

How safe is the city?

Why should we focus on gendered violence prevention in Bendigo and how could we do it?

Introduction

Violence, including violence against women, is a leading world wide public health problem (WHO 2002). In order to respond effectively to violence against women and work towards its prevention we need to understand how concepts such as social exclusion and public health apply to this problem. We also need to know how to work in partnership with local governments, community organisations and community members.

The Loddon Campaspe Centre Against Sexual Assault (LC CASA) is a member of one of four local government/agency partnerships in Victoria participating in a three year project entitled "Gender, Local Governance and Violence Prevention: Making the Links."

The aim of the project is to "develop Australian local government policy that can take an integrated approach to violence prevention in both public and private space, using a gender mainstreaming process and a community government partnership model"(Whitzman 2006). A memorandum of understanding has been signed by LC CASA, the City of Greater Bendigo and the University of Melbourne outlining the deliverables for each organisation during the project. The Safe City Forum in Bendigo has agreed to auspice the project to ensure wider stakeholder involvement in the project. The project is funded by the Australian Research Council as a three year linkage project (2006-2008) between the University of Melbourne and the Victorian Health Promotion Foundation.

A background paper which documents and provides analyses of some of the current international good practices in integrated violence prevention, gender and local governance initiatives has been written to inform the project (Hayes 2006). The background paper examines the issues involved and outlines current international policy and theory; considers features of good practice and provides case studies and finally describes some of the Victorian policies and environments which should enable integrated gendered violence prevention.

This paper will briefly revisit some of the definitions in the background paper as well as identify current prevalence rates of violence against women in the Loddon Campaspe Region. The main focus of the paper is to consider reasons for working at the local level and outline some current local initiatives as well as barriers to local work. Finally, some ideas for overcoming these barriers will be presented in terms of stakeholder analysis and application of the Leadership for the Common Good Framework.

Prevalence and definitions of violence against women

The WHO *World Report on Violence and Health* (2002) divides violence into the three broad categories of self directed violence, interpersonal violence and collective violence. This paper is focusing on interpersonal violence from a gendered perspective. Violence against women, which includes sexual assault and family violence is a serious, prevalent and preventable issue. It has been defined as "any act of gender based violence that results in, or is likely to result in physical, sexual or psychological harm or suffering to women, including threats of such acts, coercion or arbitrary deprivation of liberty, whether occurring in public or in private life" (UN

definition cited in Smaoun 2000). Hayes (2006) includes definitions of interpersonal violence, its causes and violence prevention models.

The main forms of interpersonal violence against women are family violence and sexual assault. Family violence “includes violent, threatening, patterned and repeated use of coercive or controlling behaviour that occurs in current or past family, domestic or intimate relationships. This can include not only physical assaults but an array of power and control tactics used along a continuum in concert with one another, 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” (Statewide Steering Committee to Reduce Family Violence 2005). Centres Against Sexual Assault in Victoria define sexual assault as a form of violence that “occurs along a continuum of violent behaviour which includes: any uninvited sexual behaviour which makes an individual feel uncomfortable, harassed or afraid; any unwanted touching or remarks; sexual harassment; coerced sexual activity; and rape with physical violence and threat to life” (LC CASA 2005).

International data which indicates the seriousness of this problem is consistent with Australian data. Victimization surveys provide the most reliable source for understanding the incidence of assaults and violence. The three main victimization surveys are the National Crime and Safety Surveys, the Women’s Safety Survey and the International Violence Against Women Survey-figures for Australia (ABS 2004a). The International Violence Against Women Survey conducted in Australia between December 2002 and June 2003 indicated that: Over half of the women surveyed (57%) had experienced at least one incident of physical or sexual violence over their lifetime and that more than a third of women (34%) had experienced this violence from a former or current partner, although violence from a former partner was more common, and more likely to result in women being injured and feeling that their lives were in danger.

The recently commissioned report *The Cost of Domestic Violence to the Australian Economy* (Access Economics, 2004) estimated that “in 2002-2003 the total number of Australian victims of domestic violence may have been in the order of 408,100, of which 87% were women....263,800 children were living with victims of domestic violence and 181,200 children witnessed domestic violence.” In terms of cost, the total annual cost of domestic violence in 2002-2003 was estimated at \$8.1 billion.

