:

Research and policy development

- community consultation;
- mapping of local family violence resources;
- research, e.g., explore the links between family violence and mental health, alcohol and drug use, and gambling;
- identify indicators of abuse;
- policy development;
- undertake a family violence project similar to the recent Darebin Poverty Inquiry; and
- Council needs an over-arching strategy with clear statements that any violence is unacceptable and we should outline a commitment to peace processes and having a non-violent community.

Prevention of family violence

- give the Darebin community clear messages that violence is unacceptable;
- promote respect for differences and peaceful ways of resolving conflict;
- the provision of parenting programs;
- community education; and

- provision of children's and family services.

Advocacy

- seek funding to improve services; and
- involvement in the Darebin Community Safety Committee.

Response to family violence

- respond to reported cases of abuse with support, referral and/or notification to DHS;
- coordinate support services in response to identified abuse; and
- direct intervention in family violence is not Council's role.

Staff training and support

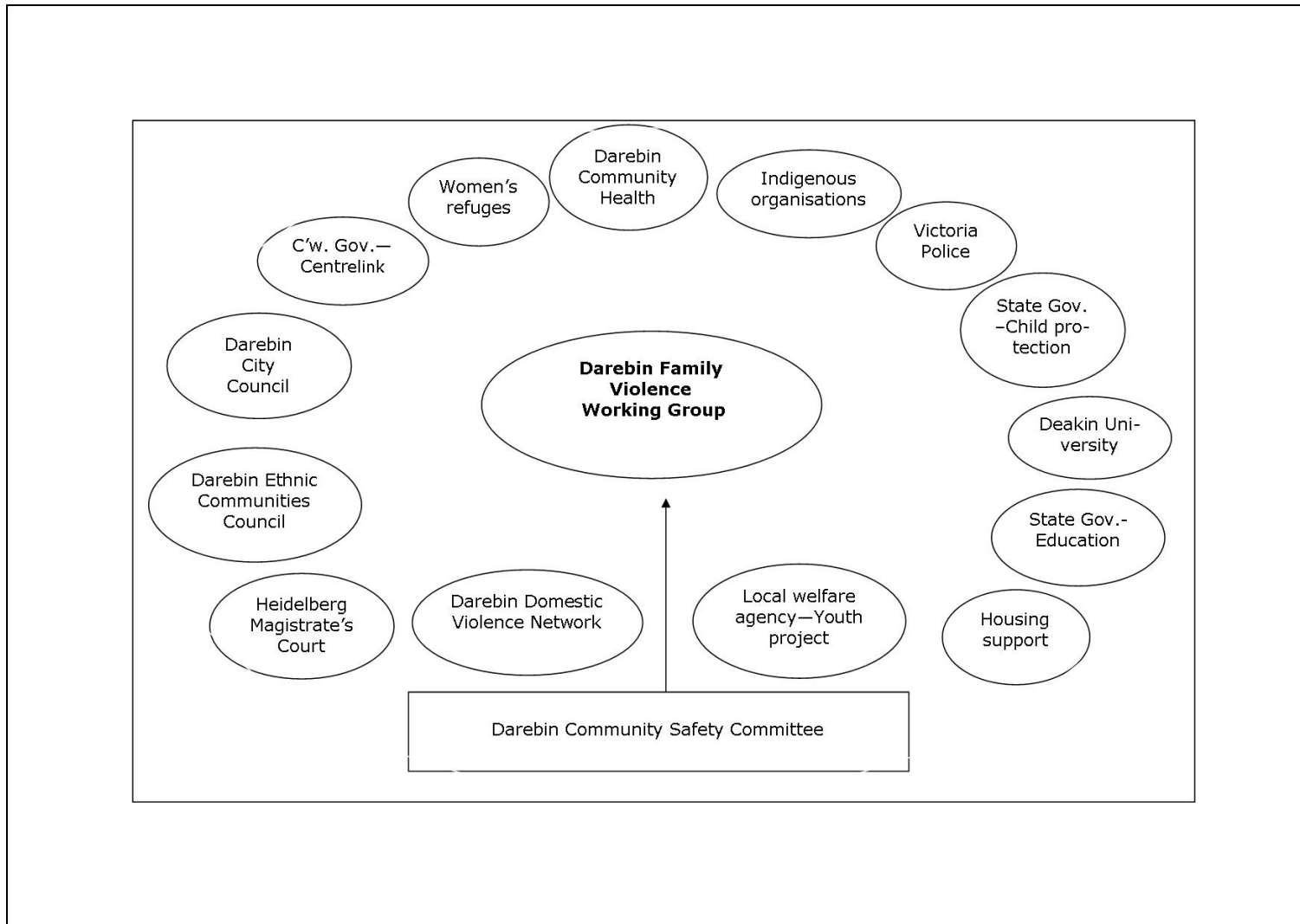
- training for Council staff (including customer service staff); and
- support staff so that they do not become victims of violence and that work places are not abusive.

Darebin Family Violence Working Group

In July 2002, the Darebin Community Safety Committee decided to establish a working group to progress strategies to reduce family violence in Darebin. Darebin City Council was to coordinate this working group. The Darebin Family Violence Working Group (DFVWG) had its first meeting in August 2002, including representation from the following relevant stakeholders:

- Aboriginal/TSI community;
- Centrelink;
- Darebin City Council;
- Darebin Community Health;
- Darebin Domestic Violence Network;
- Darebin Ethnic Communities Council (DECC);
- Department of Education;
- Department of Human Services, Child Protection;
- Department of Human Services, Office of Housing;
- Local welfare agency;
- Victoria Police; and
- Women's refuges.

Figure 1 Composition of the Darebin Family Violence Working Group



The DFVWG determined its purpose as the coordination of a partnership approach to address family violence issues in Darebin, including the following objectives:

- to bring together local knowledge about family violence in Darebin;
- to identify and monitor family violence issues in Darebin;
- to facilitate liaison between government and non-government agencies and networks involved in the prevention of and response to family violence;
- to develop joint protocols and guidelines to address family violence in Darebin;
- to contribute to Council's Darebin Family Violence Policy; and
- to coordinate initiatives that aim to reduce family violence, such as initiatives in schools, the development of a Darebin family violence service directory, and contribute to Community Safety Month and the Week Without Violence.

Traditionally, local governments have not considered it as their role to address family violence at the policy level or to improve the local service system for individuals and families experiencing family violence. By taking leadership and establishing, supporting and facilitating the Darebin Family Violence Working Group, the City of Darebin has demonstrated that local government can play an important role in this area and achieve positive outcomes for its community.

Darebin Family Violence Forum

The DFVWG's first project was a forum for police and support workers. The forum targeted people who work with those affected by family violence in Darebin and aimed to increase the understanding between the police, legal and support systems. The Darebin Family Violence Forum was held on 26 November 2002, and approximately 100 people (including 30 police officers) attended the one day event. The speakers included Leigh Gassner, Assistant Police Commissioner; Cathy Lamble, Magistrate, Heidelberg Court; Gerry Zammit, Police Inspector in Darebin; and Judith Arnott, survivor of family violence.

Further, small groups discussed case scenarios and agreed on ways of working to achieve better outcomes for people who experience family violence. The agreements were reported back to the large group. They related to networking, information provision, better informed practice, training, community education, better understanding of roles, pro-active communication, and advocacy. Subsequently, the DFVWG prioritised Forum outcomes and decided to work on five projects during 2003:

- update Women's Safety Card – jointly with the Darebin Domestic Violence Network;

- place information about relevant services and the work of the DFVWG on Darebin City Council's website;
- police training – jointly with the Darebin Domestic Violence Network;
- follow-up on government funding for family violence projects; and
- Family Violence Practice Issues Network – monthly discussions for workers in direct service roles in the police force, support agencies and the court system.

Darebin Safety Card

In partnership with the Darebin Domestic Violence Network, the *Darebin Safety Card* was developed. The card provides information for people who experience family violence. In particular, the card offers advice on what to do in an emergency and how to develop a safety plan. It also lists telephone numbers of services that provide support, legal advice, counselling and assistance with housing. The card is available in English, Arabic, Chinese, Vietnamese and Macedonian.

Family Violence Practice Issues Network

Following the forum, the Family Violence Practice Issues Network has been formed. The network meets monthly and provides the opportunity for local police, support workers and people working in the legal system to learn from each other and to gain a better understanding of others' working practices, challenges and role limitations. The first of these monthly Family Violence Practice Issues meetings was held in January 2003 at the Reservoir Police Station.

Workshops on Intervention Orders

The DFVWG received a grant from the Community Support Fund to undertake a series of 12 workshops for women and families applying or intending to apply for Intervention Orders, including families from culturally and linguistically diverse communities. The sessions aim to provide women with detailed information about the process of applying for an Interim Intervention Order and the requirements of the court for the granting of long-term orders. A support worker will be available at the workshops.

Local media

On several occasions, the activities of the Darebin Family Violence Working Group were portrayed in the local print media. In particular, the Mayor sent a clear message that family violence is not acceptable in the Darebin community. Further, the role of the Family Violence Coordinator with the Darebin Police was described in several articles in the Preston and Northcote Leader newspapers.

Leadership among local councils

The work undertaken by the Darebin Family Violence Working Group has provided inspiration to other councils. Officers from other councils have sought advice from members of the DFVWG on the process of establishing local partnerships to tackle family violence.

