

Gender, Local Governance and Violence Prevention: Innovative Local Governance Work in Victoria, Australia

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Preface and Acknowledgements

The Gender, Local Governance and Violence Prevention (GLOVE) project is a three year linkage project (2006-2009) being carried out by the Faculty of Architecture, Building and Planning at the University of Melbourne. It is funded by the Australian Research Council and the Victorian Health Promotion Foundation (VicHealth). The Chief Investigator is Carolyn Whitzman, Senior Lecturer in Urban Planning. The Australian Postgraduate Award (Industry) PhD student attached to the project is Tracy Castelino. The project has two aims:

- ◆ Understanding the current divide in research and public policy between gender neutral community safety/ crime prevention policies and violence against women policies.
- ◆ Helping to develop Australian government policy that can take an integrated approach to violence prevention in both public and private spheres, using a gender mainstreaming process and a community-government partnership model.

The project is guided by an advisory committee with representation from Victorian statewide agencies and state government departments. These include VicHealth, the Department of Human Services, the Office of Women's Policy (Department of Planning and Community Development) and the Victorian Local Governance Association.

The researchers are working with four local government and community partnerships in Victoria that have nominated as case studies. Lessons from these case studies will inform training materials and workshops for local government staff, community agencies and health professionals in the final year of the project. More about the project and can be found at <http://www.abp.unimelb.edu.au/research/funded/glove/index.html>.

The first year of the project saw the publication of a background paper, 'Gender, local governance and violence prevention: Learning from international good practice to develop a Victorian model'. The background paper considers some features of good practice in integrated violence prevention and local governance approaches and documents selected international examples. The background paper can be accessed at <http://www.abp.unimelb.edu.au/research/funded/glove/pdf/phbackgroundpaper.pdf>.

This report has been commissioned to explore violence prevention and local governance in Victoria as a follow up to the background paper. Nine local government and community partnerships currently involved in violence prevention work using gender-based perspectives have been identified for inclusion in this report. The partnerships are drawn from the GLOVE case studies and other examples that received funding from VicHealth for 2007-2008 to undertake violence prevention projects. The partnerships are located in the following Victorian municipalities: City of Darebin, City of Moreland, City of Yarra, City of Maribyrnong, Shire of Nillumbik, Shire of Melton, City of Wyndham, City of Greater Bendigo, and Shire of Loddon.

The report begins with a discussion of selected concepts central to understanding integrated violence prevention and local governance approaches. Section 2 provides an overview of the context for the Victorian

partnerships – in particular, the statewide frameworks, policies and initiatives that are relevant to violence prevention. A description of the nine local government and community partnerships follows in Section 3.

A number of people involved in the partnerships (past and present) were contacted during the course of preparing this report. The author wishes to thank the following people who participated as interviewees and so generously provided their time and reflections as well as planning, policy and other documents for review:

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Abbreviations and Acronyms

BFVPWG	Bendigo Family Violence Prevention Working Group
CASA	Centre Against Sexual Assault
CSF	Community Support Fund (Victoria)
DFVWG	Darebin Family Violence Working Group
DHS	Department of Human Services (Victoria)
DIC	Darebin Interfaith Council
GLOVE	Gender, Local Governance and Violence Prevention
MCHS	Moreland Community Health Service
MDVN	Moreland Domestic Violence Network
MFVPN	Melton Family Violence Practitioners Network
MPFVWG	Maribyrnong Preventing Family Violence Working Group
NHMRC	National Health and Medical Research Council
PCP	Primary Care Partnership
UN	United Nations
VicHealth	Victorian Health Promotion Foundation
WFVC	Wyndham Family Violence Committee
WHO	World Health Organisation

Section 1: Conceptual Details

Making Private Harms Matter: Violence, Prevention and Gender as an Analytical Category

A fundamental shift is taking place in our approach and response to the issue of violence. This shift involves at least three levels of transformation. First is a reconceptualisation of the causes of violence. Where once explained by the intractability of 'human nature' and pathologised in certain 'deviant' types, there is now a more sophisticated ecological understanding of the complexities of violence and the interconnectedness of individual and relational factors with structural (i.e. socio-economic, cultural and political) contexts. As noted by the World Health Organisation (WHO):

There is no single factor to explain why one person and not another behaves in a violent manner, nor why one community will be torn apart by violence while a neighbouring community lives in peace. Violence is an extremely complex phenomenon that has its roots in the interaction of many factors – biological, social, cultural, economic and political (WHO 2002: 9).