In the Loddon Campaspe region, we can use service statistics as a proxy for the prevalence of family violence and sexual assault. Service figures are not a true indication of the prevalence as we know that only about 14-17% of women report (ABS 2004). We also have anecdotal evidence that people do not access services in rural areas because of transport barriers, outreach services not being as regularly available as services in regional centres and fears around confidentiality (Neame and Heenan, 2004). Taking all this into account, the service statistics from LC CASA show during 2004/05 there were 967 registered clients, 507 of which were new registrations for that period. During the same period of time the family violence service covering the same region as LC CASA, EASE, provided case management to 521 women with 757 accompanying children. Of these women, 65% were escaping domestic violence and of these 8% were single young women with children or pregnant. A further 3% of women had drug and alcohol issues and 5% were homeless young women who were pregnant or parenting. The after hours service provided crisis intervention and support to 72 women and 83 accompanying children. Fifty women were provided with 70 nights of crisis accommodation in motels. Both

sexual assault and family violence are significant issues in the Loddon Campaspe Region with agencies finding it hard to keep up with the demand for services.

What is gendered violence prevention?

Researchers (Whitzman 2006, Smaoun 2000) have noted a divide between the violence prevention undertaken by women's service and the crime and prevention strategies developed by mainstream institutions such as local government. There has also been a failure of criminology to understand and analyse male violence against women (Smaoun 2000). Gendered violence prevention therefore is violence prevention that takes into account the different ways women experience interpersonal violence to men and also recognises that violence happens in private as well as public domains.

There are at least three frameworks that can be utilised to develop a response to the need for gendered violence prevention policies. These are a public health approach, social capital and social exclusion.

Both the WHO (2002) and VicHealth (2004) have stated that intimate partner violence requires a public health response. "Public Health is above all characterised by its emphasis on prevention. Rather than simply accepting or reacting to violence, its starting point is the strong conviction that violent behaviour and its consequences can be prevented" (WHO 2002). The benefit of a public health response is that it recognises the intersectorial response that is required and that a range of strategies need to be developed. Public health takes a social-ecological approach, acknowledging the multiple and complex influences on people's everyday lives and individual behaviour. It identifies relationships among income, poverty, social exclusion, work, gender, culture addiction and social support (DHS 2003). A public health approach moves from problem through to solution with an emphasis on collective action (WHO 2002) and enabling people to increase control over the determinants of the lives to improve their health (DHS 2003).

Both social capital and social exclusion are referred to within a public health approach as they are identified through the determinants of health (Wilkinson and Marmot 2003).

Social capital has currency in the Victorian context as it is part of the Victorian State Government's commitment and rhetoric around community strengthening (DPC 2005, DVC 2005). For instance DVC (2005) has developed a set of indicators of community strength which measure elements of social capital such as community attitudes, participations and the ability to get help when needed.

Building social capital is a way of preventing violence against women and certainly enabling those that experience violence to be more confident or able to come forward for assistance. Hayes (2006) observes that "many violence prevention practitioners are looking to local sites of intervention as a way to reconnect and rebuild social capital in order to address the violence within their own communities." The elements of social capital can act as protective factors for women and children. Framing responding to violence against women as a social capital response has the benefit of broader appeal and support as social capital is one of the five capitals required for a thriving economy (ABS 2004) and such an argument carries weight in circles beyond those whose primary focus is social justice.

The term social exclusion has been used in the reframing of disadvantage (Smyth 2006).

"Social exclusion happens when people or places suffer from a series of problems such as unemployment, discrimination, poor skills, low incomes, poor housing, high

crime, ill health and family breakdown. When such problems combine they can create a vicious cycle.” (Social Exclusion Unit 2004)

Individuals who are vulnerable to social exclusion are more likely to be: living in poverty, unemployed, homeless, migrants, ill, disabled or emotionally vulnerable. (COGB 2003). It has also been noted by feminist writers such as Smaoun (2000) that groups marginalised by society are particularly vulnerable to violence and its effects.