Relationship building

The Darebin Family Violence Working Group has brought together local knowledge and monitored family violence issues in Darebin. Arguably, its most significant achievement is the relationship building that has occurred between the support, police and court systems.

“Safer Families Safer Communities” Strategy

Prior to the establishment of the DFVWG, Council had received funding from the Commonwealth Government’s *Stronger Families and Communities Strategy* to undertake the Darebin Local Mapping Project (Phase 1), which was completed in March 2002. The project identified local priority needs in targeted geographic communities. Family violence was identified as a major issue for the wellbeing of women and children, particularly in the East Preston and East Reservoir areas. In February 2003, Council’s Community Services Department engaged a consultant to assist with a consultation process and the preparation of a submission to the Stronger Families and Communities Strategy (Phase 2). The project proposed for the financial year 2003-04 (Phase 3) includes prevention and early intervention strategies. At the time of writing, the outcome of the submission was not yet known. Figure 2 presents a snapshot of the components of the proposed project.

Figure 2 Family violence prevention – A whole of community approach



Rapid Health Impact Assessment

A group of researchers from Deakin University offered to conduct a Health Impact Assessment (HIA) on the process of developing a family violence policy and/or strategies for Darebin. A HIA involves a combination of procedures, methods and tools which are applied to policy development processes to assess the potential, and often unanticipated, effects on the health of the population and the distribution of those effects within the population. Apart from health services, a range of economic, social, psychological, environmental and policy factors influence a community's health. A HIA considers these factors and the combined effects of policies. The information gained from a HIA can be used to assist decision-makers and the community to make adjustments to a proposal/policy to mitigate the negative and maximise the positive impacts.

Conventionally policy makers draw on policy analysis and evaluation to determine whether or not policies are meeting their objectives. HIA can compliment this process by applying tools to provide information on the unintended consequences and side effects on health, before and after implementation of the proposal/policy. HIA can specifically add value in policy making through identifying both harmful and favourable factors that would not otherwise have been identified and quantifying the magnitude of their impacts more precisely than could otherwise be done. Subsequent trade-offs in policy making are more easily clarified through the better identification and description of the elements involved, and more appropriate and potentially effective measures for ameliorating harmful factors and enhancing beneficial ones can be identified. HIA can also assist policy makers in their pursuit of transparent decision making processes and increasing participation by stakeholders. More broadly HIA, can contribute to changing cultures so that health and wellbeing are always taken into account in policy making (Mahony and Potter 2002).

The researchers from Deakin University have participated in the Darebin Family Violence Working Group and conducted a Rapid Health Impact Assessment (HIA) on the development of a family violence strategy for Darebin. The findings of this HIA will be considered in the further development of the Phase 3 Safer Families Safer Communities Strategy for Darebin (see previous section).

Evaluation of the partnership

Evaluation method

In November 2003, a questionnaire was mailed to the members of the DFVWG together with a stamped and addressed return envelope. The questionnaire included 23 Likert-Scale questions with 5 predefined choices, ranging from "1 = Disagree" to "5 = Agree". In addition, three open questions and space for additional comments on three of the Likert-Scale

questions was provided. The questions sought to elicit feedback on the achievements of the DFVWG's objectives, both on process and tangible outcomes of the group's work. The questions were phrased in such a way that the highest score (5) represented the most desirable outcome. The questionnaires were mailed to 21 individuals, and subsequently 10 completed questionnaires were returned.

Findings

The average score for all questions was 4.41, which represents a very high approval rate. The lowest average score for a question was 3.33, while the highest average score was 5. The latter was also the only unanimous response to any question where all 10 respondents agreed that the "chairperson of the partnership facilitates and supports team building". The second highest approval rate (an average score of 4.9) related to a question describing the way members of the group relate to each other, i.e., "in a respectful, task-oriented and supportive way".

The lowest average scores related to changes in the respondent's work practices (3.33) and their values and attitudes (3.5) as a result of participating in this partnership. The statement "Our partnership has successfully engaged the most relevant partners from a range of individuals and organisations" received the third lowest average score (3.75). However, these lowest average scores reflect a weak agreement with the respective statements rather than a disagreement.

Common vision

(average scores 4.3 – 4.35)

Overall, the participants in this evaluation agreed that the Darebin Family Violence Working Group has developed a clear vision, aims and objectives, as well as agreement on desired achievements. However, one person disagreed with the predominant view.

Composition of the partnership

(average scores 3.75 - 4.3)

The views of respondents varied on this aspect of the partnership. One person commented that s/he "would like to see PLC³ or some more program deliverers there". This finding suggests that the Working Group should re-examine the composition of the partnership, explore whether relevant stakeholders have not been invited or whether they have been invited but do not attend meetings, and develop strategies to address this issue.

³ Preston Creative Living Centre. PLC is the major provider for men's behaviour change programs in the Darebin area.

Processes of the partnership

(average scores 4.1 – 5)

Overall, participants were satisfied with the processes of the partnership, such as the decision making, conflict management, effectiveness of meetings, the way people treat each other, information flow, communication and the chairperson's facilitation skills. Within this cluster of questions was only one response that reflected dissatisfaction, and this referred to the partnership's decision making processes.

One person commented on the "rigor of the processes undertaken, and the tangible products" that "have made this truly a working group rather than a network". This person also commended the crucial role of the chairperson and the fact that "Council support has been evident from the start".

Outcomes for the service system

(average scores 4.1 – 4.66)

Again, participants were fairly satisfied with the outcomes of the partnership. These included strategies/projects for coordinating and linking elements of the service system, an understanding of partner agencies' roles and functions, awareness raising for the work of the partnership, obtaining additional resources for specific projects and activities (4.44), the creation of formal and informal communication networks, local ways of addressing family violence issues, and increased interaction and communication patterns between the partners. However, one person expressed disappointment with the awareness created by the partnership and the ability to obtain additional resources for specific projects.

One respondent commented that this is "the most valuable aspect" of the partnership, while another person suggested that "the involvement of the magistrate and a principal are two remarkable coups to a local strategy" and that "the work with the police seems to be fairly revolutionary".

Outcomes for the individual members involved in the partnership

(average scores 3.33 – 4.8)

The most significant positive changes for individual members of the partnership included better networking, communication and cooperation with other members of the group. The participants in this survey perceived that changes to their own values and attitudes and work practices have changed to a lesser degree. It is interesting to note that while there was an overall perception of positive change within the service system, only a minority of the individuals involved in bringing about these changes believed that their own attitudes and work practices had changed.

Respondents commented on their increased awareness “of other agencies in the bigger picture”, better communication and collaboration, and that they were now “more open to listen what others have to say”. A better understanding of others’ roles and limitations is also expressed in the following statement: “I have more respect for and a better understanding of police and how difficult their work is”.

Positive and negative changes as a result of the partnership

Respondents were asked what they perceived as the positive and negative changes as a result of the partnership. There were no negative changes listed, other than one participant’s comment that s/he “can’t get to enough meetings”. A lack of time to attend meetings and network was also reflected in other comments, for example “as a CEO of an agency, I rarely have opportunity to keep in touch/network with workers & stakeholders in DV sector”.

A range of positive changes were listed, including

- “more comprehensive referring”;
- better communication and cooperation within the service system, in particular between police and support workers;
- a reduction in repeated police attendances at the same address in regard to family violence incidents;
- “better civic relationships particular with police”;
- “better understanding of the roles of all agencies, a better awareness and a change in overall attitudes”;
- a better understanding of roles and limitations;
- development of information sessions; and
- increased support of police.

In summary, the comments reflect the view that as the result of this partnership the individuals and agencies/organisations involved in the Darebin family violence service system are better informed and work together in a more effective way. In addition, there are other tangible outcomes, such as the provision of information sessions and a decreased number of recidivist family violence incidents attended by police.

Areas for improvement

The questionnaire included a question asking “ in what areas we could do better and how to do it”. Two comments reflected a frustration with relevant agencies that have been invited to participate in the partnership but “fail to attend”. Another person noted that the partnership has not yet started on work with an early intervention focus within the school communities. This

was attributed to the fact that Darebin City Council is still waiting to find out about the outcome of its funding submission to the Commonwealth Government's *Stronger Families and Communities Strategy*. A second person also argued for more emphasis on prevention.

Another suggestion refers to the work of the *Darebin Family Violence Practice Issues Network*, a network of support workers and police where practice issues are discussed. It was recommended that "the informal discussion of cases could become formalised to establish a multi-disciplinary case management system". Further, it was proposed to "assist in developing partners in projects/service deliver".

Two comments in response to statements elsewhere in the questionnaire referred to service providers who work with boys and men who use violence. It was noted that services with a focus on males are insufficiently represented in the partnership.

Recommendations

In response to the views and suggestions provided to the 10 people who participated in this evaluation, the following recommendations were made to the Darebin Family Violence Working Group:

1. That the composition of the partnership be re-visited, exploring whether all relevant stakeholders have been invited to participate in the partnership, as well as exploring ways to better include those individuals and organisations that are formally part of the group but attend meetings infrequently. In particular, that efforts be made to have representation of services that work with boys and men.
2. That the Working Group explore possible improvements to the partnership's decision making processes.
3. That the Working Group explore whether it is desirable that participants' attitudes and work practices change, and if so, how this could be facilitated.
4. That the Working Group explore ways to keep face-to-face meetings at a minimum without compromising the flow of communication and interaction of group members.
5. That the Working Group explore ways to formalise the work of the *Darebin Family Violence Practice Issues Network*.