Two inferences can be made from the above statements: violence against women may be a contributor to social exclusion and social exclusion can also be a risk factor for women to become victims of violence.

Reasons for tackling gendered violence prevention at the local level

Responding at the local level must be premised with the reminder that it is essential to be part of wider structural reform with regard to violence prevention.

Disconnection with macro level developments runs the risk that attempts to construct social capital at the micro level will be undermined by macro economic policies that dismantle the social contract that may have sustained past political stability (Mkandawire 2004). While it may seem challenging at times for local agencies to remain informed of bigger picture developments, it is essential that they do so and develop mechanisms to ensure that local issues are able to influence wider developments. This challenge, in relation to sexual assault, was recently acknowledged by the Ombudsman Victoria (2006) who stated that “any standing inter-agency body that is established should also develop formalised communication structures with regional liaison groups to ensure that local issues which arise and which have wider implications are addressed centrally.”

There is opportunity to make a difference is at the local level in Bendigo where we have relationships and are able to interact with players on a regular basis. Particularly because violence prevention depends so much on challenging and changing current attitudes towards violence, strategies need to be able to reach people as directly as possible. One of the public health promotion interventions is community action, which by definition needs to take place at community level. It makes sense to utilise local governments for interventions at Local Government Area (LGA) level and in communities within the LGA. Not only does this make sense, it is supported by the Victorian State Government (DPC 2005, Local Government Victoria 2005), so we are able to link idea with opportunity.

Local government and the state government have acknowledged their role in community strengthening. State government support for the role of local government is evidenced in a range of policies and documents, including Fairer Victoria. Another example is the recent release of a strategy paper “Actions for Community Strengthening with Local Government.” This strategy is based on the premise that “strong and resilient communities deliver fairer and more prosperous outcomes for all Victorians” (Local Government Victoria 2005). Researchers and practitioners in the field of social policy have also noted the shift in Victorian local governments taking on a larger role in community building which can be defined as implementing strategies for the long term well being of communities that “combine economic, social and environmental wellbeing with stronger community support, citizen engagement and local democracy” (Salvaris 2004).

Local governments have a key role in either providing, planning for or facilitating services for all sectors of the community. Unlike any other institution in a LGA, their

planning and service provision cuts across the social, economic, environmental and cultural domains of civic life. Therefore they are well placed to ensure coordination of violence prevention, in partnership with community members and community services.

What's already happening locally?

Hayes (2006) has identified the features of a number of policy tools in Victoria that are relevant to integrated gendered violence prevention at local government level. She also outlines what she perceives as six initiatives that provide opportunities for the *Gender, Local Governance and Violence Prevention: Making the Links* project to be progressed at a local level. These six initiatives are:

- Local Community Safety Polices and Community Safety Plans
- Environments for Health
- DVC Indicators and Community Indicators Project
- A Fairer Victoria including Family Violence reforms
- Melbourne 2030
- Neighbourhood Renewal
- Women's Safety Agenda –Elimination of Violence

Three further statewide strategies or initiatives that are also relevant are:

- Primary Care Partnerships
- Mental Health Planning
- Statewide Committees (Statewide Steering Committee to Reduce Sexual assault; Statewide Steering Committee to Reduce Family Violence and Victorian Community Council On Crime and Violence)

An initiative which is not government driven but will provide opportunities for violence prevention at the local level is the Australian Football League's Respect and Responsibility program which will include: education of AFL players and other club officials with avenues for dissemination of the program to the community clubs; dissemination of model polices and procedures at the community club level and development of a public education campaign (AFL 2006).

The following section provides brief summaries of local developments for each of the above policies or initiatives.

Local Community Safety Polices and Community Safety Plans

The Bendigo Safe City Forum operates as the local safety committee under the Victorian Police Local Priority Policing Initiative. It was established in 1995 to address liquor licensing issues around late night establishments. The Forum has gradually expanded its scope and now includes representatives from: the City of Greater Bendigo; DHS; Victoria Police; Liquor Licensing Commission; education; Bendigo Community Health Service; St Luke's; YWCA; Family Violence Prevention Network; Bendigo Taxi Association; SES; Hargraves Mall Traders' Association and the Australian Hoteliers Association. The objectives of the Forum are: to develop a whole of community approach to community safety; to develop formal networks and provide the opportunity for informal networks to learn from the experiences of other organisations; to strengthen opportunities to work in partnership and build collaborative outcomes; to improve the perception of safety and actual incidence of crime within the community; to provide advice and referral to agencies seeking guidance on community safety matters; to advocate on behalf of the community to agencies and all levels of government to ensure community safety is on the agenda; to operate as the local safety committee under the Victorian Police Local Priority Policing Initiative.

The Forum has auspiced a ranged of projects over the past few years including spiked drinks education campaign, surveillance cameras, Tabaret supervised taxi rank and licensed premises policy. In March this year the manager of LC CASA (Wallace 2006) presented the issue of sexual assault to the Forum, identifying sexual assault as a significant crime and safety issue with most incidences occurring in the home by known perpetrators. The Forum agreed to follow up the opportunity of auspicing a prevention and education campaign through local football clubs as part of the AFL Respect and Responsibility Program. The Forum has since agreed to be the auspice of the *Gender, Local Governance and Violence Prevention: Making the Links* project.

Environments for Health

The City of Greater Bendigo has embraced the Environments for Health and was in fact in participant in the Best Practice project which was designed to assist local governments implement Environments for Health. The *Bendigo Health and Wellbeing Framework* that was developed through this process is based on responding to the determinants of health. Among others, this includes: social support and social exclusion. The framework notes that, "Targeted interventions need to be directed towards victims of family violence and sexual assault, people with low socio-economic status and homeless people where greater inequalities exist in terms of income and social exclusion" (COGB 2003). The Framework is due for review which will provide opportunity to formally include the *Gender, Local Governance and Violence Prevention: Making the Links* project.

DVC Indicators and Community Indicators Project

There are no projects or programs underway at the moment that explicitly use the DVC indicators as a means of monitoring progress. Bendigo Community Health Service and the City of Greater Bendigo have had discussions about developing a set of local wellbeing indicators. The Best Practice Project mentioned above had intended to work in partnership with the Department for Sustainable Communities at Latrobe University Bendigo to develop a set of indicators to monitor progress of the health and Wellbeing Framework. There is definitely scope for further progress at a local level to use or refine the DVC indicators.

A Fairer Victoria including Family Violence Reforms

Fairer Victoria (DPC 2005) indicates that 35 million dollars will be made available over four years to "reform and strengthen family violence programs". Twenty eight million of this has recently been allocated through the Department of Human Services through a two staged competitive tender process to provide Integrated Family Violence Services (IFVS) and Men's Behaviour Change programs. In the Loddon Campaspe region, the successful consortium for all of these services consists of EASE (lead agency) Annie North Women's Refuge and Domestic Violence Service, Women's Health Loddon Mallee, Cobaw Community Health and LC CASA. No local services were de-funded through this process (which has happened in other regions) and the net increase in funds to the catchment per year is approximately \$200,000. The Loddon Campaspe region is unique in Victoria in that there is a strong formalised network of women's services which includes domestic violence, centre against sexual assault and women's health. As a result of this, the local services tendered together rather than competitively and LC CASA is one of only two CASAs in the state that received funding through this process.

The implementation of the IFVS will include a governance structure of a sub-regional committee with representation from consortium members, police, courts, correctional services, Loddon Campaspe Community Legal Centre, child protection services, victims of crime program and other child and family services. This will be supported

by the sub-regional coordinator position. This provides an opportunity to build on earlier work undertaken through the Family Violence Prevention Network. Family violence prevention work to date in this region has focussed on interactions with women's services, police community health and to some extent schools. DHS services are typically siloed and hopefully implementing the IFVS will move the focus from Housing and Community Care (now Office for Children) to include Primary and Community Health and also other government departments such as DVC.