Research findings

This section summarises Australian research findings in regard to family violence. Further, it provides data that give an indication of the extent of family violence in Darebin and Melbourne's Northern Metropolitan Region.

Family violence in Australia

Women's experience of violence is significantly different to that of men. Women are at far greater risk of family violence than men. Violence against women usually occurs in the home rather than in public places. For example, women are more likely to be killed by current and former male partners than by anyone else. In contrast, male homicides are usually committed by males in public places as a result of alcohol-related arguments. Between 1989 and 1998, 77% of homicides between intimate partners involved a man killing a woman, 21% involved a woman killing a man, and 2% occurred within a same-sex relationship (Carcach and James, cited in Office of the Status of Women 2001).

The Supported Accommodation Assistance Program (SAAP) was established in 1985 to consolidate a number of Commonwealth, State and Territory government programs designed to assist people who are homeless or at risk of being homeless, including women and children escaping domestic violence. In 2000-2001, 52 agencies in Victoria were funded to support women escaping domestic violence with a total funding allocation of over \$12.5 million. Nearly one in four clients sought assistance from a SAAP service during 2000-2001 because they were escaping domestic violence. The proportion of female clients who sought SAAP assistance because they were escaping domestic violence was much higher: 48% of women without children and 51% of women with children.

Women's Safety Australia, a national survey of 6,300 women (Australian Bureau of Statistics 1996) found that:

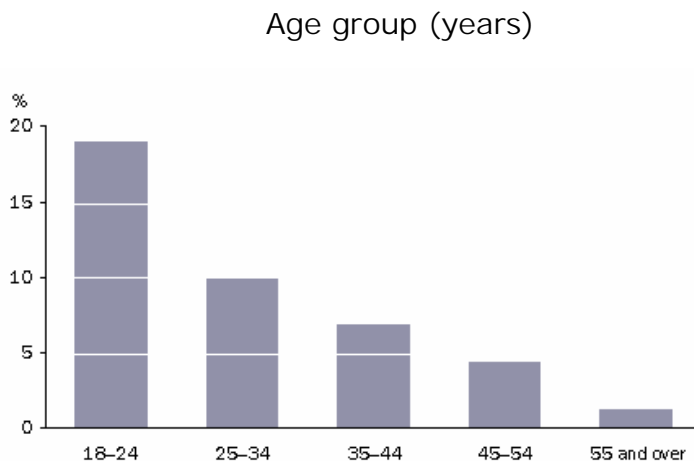
- 38% of women had experienced one or more incidents of violence since the age of 15. Of the women who had experienced physical violence, one third had experienced more than one incident.
- Women are four times more likely to experience violence from a man than from another woman.
- 23% of women who had ever been married or in a de facto relationship had experienced physical violence from a male partner.
- Of those women who experienced violence by a partner in a previous relationship and who were pregnant at some time during the relationship, 42% reported that violence had occurred during the pregnancy, and 20% experienced violence for the first time when they were pregnant.

- 56% of women who had children in their care and had experienced violence from a partner said that one or more of the children had witnessed the violence.
- Of the women who had experienced violence from a partner in the last 20 years, 80% had not sought help from services at all. Just 5% of women experiencing violence from a current partner reported the last incident to police.
- 73% of women who often experienced violence from a current male partner identified that they lived in fear.

For the above survey, violence was defined in a narrow way as “any incident involving the occurrence, attempt or threat of either physical or sexual assault”.

This survey found that younger women were more at risk of violence than older women. In the 18-24 years age group, 19% of women had experienced an incident of violence in the previous 12 months, compared to 1.2% of women aged 55 and over (see Figure 3).

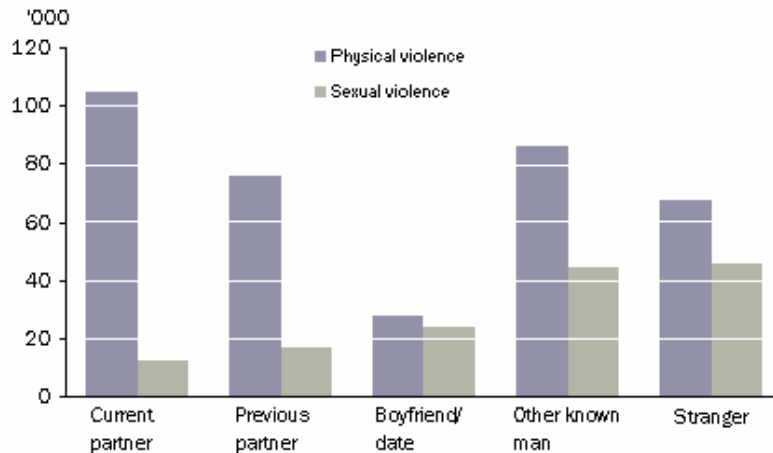
Figure 3 Women who experienced violence during the last 12 months



Source: ABS (1996) Women’s Safety Australia

More women experienced physical violence from a current or previous partner than from a stranger or another man known to them, for example, a work colleague, relative, friend or a professional (see Figure 4).

Figure 4 Women who experienced violence by a man during the last 12 months, relationship to perpetrator



Source: ABS (1996) Women's Safety Australia

Family violence and health

A survey of over 40,000 women conducted as part of the Women's Health Australia longitudinal study on women's health (Research Centre for Gender and Health 1998 and 2002) asked whether the participants had been "pushed, grabbed, shoved, kicked or hit" during the last 12 months. The survey was completed by women of three different age groups: young women (22-27 years), mid-age women (47-52 years) and older women (70-75 years). Of the older women, 1.2% answered 'yes' to this question, as did 2.4% of the mid-age women, and 7.0% of the young women.

The mid-aged women in this sample who indicated that they had experienced any form of physical, mental, emotional or sexual abuse or violence either as a child or as an adult (36.6% of the women had experienced such violence), were invited to participate in a separate survey. 1159 women participated in this additional survey. The women in this group were more likely to experience emotional abuse than any other type of abuse. Almost all perpetrators were known to the victims and the majority of the reported abuse had occurred in the home. Most had experienced more than one form of abuse and multiple acts over time. Many of these women had wanted to leave but were unable to for lack of practical alternatives.

The study found that the experience of abuse significantly affected the general health and well-being of mid-aged women. The participants had poorer physical and mental health than non-abused women of a similar age, and many were psychologically distressed and depressed. The majority of women had discussed their circumstances with close relatives, friends, or professional persons. Every third woman had reported abusive episodes to

the police, but less than half of these had found it helpful to do so (Parker and Lee 2002).

Research has identified a frequent co-existence of domestic violence and child abuse and neglect and the harmful effects of living with domestic violence on children's and young people's physical, cognitive, emotional, behavioural and social development (Laing 2000).

Post-separation violence affects many women and children. Approximately 30% of Australian women killed by male partners are killed after separation, and 35% of children killed in Australia between 1989 and 1993 died at the hand of a male offender as a consequence of a family dispute, usually relating to the termination of the parents' relationship (Laing 2000).

An analysis of the Women's Health Australia data⁴ found that women who reported experiencing abuse visit GPs and hospital outpatient/casualty clinics more often, are more likely to smoke, have higher levels of divorce and separation, have higher probability of reporting medical diagnoses that include low iron levels, asthma, bronchitis/emphysema, depression, and anxiety. They are also more likely to have had hysterectomy operations and take more medications for nerves, sleep, and depression. However, the analysis found little difference between abused and non-abused women on a range of other measures, including alcohol consumption, body mass index, levels of exercise, educational qualifications, working status, and ethnicity. The women in this group who had experienced violence recommended that more counselling and support services should be available and awareness raising strategies should be increased.

Another analysis of the Women's Health Australia data⁵ examined the health status of 45-50 year old women who reported that they had lived with a violent partner or spouse at some stage of their life. The researchers found that domestic violence was associated with an increased likelihood of chronic illnesses, recent acute symptoms, and various health risk behaviours. After controlling for demographic and health behaviour characteristics and menopause status, domestic violence was associated with higher odds for allergies and breathing problems, pain and fatigue, bowel problems, vaginal discharge, hearing and eyesight problems, cardiovascular problems, low iron, asthma, bronchitis/emphysema, and cervical cancer.

Further, the study found significant associations between domestic violence and increased consultations with orthodox health practitioners (family, hospital and specialist doctors), and with hospital admissions. The majority of these consultations was accounted for by the poorer health status that was

⁴ Personal communication with Glennys Ruth Parker, Research Centre for Gender and Health, University of Newcastle.

⁵ Personal communication with Deborah Loxton, University of New England. The authors of this yet unpublished study include Loxton, Schofield, Hussain and Mishra.

associated with domestic violence. Increased allied health practitioner use was associated with domestic violence only after controlling for demographic variables, suggesting that financial concerns may play a role in women's decision to consult allied health professionals. Women who visited alternative health practitioners once or twice in the year prior to the survey were more likely to have experienced domestic violence, regardless of demographic characteristics or health status. The authors of the study suggested that these women may be seeking alternative health services for reasons other than physical health.

Regarding psychological health, the study found that women who had experienced domestic violence were more likely to have experienced depression, anxiety and sleep difficulty, and appeared more likely to have recently used medication for depression, anxiety, and to help them sleep.