The other strategy in the Fairer Victoria Policy that will provide local opportunities is the final strategy to "Develop better ways of working together at a regional and local level." The regional departmental forums that have been established provide an opportunity for violence against women to be raised as an issue to be tackled in a more joined up manner.

Melbourne 2030

Hayes (2006) identifies several planning aspects of Melbourne 2030 that focus on planning for safe spaces as well as ensuring new residential developments with infrastructure to reduce isolation and promote inclusion. With the development of Melbourne 2030 in mind and the need to respond to a wide range of local demands and changes, The City of Greater Bendigo has worked with community to develop a long term and sustainable vision for Greater Bendigo. This has occurred through an initiative named Bendigo +25. The Greater Bendigo Plan was launched in 2005 as a result of a wide consultation process and a three day future search conference. The plan outlines a series of key achievements for 2030, actions required and stakeholders to include for the priority areas of: governance; natural environment; transport; water; industry and innovation; welcoming place; healthy living; arts and culture and education. Funding from DVC has enable employment of coordinator for the Bendigo +25 Community Plan. A process to recruit and support action groups for each priority area is about to commence.

Neighbourhood Renewal

There are two neighbourhood renewal sites in Bendigo: Long Gully and Eaglehawk. Community action plans for both sites include strategies to improve personal safety and reduce crime. There is opportunity here for further work to consult with communities to determine if specific needs regarding violence against women exist and if communities are willing to respond to these.

Primary Care Partnerships

Primary Care Partnerships (PCPs) are an initiative of the Primary and Community Health Branch of DHS. PCP catchment areas are two or three local government areas. PCPs focus on improving the primary care system through service coordination and improving population health through integrated health promotion. PCPs are also intended to provide a platform for DHS initiatives requiring a partnership approach. Violence against women has not previously been a focus of intervention for the Bendigo Loddon PCP, in part because the main agencies dealing with this have not been active PCP members. The IFVS consortium members have realised the potential for working within the PCP framework and have recently put a submission to the PCP highlighting the incidence and impact of violence against women and demonstrating how the PCP could respond to this issue. "The PCP provides an excellent local platform for the IFVS as the regional service coordination protocols will be able to inform IFVS interagency work. There is also opportunity for violence against women to be an integrated health promotion priority which will enable integrated, catchment wide responses across the three PCP's in the Loddon Campaspe Region" (Wallace 2006).

Mental Health Planning

When the Primary Mental Health and Early Intervention Teams were established by the Mental Health Branch of DHS in 2002 they were required to develop a Community Mental Health Plan. This is no longer a requirement for the teams however key services in the Loddon Campaspe region who were involved in this planning process have formed a Community Mental Health Governance Group and are planning to launch the second Loddon Campaspe Community Mental Health Plan in July 2006. The section on mental health promotion will use the VicHealth Mental Health Promotion Framework (VicHealth 2005) which includes freedom from discrimination and violence as one of the three determinants of mental health.

Statewide Committees

Women's services in Bendigo are part of statewide networks and peak bodies that have members on both the Statewide Steering Committee to Reduce Family Violence and Statewide Steering Committee to Reduce Sexual Assault.

Barriers to local work

The main barriers facing agencies are insufficient worker time, insufficient agency resources, insufficient community understanding of the issue of violence against women and the potential overlap of networks or disconnection between networks that should at least be aware of each other's activities. The women's services that play a central role in violence prevention are regional services covering either six local government areas (EASE and LC CASA), ten local government areas (Women's Health Loddon Mallee) or the state of Victoria (Annie North Refuge). This means that resources are stretched beyond capacity and agencies cannot have a strong service or political presence in every LGA.

Women's services realise that responding to violence against women is not the domain of any one agency or even one sector. For example the LC CASA philosophy includes that statement that "Sexual Assault is not only a private, individual problem, it belongs to the community. Therefore, while acts of violence are always the responsibility of the perpetrator, it is the responsibility of the whole community to work towards the prevention" (LC CASA 2005). Any issue that requires a shared power and partnership response will face a number of barriers as the time and resource constraints for individual agencies are compounded once they are expected to find additional time to come together for a long term commitment. In addition there is the other barrier of finding common understanding of violence against women as well as challenging current understandings and limitations of crime and safety strategies. The initiative of the Safe City Forum, mentioned earlier in this paper, show that current thinking focuses on public occurrence of crime. Where this has had a gender focus, it has been on drink spiking which again is a crime which occurs in the public domain. This has not been due to opposition to thinking differently about violence prevention and including a gendered response, the recent response to a presentation by LC CASA to the Forum indicated there is desire to respond. What has been lacking is the leadership, and the framework for operating.

One theory for why women's service have been unable to influence the political agenda to the extent they would like to has been put forward by McDonald (2005) He has observed that the current neo-liberal and managerial ideology has "depoliticised and clinicalised domestic violence. This has effectively silenced structural analyses of domestic violence and displaced feminist service models. The divide between therapy and community development has also been noted in the provision of sexual assault services (Fraser 2005). This pressure has been felt by local agencies. For example, LC CASA is funded to allocate 80% of staff time on

counselling and 20% on community education. The reality is that the majority of funds are spent resourcing the counselling and external funds are required for education and prevention activities.

Being confined to our own part of the service delivery world because of struggling to meet immediate demand means that people are only capable of participating in a few networks and tend to operate in circles with very similar profiles to their own. This means that the opportunities for linking networks together or at least being aware of different issues and interventions are often lost. Networks which don't link up as well as they could include: Family Violence Prevention Network, Bendigo Loddon PCP, the CEO NGO Forum and Safe City Forum. To date we haven't even started to explore the possibility of tapping into Central Victorian Business Network which has a large membership, understands that social capital is good for business and has influence and funds we could potentially utilise.

Working together: building the support for an integrated response.

Knowledge of the impacts of violence, its prevalence and best practice integrated responses will not get us anywhere unless we can sell the message and get the right mix of stakeholders involved for the long haul. The knowledge of the people who understand the issue needs to be matched up with policy analysis skills so that problems are presented as solvable. In other words, "policy analysis requires linking technical rationality with political rationality in order to mobilise support for substance" (Wildavsky 1979 cited in Bryson 2004).

For guidance in how to put these two skill sets together, we can turn to literature from public administration (Hughes 2003), public policy (Considine 2005) and collaboration/partnerships (Lewis 2005, Huxham and Vangen 2005). The principles of good partnerships¹ are useful to keep in mind as these form some of what Wildavsky refers to as political rationality. However achieving an integrated and gender responsive approach to violence prevention in Bendigo is going to require more than knowing about principles of good partnerships. Bryson (2004) has documented a range of stakeholder analysis techniques as he has observed that, "strategic management processes that employ a reasonable number of competently done stakeholder analyses are more likely to be successful – that is meet mandates, fulfil missions and create public value – than those that do not."

Bryson (2004) has observed that stakeholder analysis is important in a shared power world where no single organisation has the solution. He also states that a broad definition of stakeholders is required if people are genuinely concerned about democracy, social justice and giving weight to the voices of the nominally powerless. In the case of developing an integrated gender responsive violence prevention policy in Bendigo, stakeholder analyses will be a crucial tool in identifying the stakeholders, their current interests and capacities. Bryson presents fifteen stakeholder analysis techniques which are grouped around four categories:

1. organising participation
2. creating ideas for strategic interventions
3. building a winning coalition around proposal development, review and adoption
4. implementing, monitoring and evaluating strategic interventions

Stakeholder analyses can also help identify possible opposition and strategies to respond to it. Some of the stakeholder analyses techniques Bryson describes result

¹ These include trust, common vision, shared goals, allocated resources (Huxham and Vangen 2005)

in the planning group being able to identify what may be called “supra interests” which are the themes that will most likely attract support from a significant number of stakeholders. We will need to understand how each stakeholder’s interests connect to the supra interest so we can create and market a successful violence prevention policy. It is here that the notions of social exclusion, social capital and public health may be applied.