Family violence perpetrated against men

We know little about domestic violence directed towards men. The small number of studies that exist suggest that men talk about their experiences very differently to women, and that often there is no clear distinction between men's experience as victim and perpetrator.

The cost of family violence

The economic cost of family violence to the community is extensive. While it is difficult to calculate due to the hidden nature of family violence, there is evidence to suggest that it represents a considerable cost to the health system, that it disrupts employment through days of work lost, and there are significant welfare costs for women who are unable to obtain or keep a job because they are leaving a violent relationship. Violence against women has been reported to be second only to traffic accidents in the police time it consumes. Other costs include housing support, provision of specialist counselling and support, and the costs associated with legal action and the court system. Long-term costs include the effects on the mental health of victims and children, and costs relating to the economic and opportunity costs of disruption to children's education (Office of Women's Policy 2001).

Indicators for family violence

Several indicators have been identified that may point to the occurrence of violence in among partners or in a family. Indicators of family violence in adults as victims include:

- unexplained bruising and other injuries;
- social isolation;
- never making a decision without referring to partner;
- low self esteem;

- anxiety/depression/post-natal depression;
- no access to transport;
- submissive/withdrawn;
- frequent absences from work or studies;
- 'accidents' have occurred during pregnancy;
- repeated presentations at emergency departments; and
- psychosomatic and emotional complaints.

Indicators of perpetrator behaviour in adults include:

- values/attitudes about 'ownership' of partner and/or children;
- controlling behaviour;
- always speaking for the partner (or child);
- describing the partner as 'incompetent' 'stupid' or other derogatory terms;
- being overly solicitous towards suspected victim;
- admitting to some violence, but minimising the frequency and severity;
- holding rigidly to stereotyped sex roles; and
- not allowing partner or child to access service providers alone.

(NSW Health Department 1999)

Aboriginal and Torres Strait Islander communities

Family violence in Indigenous communities has serious implications for the health and well-being of Indigenous people, families and communities. In Indigenous communities, family violence extends to families, extended families, kinship networks and communities. A range of factors have been identified as contributing to the high incidence of violence in Indigenous communities, including:

- marginalisation and dispossession;
- loss of land and traditional culture;
- breakdown of community kinship systems and Aboriginal law;
- entrenched poverty;
- racism;
- alcohol and drug use;
- the effects of institutionalisation and removal policies;
- the loss of traditional Aboriginal male role and status, and
- inherited grief and trauma.

(Office of Women's Policy 2001)

Violence against pets

A link between violence towards humans and animal cruelty has been well established in research undertaken overseas, and health care professionals, animal welfare organisations and law enforcement agencies in the US and the UK have developed a combined response. The awareness of this link is less developed in Australia. However, Gullone, Volant and Johnston (2003) have recently researched the co-occurrence of family violence and pet (companion animal) abuse in Victoria. Participants involved over 100 women who had in the past or who were currently involved in a violent relationship and a comparison group of women who had not experienced family violence. All women owned one or more pets. The study found that 53% of the women in family violence situations had experienced hurting or killing of pets, while none of the women in the control group reported this. Further, 46% of the women in violent family situations reported threats of pet abuse compared to 6% of the control group. Thirty-five percent of women reported that they delayed leaving the violent situation because of concern for the safety of their pets. An disturbingly high proportion of children witnessed (35%) the abuse and engaged in abuse (23%).

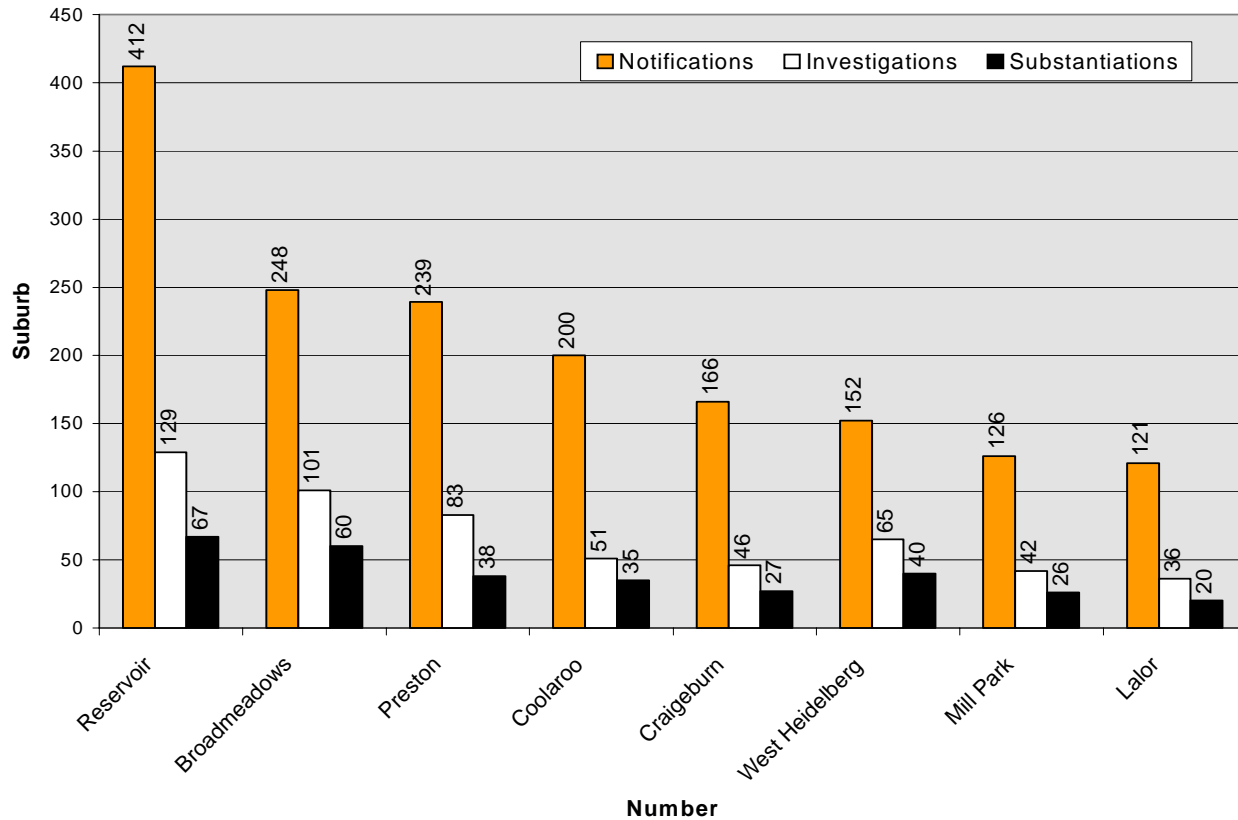
Family violence in Darebin and the Northern Metropolitan Region

Family violence data for the Darebin municipality are scant. Available data include DHS child protection data, the number of intervention orders and police attendances at family violence incidents, as well as data collected by support services and local projects.

DHS child protection data

The 1999-2000 data on demand in child protection in the Northern Region show that Reservoir had the highest and Preston the third highest number of notifications for child protection in the Region. However, it should be noted that the population of Reservoir is nearly four times that of Broadmeadows, and the population of Preston is 2.3 times larger than that of Broadmeadows. The data in Figure 5 present a different picture when population size is taken into account: There was one substantiated child protection notification for every 682 people in Reservoir, for every 712 people in Preston, and for every 197 people in Broadmeadows. Accordingly, the demand for child protection was much higher in Broadmeadows than in Reservoir and Preston.

Figure 5 Demand in child protection, 1999-2000



Source: DHS, cited in City of Darebin (2002)

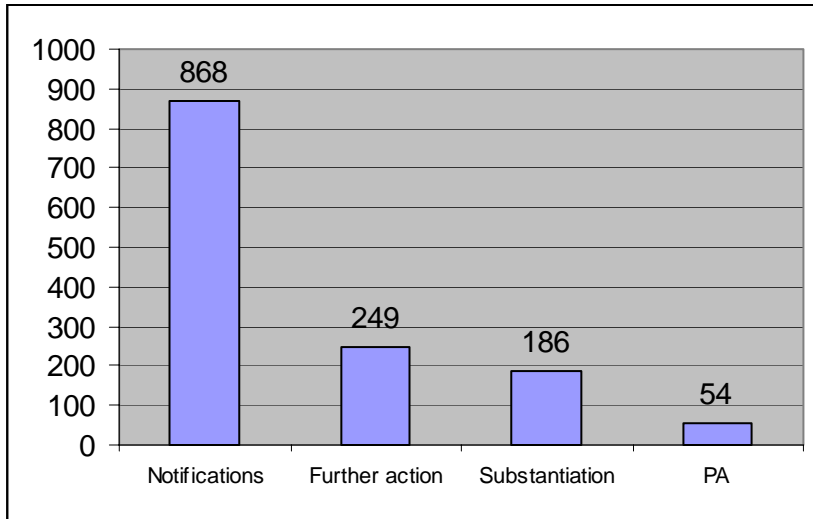
The figures and tables below present DHS child protection data. During 2001-2002, DHS received 868 domestic violence notifications. These resulted in 54 protection applications (see Figure 6 and Table 1). Table 2 presents the same data by age of the child/young person at the time of the notification, and Table 3 displays the data by family type. Tables 4, 5 and 6 present the data by parent alcohol abuse, parent substance abuse, and parent domestic violence. However, these three tables have large entries in the “unknown” category, and therefore limited explanatory value. Table 7 lists professional and non-professional notifiers.