Stakeholder analysis provides the techniques for developing the required political rationality, the Leadership for the Common Good Framework (Crosby and Bryson 2005) provides a context for this. This framework (LCGF) operates across the four domains of:

1. Acting in accordance with shared power dynamics
2. Wise use and design of forums, arenas and courts
3. Effectively navigating the policy change cycle
4. Exercising leadership capabilities

An understanding and application of this framework will ensure that attention is paid to leadership and management across the whole process of mobilising support, developing ideas and putting policy into action. An illustration of the LGCF in the Bendigo violence prevention project is provided in attachment one. This attachment currently refers to working together to respond and to prevent sexual assault as the common good. This is easily transferable to a common good which is preventing violence against women in Bendigo.

Where will we be in two years time?

Some signs of success will be the inclusion of violence against women in key local plans and frameworks such as the Community Mental Health Plan, PCP Community Health Plan, and COGB plans. The Safe City Forum will continue to act as focal point for interventions and we will have been able to include strategies to prevent violence through the Bendigo +25 actions groups. There will be connections between the IFVS and other significant networks.

While this project focuses on Bendigo, many agencies involved, in particular LC CASA and EASE, provide services five other LGAs. It would be hoped that there is some move towards taking similar approaches to violence prevention in other LGAs in Loddon Campaspe.

Conclusion

Being passionate and informed is not enough. It is essential that we frame the issue of gendered violence prevention in ways people will respond to. Social exclusion has some utility here as well as social capital and public health. We need political and management skills to bring together a winning coalition and keep the range of networks and stakeholders connected and motivated. Application of stakeholder analyses in the context of LCGF provide us with the guidelines and skills to enable gendered violence prevention strategies, ensuring a safe city for all.

References

- ABS (Australian Bureau of Statistics) (2004a) *Sexual Assault in Australia: A Statistical Overview*. Commonwealth of Australia.
- ABS (2004b) Information Paper: *Measuring Social Capital. An Australian Framework and Indicators*. Australian Government. Canberra.
- Access Economics Pty Ltd (2004) *The Cost of Domestic Violence to the Australian Economy* Report prepared for the Australian Government's Office of the Status of Women, funded by the Australian Government under Partnerships Against Domestic Violence.
- AFL (Australian Football League) (2006). "Respect and Responsibility: Creating a safe and inclusive environment for women at all levels of Australian football" <http://afl.com.au/default.asp?pg=aflinfosheets&spg=display&articleid=240696>
- Bryson, J. (2004) "What to do When Stakeholders Matter: Stakeholder Identification and Analysis Techniques" *Public Management Review, Vol 6 Issue 1 2004 21-53*.
- COGB (City of Greater Bendigo) 2005 *Greater Bendigo Community Plan Bendigo +25*, City of Greater Bendigo.
- COGB (City of Greater Bendigo) (2005) *Bendigo Safe City Forum: Snapshot* Recreation Unit, City of Greater Bendigo. Bendigo.
- COGB (2003) *Bendigo Health and Wellbeing Framework*, City of Greater Bendigo.
- Considine, M. (2005) *Making Public Policy* Polity Press, Cambridge, UK.
- Crosby, B. and Bryson, J. (2005) "A Leadership Framework for Cross Sector Collaboration" *Public Management Review Vol 7 Issue 2 2005 177-201*.
- DHS (Department of Human Services) Primary Care Partnership <http://www.health.vic.gov.au/pcps/strategy/index.htm>
- DHS (2003) *Planning for Healthy Communities* www.health.vic.gov.au/healthpromotion/quality/cd.htm
- DOJ (Department of Justice) 2006 *Letter from Dr Phillip O'Meara, Acting Manager, Secretariat, Victorian Community Council on Crime and Violence*. Letter sent to Victorian organisations 5.05.06.
- DPC (Department of Premier and Cabinet) 2005 *A Fairer Victoria: Creating opportunity and addressing disadvantage* Victorian Government, Melbourne.
- DVC, (Department for Victorian Communities) (2005). *Indicators of community strength at the Local government Area level in Victoria* Strategic Policy and Research Division. Melbourne.
- Fraser, M. (2005) "Working with women who have experienced child sexual assault" *Women Against Violence: Issue 17 2004-2005. 25-32*.
- Hayes, T. (2006) *Gender, Local Governance and Violence Prevention: Learning from international Good Practice to Develop a Victorian Model* Making the Links: Gender

Violence Prevention & Local Governance Project, Faculty of Architecture, Building and Planning, University of Melbourne.