Less than one in four notifications were substantiated by DHS during 2001-2000, and only 6% of cases resulted in a protection application. However, it is reasonable to assume that notifiers had valid concerns for the safety of the children concerned, and that a considerable proportion of these concerns related to family violence. The majority of notifications were made by the police.

Table 2 shows that the majority of notification, further action, substantiation and protection applications refer to younger children. For example, nearly

half of the protection applications were made for children aged two years and younger.

Figure 6 Domestic violence notifications received for Darebin, 2001-2002



Source: DHS, Child Protection Services

Table 1 Number of domestic violence notifications received during the 2001-2002 year

	Notifications		Further action	Substantiation	Protection Application
	n	%			
Professional	759	87.4	212	166	49
Non-professional	109	12.6	37	20	5
Total	868	100	249	186	54
Police (major notifier)	524	60.4	91	70	20

Source: DHS, Child Protection Services

Further action: 28.7% of all notifications
 Substantiation: 21.4% of all notifications
 Protection Application: 6.2% of all notifications

Table 2 Domestic violence notifications in Darebin, by age, 2001-2002

Age at notification	Notification	Further action	Substantiation	Protection Application
0	147	54	42	14
1	76	21	14	6
2	66	25	17	6
3	57	12	10	4
4	73	24	16	3
5	48	18	13	3
6	58	14	13	3
7	53	13	10	3
8	61	12	9	2
9	45	8	5	5
10	42	10	9	1
11	46	12	11	2
12	39	11	10	0
13	17	3	2	1
14	16	8	4	1
15	13	3	1	0
16	10	1	0	0
17	1	0	0	0
Total	868	249	186	54

Source: DHS, Child Protection Services

Table 3 Domestic violence notifications in Darebin, by family type, 2001-2002

Family type	Notification	Further action	Substantiation	Protection Application
Unknown	639	20	0	0
Blended family	27	27	22	9
Extended one person	1	1	1	0
Intact family	99	99	73	19
Other	6	6	4	4
Other one person	1	1	0	0
Sole father	9	9	8	2
Sole mother	84	84	76	20
Stepfather family	2	2	2	0
Total	868	249	186	54

Source: DHS, Child Protection Services

Table 4 Domestic violence notifications in Darebin, by parent alcohol abuse, 2001-2002

Parent alcohol abuse	Notification	Further action	Substantiation	Protection Application
Unknown	639	20	0	0
Not likely	135	135	101	30
Likely	94	94	85	24
Total	868	249	186	54

Source: DHS, Child Protection Services

Table 5 Domestic violence notifications in Darebin, by parent substance abuse, 2001-2002

Parent substance abuse	Notification	Further action	Substantiation	Protection Application
Unknown	639	20	0	0
Not likely	129	129	103	24
Likely	100	100	83	30
Total	868	249	186	54

Source: DHS, Child Protection Services

Table 6 Domestic violence notifications in Darebin, by parent domestic violence, 2001-2002

Parent domestic violence	Notification	Further action	Substantiation	Protection Application
Unknown	639	20	0	0
Not likely	23	23	14	14
Likely	206	206	172	40
Total	868	249	186	54

Source: DHS, Child Protection Services

Table 7 Professional and non-professional notifiers

Professional	Non-professional
Community Health Nurse	Aunt
Child care	Defacto mother
Community Health	Father
CPS	Friend
Doctor	Grandfather
Drug & Alcohol	Grandmother
Family Counselling	Mother
Family Support	Neighbour
Hospital Doctor	Other relation
Hospital Nurse	Stepfather
Hospital Social Worker	Stepmother
Maternal & Child Health Nurse	Uncle
Nurse	
Other agency	
Other Medical Practitioner	
Other education	
Paediatrician	
Police	
Preschool Teacher	
Principal	
Protective Worker	
Psychologist	
SAC	
Social Worker	
Student Counselling	
Teacher	
Unknown	
VP/Deputy	
Welfare Coordinator	
Women's refuge	
Youth support	

Source: DHS, Child Protection Services

Intervention orders

The number of intervention orders can be taken as an indicator for the extent of family violence. Data from Victoria Police show that 957 intervention orders were recorded in Darebin during the 2000-2001 year, and 936 intervention orders for the period July 2001 – May 2002. The highest number of intervention orders was recorded for Preston (see Tables 8 and 9, and Figures 7 and 8).

Table 8 Number of Intervention Orders reported in Darebin between July 2000 and June 2001

2000-2001													
Response Zone	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Total
N'cote	10	12	17	11	5	16	18	22	19	28	13	21	192
Preston	41	43	33	30	57	24	28	34	51	48	32	45	466
Reservoir	18	29	39	29	21	23	24	15	31	19	25	26	299

Response zone	As at last date		Type			
	Current	Expired	Full		Interim	
			No reported	Served	No reported	Served
N'cote	81	111	72	63	120	79
Preston	183	283	153	133	313	217
Reservoir	126	173	104	96	195	122

Source: Sgt Peter Barry, Coordinator, Darebin Family Violence Unit, Victoria Police (July 2002)

Table 9 Number of Intervention Orders reported in Darebin between July 2001 and May 2002

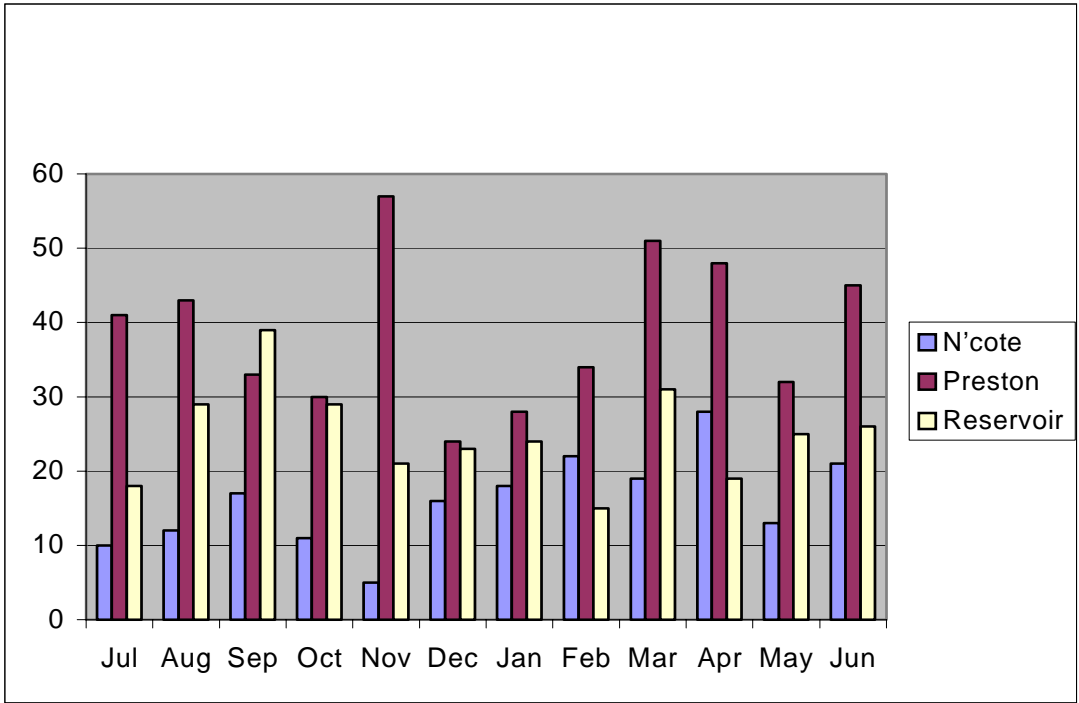
2001-2002													
Response Zone	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Total
N'cote	17	30	27	12	19	12	12	11	8	6	12		166
Preston	40	36	45	70	46	38	31	45	39	43	55		488
Reservoir	19	31	34	41	26	26	31	21	17	9	27		282

Response zone	As at last date		Type			
	Current	Expired	Full		Interim	
			No reported	Served	No reported	Served
N'cote	59	107	55	51	111	79
Preston	192	296	191	168	297	206
Reservoir	122	160	120	98	162	110

Source: Sgt Peter Barry, Coordinator, Darebin Family Violence Unit, Victoria Police (July 2002)

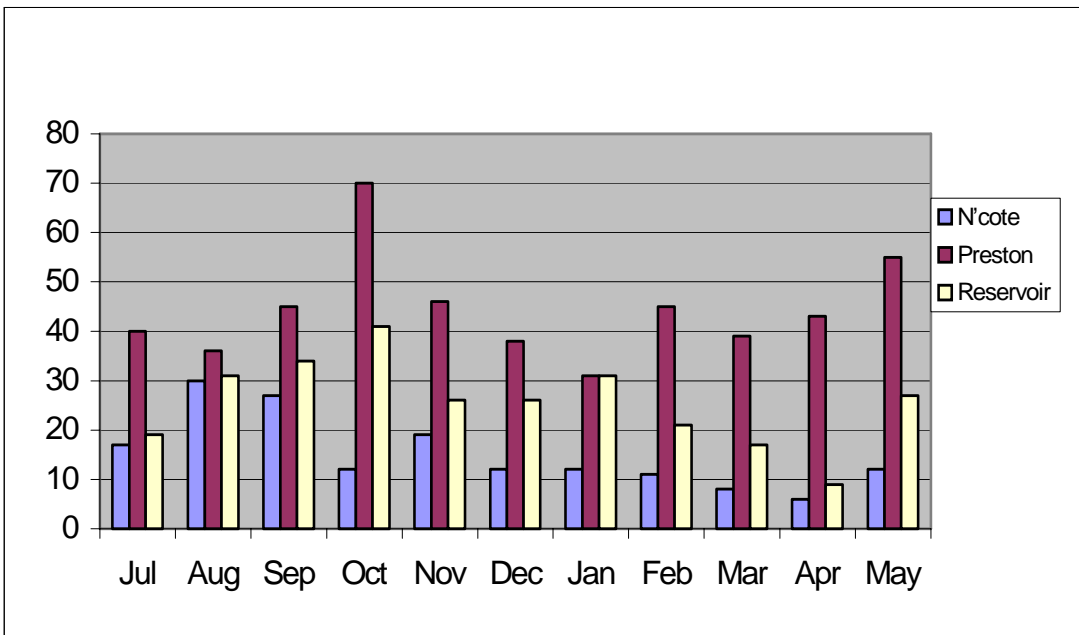
The information contained in the above two tables (Table 8 and Table 9) is presented below in two charts (Figure 7 and Figure 8).

Figure 7 Number of Intervention Orders in Reservoir, Preston and Northcote, 2000-2001



Source: Sgt Peter Barry, Coordinator, Darebin Family Violence Unit, Victoria Police (July 2002)

Figure 8 Number of Intervention Orders in Reservoir, Preston and Northcote, 2001-2002

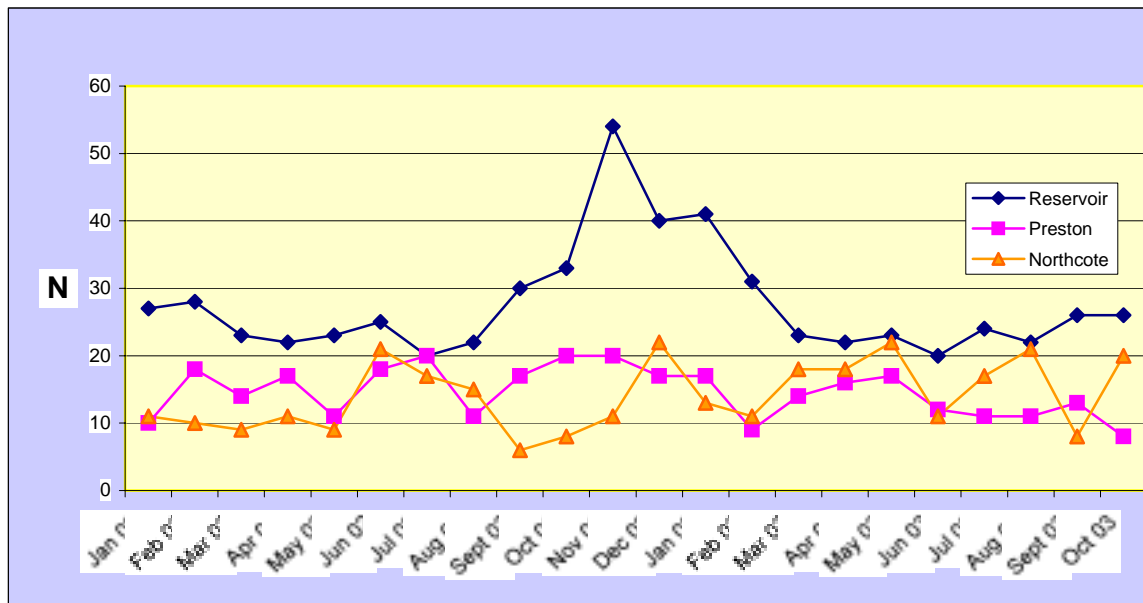


Source: Sgt Peter Barry, Coordinator, Darebin Family Violence Unit, Victoria Police

Police attendances at family violence incidents

Over the 22 months from January 2002 to October 2003, police officers attended 1,235 family violence incidents. This represents an average of 56 incidents per month. On average, police were called out to family violence incidents in Reservoir 27.5 times per month, in Preston 14.6 times per month, and in Northcote 14 times per month. November and December were the months with the highest number of family violence incidents attended by police. See Figure 9 below for details.

Figure 9 Police attendances at family violence incidents in Reservoir, Preston and Northcote, January 2002 – October 2003

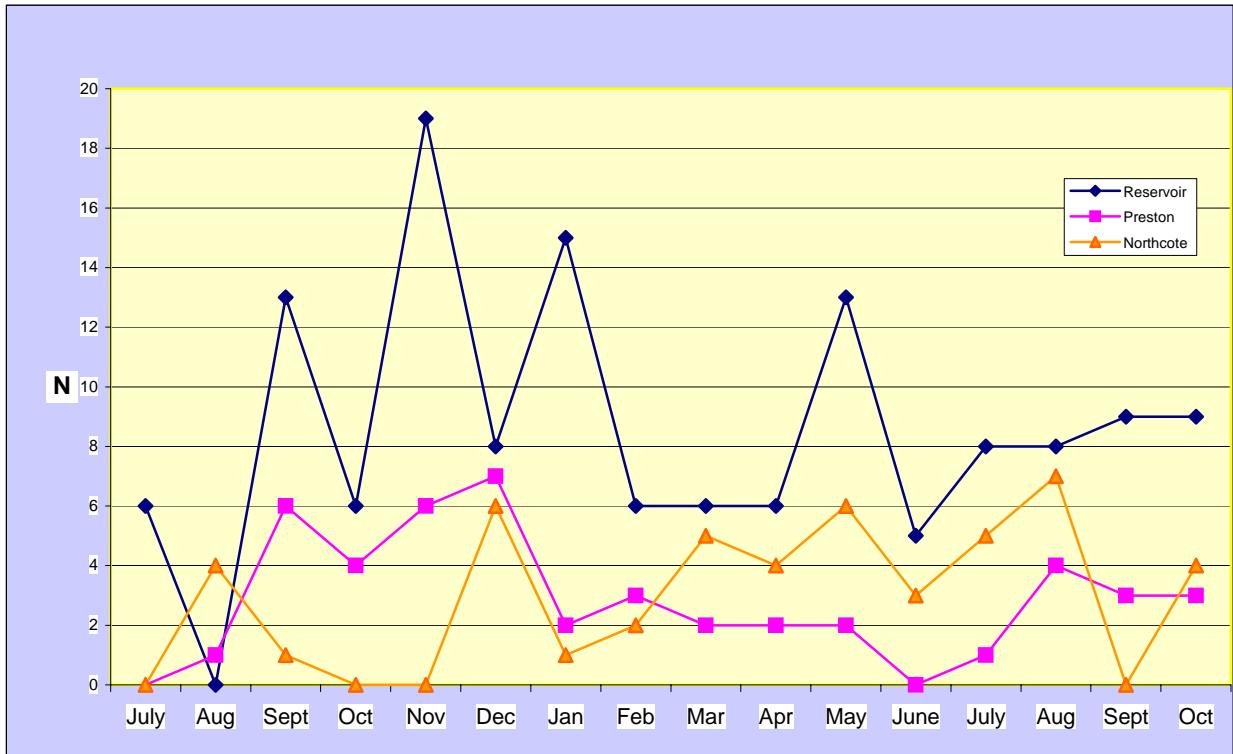


Source: Sgt Peter Barry, Coordinator, Darebin Family Violence Unit, Victoria Police

In July 2002, a Family Violence Coordination Unit was established in Darebin. Data on recidivist family violence incidents are available since that time. Recidivist incidents are repeated police attendances at the same address (note: the data are collected by address, not by family).

Between July 2002 and October 2003, 231 of the family violence incidents that police attended in Darebin were recidivist incidents (see Figure 10 for details). On average, police attended 15 recidivist incidents per month in Darebin – 9 in Reservoir, 3 in Preston and 3 in Northcote.

Figure 10 Family violence recidivist incidents attended by police in Reservoir, Preston and Northcote, July 2002 – October 2003



Source: Sgt Peter Barry, Coordinator, Darebin Family Violence Unit, Victoria Police

Table 10 provides details of family violence incidents attended by police in Reservoir, Preston and Northcote, as well as the number of recidivist incidents and the action taken by police in response to recidivist incidents. The police actions included (in order of frequency), referrals to support agencies, intervention orders taken out by police, charges and follow-up by police. A total of 145 police actions were taken in response to 231 recidivist family violence incidents. A summary of these data is presented in Figure 11.

While the Reservoir police carried out the highest number of responses, the response rate (i.e., actions relative to the number of incidents) of the Preston police was highest, followed by Reservoir and Northcote police.