Hughes, O. (2003) *Public Management and Administration (3rd edition)* Palgrave Macmillan. Basingstoke, UK.

Huxham, C. and Vangen, S. (2005) *Managing to Collaborate: The Theory and Practice of Collaborative Advantage* Routledge, Oxon.

LC CASA (Loddon Campaspe Centre Against Sexual Assault) 2005. *Loddon Campaspe Centre Against Sexual Assault: Strategic Plan 2005-2008, Operational Plan 2005-2006*. Bendigo.

Local Government Victoria (2005) *Actions for Community Strengthening with Local Government*, Department for Victorian Communities, Melbourne.

Lewis, J (2005) "A Network approach for researching partnerships in health" *Australia and New Zealand Health Policy 2005 2:22*.

McDonald, J. (2005) "Neo-liberalism and the pathologising of public issues: The displacement of feminist service models in domestic violence support services" *Australian Social Work September 2005, Vol. 58, No.3 275-284*.

Mkandawire, T. (2004) "Social Policy in a development Context: Introduction" in Mkandawire, T. (ed) *Social Policy in a Development Context*. United Nations Research Institute for Social Development.

Neame, A. & Heenan, M. (2004) "Responding to sexual assault in rural communities" *Australian Centre for the Study of Sexual Assault Briefing No.3 June 2003*, Australian Institute of Family Studies

Ombudsman Victoria (2006) *Improving responses to allegations involving sexual assault* Victorian Government, Melbourne.

Productivity Commission (2003), *Social Capital: reviewing the Concept and its Policy Implications*, Research Paper, AusInfo, Canberra.

Salvaris, M. (2004) "Is Community Building in Victoria Sustainable?" *New Community Quarterly Volume 2, Number 1 56-57*.

Smaoun, S. (2000) *Violence Against Women in Urban Areas: An Analysis of the Problem from a Gender Perspective* UMP Working Paper Series 17, Urban Management Program, Nairobi, Kenya.

Smyth, P. (2006) "Changes and Challenges" in McClennand, A and Smyth, P. (eds) *Social Policy in Australia, Understanding for Action* Oxford University Press. Melbourne.

Social Exclusion Unit (2004) <http://www.socialexclusion.gov.uk/page.asp?id=213>

Statewide Steering Committee to Reduce Family Violence (2005) *Reforming the Family Violence System In Victoria* Department for Victorian Communities, Melbourne.

VicHealth (Victorian Health Promotion Foundation) (2004) *The Health Costs of Violence: Measuring the burden of disease caused by intimate partner violence*. Victorian Health Promotion Foundation, Carlton.

VicHealth (2005) *Promoting Mental Health and Wellbeing* Victorian Health Promotion Foundation, Carlton.

Wallace, C. (2006) *Presentation to Safe City Forum* March 2006. Loddon Campaspe Centre Against Sexual Assault. Bendigo.

Wallace, C. (2006) *Opportunities to respond to sexual assault and family violence within the PCP strategy*. Submission to Bendigo Loddon Primary Care Partnership, Loddon Campaspe Centre Against Sexual Assault. Bendigo.

Whitzman, C. (2006) *Gender, Local Governance and Violence Prevention: Making the Links*. Project Outline, Faculty of Architecture, Building and Planning, University of Melbourne.

Whitzman, C. (2006) *Stuck at the Front Door: Gender, Fear of Crime and the Challenge of Creating Safer Space* Final version for Environments and Planning A. The Faculty of Architecture, Building and Planning, The University of Melbourne.

Wilkinson, R. & Marmot, M. (2003) *Social Determinants of Health, The Solid Facts* (2nd edition) World Health Organisation, Europe.

WHO (World Health Organisation) (2002) *World Report on Violence and Health*, Geneva.