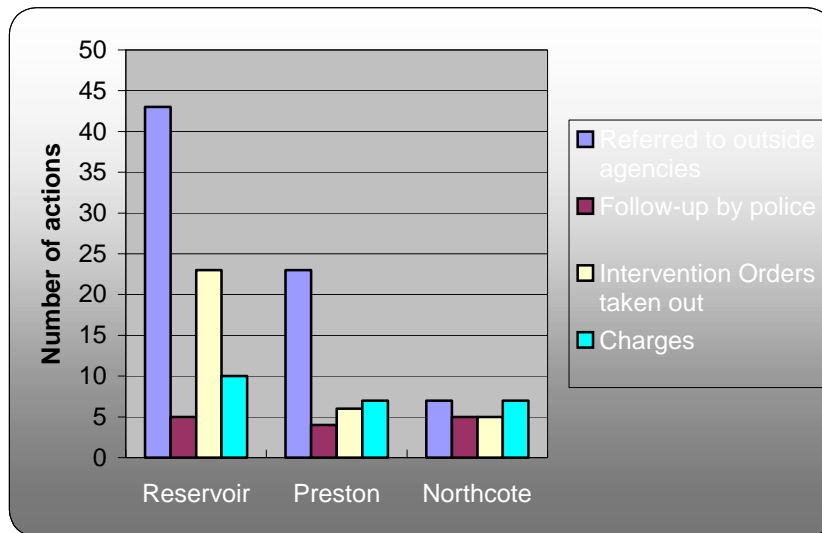
Table 10 Family violence incidents attended by police in Reservoir, Preston and Northcote, and subsequent action, July 2002 - October 2003

	Incidents attended (total)	Recidivist incidents	Of recidivist incidents:				Charges	Total action taken
			Referred to outside agencies	Follow-up by police	Intervention Orders taken out			
Reservoir								
July	20	6	2	2			4	
Aug	22	0					0	
Sept	30	13	3			1	5	
Oct	33	6	3			1	5	
Nov	54	19	5			5	12	
Dec	40	8				1	1	
Jan	41	15	3			6	9	
Feb	31	6	5				5	
Mar	23	6	1	3			4	
Apr	22	6	2				2	
May	23	13	4			3	7	
June	20	5	3			1	4	
July	24	8	4			3	7	
Aug	22	8	3			1	6	
Sept	26	9	2				5	
Oct	26	9	3			1	5	
Total Reservoir	457	137	43	5	23	10	81	
Preston								
July	20	0					0	
Aug	11	1					0	
Sept	17	6	1	1		2	4	
Oct	15	4				2	2	
Nov	20	6	2				4	
Dec	17	7	13			1	15	
Jan	17	2					1	
Feb	9	3	2				3	
Mar	14	2		1			1	
Apr	16	2	1			1	2	
May	17	2	1	1			2	
June	12	0					0	
July	11	1					0	
Aug	11	4	1				1	
Sept	13	3	2	1			3	
Oct	8	3					1	
Total Preston	228	46	23	4	6	7	40	
Northcote								
July	17	0					0	
Aug	15	4					0	
Sept	6	1					0	
Oct	8	0					0	
Nov	11	0					0	

Dec	22	6			3	1	4
Jan	13	1					0
Feb	11	2				2	2
Mar	18	5	2				2
Apr	18	4		3			3
May	22	6	2				2
June	11	3				1	1
July	17	5	1			1	2
Aug	21	7			1	2	3
Sept	8	0					0
Oct	20	4	2	2	1		5
Total Northcote	238	48	7	5	5	7	24
Total Darebin	923	231	73	14	34	24	145

Source: Sgt Peter Barry, Coordinator, Darebin Family Violence Unit, Victoria Police

Figure 11 Action taken by Darebin police in response to family violence recidivist incidents, July 2002 – October 2003



Source: Sgt Peter Barry, Coordinator, Darebin Family Violence Unit, Victoria Police

Darebin Local Mapping Project

The Darebin Local Mapping Project (City of Darebin 2002) was funded under the Stronger Families and Communities Strategy and explored priority needs for disadvantaged communities in the municipality. It identified domestic violence as a major issue for the well-being of women and children. "Drug and alcohol-related domestic violence and the distress in families and relationships as a result, contributes to high levels of stress, anxiety, and low self-esteem amongst those affected as well as the broader community. It impacts on the effectiveness of

schools and service providers". Further, this report suggested that child abuse data for Darebin are very disturbing.

"Women from newly arrived communities talking about family violence" Project

In October 2000 the Northern Family Violence Network and Women's Health in the North held focus group discussions with newly arrived Iraqi /Chaldean and Mainland Chinese women about family violence in their communities (one focus group with each ethnic group). The two groups were not selected on the basis of perceived levels of violence within their communities, but on the basis of size of populations in the Northern Region, and on levels of information among service providers about how women from these communities perceive family violence. The project aimed to discover what women perceived to be family violence, women's perceptions of what protection particular family and cultural practices offer against family violence, and the strengths of families who do not engage in violence.

The women in both groups emphasised the notion of shame: it brings shame to the family to report family violence to the police or someone outside the family. Consequently, women keep the secret of family violence and blame themselves. The Chaldean group suggested that "at the end a woman has to accept her fate and destiny".

The Chaldean women reported that in Iraq services specific to family violence do not exist. Tradition and family roles were discussed extensively, and the strength of women was identified as "the one who looks after her family. A woman is like a rock. She receives all the tough stuff of life, and yet she stays solid like a rock and doesn't break". Financial independence was identified as a moderator both in Iraq and Australia, i.e., contributing to the family's income gives a woman greater decision making power.

The Chinese women raised the issue of isolation and suggested that "The situation is worse than in China. We have no place to go and talk about our problems, because we are not able to communicate outside the family". The tradition of the "three obeys" was raised: this tradition requires that before a woman is married she has to obey her father, after marriage she must obey her husband, and when she is older she must follow her son's instructions. Further, some of the women in this group identified the issue of financial dependence on their adult children as difficult (Lewig 2000).

Why does family violence occur?

Different discourses vary in their attempt to explain why family violence takes place. The term 'discourse' refers to a framework of ideas, concepts and assumptions that constitute an established body of knowledge or an accepted worldview (Bilton et al. 1996). Discourses vary across cultures and time, they even vary within cultures. They exist in relation to all aspects of life, determine our social responses, and provide us with a framework to understand ourselves, our experiences and the world around us.

The way we make sense of family violence determines what language we use to describe violent situations. For example, people may refer to a violent man as a) a perpetrator or batterer, b) a man who chooses to use violence, or c) a man who is struggling with his tendency to use violence. The term perpetrator is used frequently by professionals in the criminal justice system and by women's domestic violence outreach services, while example c focuses on the violent man's effort to change and this or similar terms are used by staff involved in men's behaviour change programs.

This section provides an overview of the most common discourses of family violence and how they seek to explain why family violence occurs. These include:

- feminist theories;
- structural approaches; and
- individual pathology and psychological approaches.

Feminist frameworks are based on power and oppression theories of family violence which consider patriarchy – male structural power – as the leading cause of women's and children's oppression. In this view, gendered violence is a reflection and expression of patriarchal structures and hierarchical gender relationships in society. This view holds that violence is a choice, and that men can choose not to use violence as a tool of oppression.

Consequently, men who choose to use violence are in need of correction and change, and women who experience violence are in need of support. This view also highlights the need to raise community awareness that family violence is unacceptable and that women are not responsible for men's violent behaviour. Services that operate within a feminist framework often provide support groups to facilitate social support for women who experience family violence.

Sociological theories tend to explain family violence as a reaction to social and structural factors in a society that promotes the use of violence. They suggest that family violence is more common in lower socio-economic groups.

Individual pathology and psychological approaches focus on characteristics and deficiencies of individuals, such as the characteristics of men who might be predisposed to violent behaviour or women who might be vulnerable to be the targets of violence. Early childhood experiences, personal stress and/or psychological or emotional deficiencies. Further, family violence is sometimes explained by family therapists as a symptom of a dysfunctional family. Usually, the intervention is individual treatment.

Indigenous communities emphasise the effects of colonisation, dispossession and past government policies that resulted in the break-up of Aboriginal families, the suppression of language and culture, and continuing discrimination and racism as contributing to the high level of family violence in Indigenous communities.

Current State and Commonwealth Government policy frameworks draw on a range of theories and explanations. Violence is viewed as the perpetrator's choice, but a choice that occurs in a particular social and cultural context. It acknowledges that the power imbalance between men and women contributes to family violence and also takes into account other contributing factors such as racism, homophobia, or the dispossession of Aboriginal people from their traditional land. In summary, family violence is understood to result from a complex interaction of political and social structures and individual responses to these structures. A systemic imbalance of power makes it difficult for many women who experience violence to take effective action to stop the violence.

Intervention focuses on the individual in context, on the empowerment of women. It may include a criminal justice response, a therapeutic approach of working with the individual and the family to assist them to find positive ways of coping and changing the violent behaviour. At the community level, prevention efforts include awareness raising and community education to change community attitudes and behaviour in relation to family violence (Office of Women's Policy 2001, Office of the Status of Women 2001).

The individuals involved in the Darebin Family Violence Working Group hold a range of views on the causes of family violence and acknowledge that the reasons for family violence are complex. As a group, we agree on how to respond to and reduce family violence in Darebin. Our approach includes prevention and early intervention strategies (eg., resilience programs for young people in schools), the clear message to the community that family violence is a crime, capacity building in the service system (eg., staff training), and the development and maintenance of partnerships involving relevant stakeholders.

The family violence service system

A range of services support women and children escaping family violence and address men's violent behaviour. These services include:

- 27 women's refuges in Victoria;
- Women's Domestic Violence Crisis Service (main access and coordination point for entry into women's refuge accommodation statewide), provides crisis telephone counselling and interim crisis accommodation facility;
- family and domestic outreach services (responds to women within their local communities who are unable or unwilling to enter a refuge);
- Immigrant Women's Domestic Violence Service (provides cultural and linguistic support, co-case management and secondary consultation to support the needs of women and children from culturally and linguistically diverse backgrounds);
- children's outreach workers;
- women's support groups;
- after hours family violence support;
- men's behaviour change programs; and
- generalist counselling and support services.

Contact details for relevant services that are located in Darebin or cover the Darebin area⁶ are outlined below:

Anglicare Family Services (counselling)
Ph 9478 9499

Darebin Community Health Centre
Ph 8470 1111
Standing Strong Ph 9489 1388 (support group for women who have ever experienced hurtful or abusive relationships)

Darebin Community Legal Centre
Ph 9489 6321

Darebin Family Services (counselling)
Ph 9481 9507

Elizabeth Hoffman House (support services for Indigenous women and their children)

⁶ The services are listed in alphabetical order; contact details as in October 2003.

contact via Women's Domestic Violence Crisis Service Ph 1800 015 188 or
9373 0123
Indigenous Outreach Worker Ph 0438 528 525

Gay & Lesbian Switch
Ph 9827 8544

Immigrant Women's Domestic Violence Service (IWDVS)
Ph 9898 3145

Northern Centre Against Sexual Assault (CASA)
Ph (AH) 9349 1766, Phone (BH) 9496 2240

Northern Domestic Violence Outreach Service
Ph 9457 5087

Preston Creative Living Centre (family violence intervention program, support
for women, behaviour change program for men)
Ph (BH) 9471 0108

Victims Referral & Assistance Service (VRAS)
Ph 1800 819 817

Victorian Aboriginal Health Service, Family Counselling Services
Ph 9403 3300

WIRE, Women's Information Victoria (support and referral service for
Victorian women)

Ph 1300 134 130

<http://www.wire.org.au/> (women's information data base)

Women's Domestic Violence Crisis Service of Victoria (WDVCS)
Ph 1800 015 188 or 9373 0123

Women's Legal Service
Ph 9642 0877 or 1800 133 032

The Law in Victoria

Family violence is a crime. Over the last decades, the criminalisation of family violence has resulted from a wider movement for gender equity, the rights of victims and the political pressure for crime control and “control and order” (Holder 2001). This section summarises relevant legislation and protocols.

The *Crimes Act 1958* (Vic) applies to violence that occurs in relationships, families and other situations. Homicide, intentionally or recklessly causing injury or serious injury, threats to kill, threats to inflict serious injury, stalking, conduct endangering life, conduct endangering persons, are all offences under this Act. Assault is an offence under Common Law.

The *Crimes (Family Violence) Act 1987* (Vic) empowers courts to make an intervention order, imposing certain restrictions if a person has assaulted a family member or threatened to do so, damaged their property, harassed, molested or behaved in an offensive manner to a family member, and is likely to do so again (Office of Women’s Policy 2001).

In December 2002, the Victorian Magistrates’ Court released the Family Violence and Stalking Protocols. The purpose of the protocols is to ensure that in dealing with intervention order proceedings, the practices of the Court are as responsive, consistent, efficient and transparent as possible. The protocols are intended to provide information to Registrars, Magistrates and external agencies as to the Court’s procedures in these matters.

The Children and Young Persons Act 1989, Section 64 states that certain professionals must report suspected child abuse to Child Protection Services. These professionals include primary and secondary principals and teachers, nurses, medical practitioners, psychologists, and others as outlined in the legislation.

Council, State and Federal Government policies

Federal, State and many local governments have developed policies and programs that address family violence. This section presents relevant policies and initiatives at Darebin City Council and summarises several policies at the State and Commonwealth Government levels.

Darebin City Council

Council in collaboration with the Darebin Local Safety Committee - which comprises senior community, police, State Government and Council representatives - have developed DAREBIN*safe*: the Darebin Community Safety Plan 1999-2000 to 2002-2003. The Plan builds on Darebin's commitment to a safer city, and promotes initiatives to improve social well-being, citizenship and economic viability. It takes a whole-of-community approach.

In a community safety survey in Darebin, close to 5% of people identified violence against women as the most important safety issue. However, other safety issues such as safety for children and young people, property crime, safety in parks and shopping centres, the use of illicit drugs and safety on public transport were identified as more important. The relatively large proportion of survey respondents aged 60 years and older (38%) might explain why safety in public places was perceived as more important.

Responding to major issues of violence in the community is one of the Key Response Areas in the Darebin Community Safety Plan 1999'2000 – 2002/2003. While the Plan includes few strategies that address family violence in a direct way, broader community building and participation strategies in the Plan are well placed to prevent family violence. For example, strategies aimed at increasing contact between neighbours may also be effective in counteracting the social isolation of women at risk of or experiencing family violence.

Further, the City of Darebin has other strategies and policies in place that are relevant to family violence. These include the Municipal Public Health Plan (DAREBIN*health*), the Drug and Alcohol Action Plan (DAREBIN*substance*), the Darebin Poverty Inquiry and the Safer Families Safer Communities Strategy.

At its 18 July 2002 meeting, the Darebin Community Safety Committee decided to establish a working group on family violence, the Darebin Family Violence Working Group.

Victorian State Government

The Victorian State Government's response to family violence is described in the documents *Valuing Victoria's women. Key directions in women's safety* by the Office of Women's Policy (2001), *Family and domestic violence crisis protection framework* by the Department of Human Services (2002), and the Department of Justice document *Safer streets and homes. A crime and violence prevention strategy for Victoria 2002-2005* (2002).

The documents emphasise women's and children's right to live free from fear and violence, and a range of prevention and service delivery responses is outlined. These include women's refuges, counselling, support and outreach services, early intervention and prevention strategies, and resources for workers. The Victorian Government proposes a whole of Government and collaborative approach in addressing violence against women. "At a local level it means that a wide range of people must all work together to improve women's safety, including police, magistrates, local government, family violence services, centres against sexual assault, health professionals, union representatives, employers, schools, women's services, multicultural groups and organisations, and Aboriginal communities and organisations" (Office of Women's Policy 2001, p. 10).

DHS is has developed an Indigenous Family Violence Strategy. As part of this strategy, an Indigenous Family violence Taskforce has been established to support, empower and enable communities to examine issues of family violence and develop solutions appropriate to local needs. The DHS regions have recruited regional Indigenous Family Violence Support Officers. The Northern and Western regions share one position.

The Victorian Women's Health and Wellbeing Strategy was launched in August 2002. "Enhance safety and security" is one of the five Key Action Areas of this Strategy. The Strategy's Annual Action Plan for 2002-2003 lists two initiatives for this Key Action Area: Training for maternal and child health nurses in responding to homelessness and family violence, and exploration of the links between violence and gambling.

In August 2001, the Chief Commissioner of Police, Ms Christine Nixon, announced a review into police responses to violence against women. She appointed Commander Leigh Gassner to conduct this review, and the report 'A Way Forward - Violence Against Women Strategy' was released in 2002. Recommendations include training of police, greater internal accountability, the development of a Code of Practice for family violence, improved data collection and the setting up of two statewide committees of key government, welfare, police and court representatives, sponsored by the Chief Commissioner.

Commonwealth Government

Partnerships Against Domestic Violence, a national strategy in which Heads of Government are working together to prevent domestic violence, was launched in November 1997. To date, a total of \$50 million of funding has been committed over six years to this strategy. The funding has been provided for cooperative work between the Commonwealth, States and Territories at local, state and national levels, new initiatives, including the prevention of domestic violence, protection of its victims, community education about the scope and unacceptability of domestic violence and the need to break the cycle of violence for children. The projects have targeted a wide range of groups: women, children, young people, men, people living in rural and remote areas, people with disabilities, Aboriginal and Torres Strait Islander communities, and culturally and linguistically diverse communities (Office of the Status of Women 2001).

Further, the Commonwealth Government funds the Supported Accommodation Assistance Program (SAAP), a joint Commonwealth/State program to provide transitional support to homeless people in crisis and those at risk of homelessness. Many of these are women and children escaping family violence. The Commonwealth Government also funds the *National Crime Prevention Program* which includes a number of projects focusing on the prevention of family violence.

The Stronger Families and Communities Strategy, a four-year initiative that was launched in 2000, aims to improve the resilience and functioning of families and to build family and community capacity. It has a focus on early intervention and prevention approaches to help families and communities deal with issues before they become serious problems. The Strategy has committed more than \$220 million from 2000/01-2003/04.

Members of the Darebin Family Violence Working Group⁷

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Cathy Lamble, Magistrate, Magistrates' Court, Heidelberg
Cresten Pearce, Principal, Bell Primary School, Preston
Eve Hudson, Elizabeth Hoffman House
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Gerry Zammit, Darebin District Inspector, Victoria Police
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Jenny-Lynn Potter, Deakin University
John Nicolau, Darebin Ethnic Communities Council
Junie Baker, Merri Outreach Support Services, Northcote
Kerry Laidlaw, Darebin Community Health and Darebin Domestic Violence Network
Lisa Curtis, Child Protection Services, Department of Human Services
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Sharyn Scott, Senior Policy Officer, Darebin City Council
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Voula Pantsis, Family Support Worker, Darebin City Council and Darebin Domestic Violence Network

⁷ Individuals who have attended three or more meetings of the group are listed.

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