The second level of transformation sits alongside this post-humanist revisioning of violence and involves how it is dealt with. For if violence is no longer viewed as inevitable then it can be prevented. Efforts to prevent violence before it occurs, and to minimise further harmful consequences of violence that has already occurred, continue to gain currency as legitimate responses to the issue. Indeed, there is inherent value that is seen in prevention work. Not only can prevention bring lasting benefits to individuals and communities; there are also significant cost savings attached to preventative measures compared to dealing with problems much later on (WHO 2002: 35). Prevention efforts are therefore beginning to augment criminal justice responses (police, courts and prisons) that have traditionally been relied upon (and over-burdened) to solve the problem of violence.

Included in such efforts are interventions that sit within a public health model. Violence can be considered a major public health issue because it impacts significantly on the health and wellbeing of individuals and exacts huge costs on services required to take care of them. Inspired by successes in other areas (e.g. cardiovascular diseases, traffic accidents, HIV/AIDS) the public health model, when applied to violence, identifies and addresses 'upstream' determinants or root causes of problems – particularly those that are connected to the socio-economic, cultural and political structures within which people live. The model also involves developing partnerships with a wide range of actors, organisations and disciplines to undertake planning and implementation of prevention work across different settings and sectors. The critical role that a public health approach can play in dealing with violence was recognised at the WHO World Health Assembly in Geneva in 1996, which declared that violence is a leading worldwide problem that demands a public health response. The declaration was then followed by the publication of the *World Report on Violence and Health* in which WHO explicitly urged those responsible for public health planning and policy making to progress action on violence prevention – especially primary prevention before violence occurs (WHO 2002: 1-3; see also WHO 2004).

The third level of transformation can be referred to as the 'gendering' of violence, a process that has gained considerable momentum through feminist critiques of the public and private distinction. This process takes seriously the ways in which violent acts have differential impacts on victims and perpetrators as gendered subjects; and it does this by illuminating an area of inquiry hitherto dismissed by those working on addressing violence. For whilst violence may be a universal phenomenon that appears to leave no country or community untouched, it does not affect everyone in the same way. One of the key differences in the lived realities of violence lies in women's and men's experiences of it. Both women and men are affected by many forms of violence, whether that violence is self-directed, interpersonal or collective.¹ For many women, however, the lived realities of violence most often occur in the privacy of their homes and at the hands of men they know.

The trouble is that the specifically privatised nature of violence against women has largely been rendered invisible by mainstream ('malestream') views that only see and account for public forms of violence. The assumption is that the private sphere – being 'outside' the formal structures of civil society – is not important and thereby beyond the reach of the benefits that civil society brings (e.g. justice, freedom and rights) (Kwok 2003). And so public forms of violence have come to matter whilst private forms have not. As noted by Smaoun, the recognition of women's experiences of violence 'has remained limited, even negligible, due to the hegemonic belief that "real" violence is that which takes place in the street, in public, by strangers' (Smaoun 2000: 2).

Far from being a 'haven in a heartless world', home can be the site of serious harms. And these private harms do matter – all the more so because they are radically under-reported to police and services making prevalence rates (and the impact on women) notoriously difficult to determine. Thus, despite the obstacles standing in the way of recognising women's experiences, the fact remains that violence cannot be properly understood or addressed in an integrated way as long as decision makers continue to ignore privatised instantiations of it.

So it was that in 1992 the United Nations (UN) Committee for the Elimination of Discrimination Against Women prepared and submitted a draft declaration on the elimination of violence against women that was subsequently approved by the UN General Assembly in 1993. The declaration highlighted the public *and* private forms of violence experienced by women, defining violence against women as:

any act of gender-based violence that results in, or is likely to result in, physical, sexual or mental harm or suffering to women, including threats of such acts, coercion or arbitrary deprivation of liberty, whether occurring in public or private life (UN 1993).

The declaration identified a range of examples of violence against women including battering, sexual abuse, dowry-related violence, rape, female genital mutilation, non-spousal violence and violence related to exploitation,

¹ Here following the typology of violence used by the *World Report on Violence and Health* and other reports. This typology organises violence into three broad categories depending on who has committed the act of violence: self-directed, interpersonal and collective. Self-directed violence includes suicide and self-harm. Interpersonal violence includes violence between individuals who may or may not be known to each other. Collective violence is the instrumental use of violence by members of one group against members of another in order to achieve a set of objectives (WHO 2002: 4-5).

sexual harassment and intimidation at work, educational institutions and elsewhere, trafficking in women, forced prostitution, and violence perpetrated or condoned by the state. The declaration acknowledged that violence against women is a violation of their entitlements to their fundamental human rights and freedoms to act in the political, economic, social, cultural and civil fabric of life (UN 1993).

Recognition of the privatised nature of violence against women has since been picked up in many other international contexts. For example, the WHO *World Report on Violence and Health*, in its discussion on the typology of violence, recognises that interpersonal violence is divided into two subcategories: family and intimate partner violence, which usually (though not exclusively) takes place in the home, and community or public violence (WHO 2002: 5; see also WHO 2004 and WHO 2005).

Local Governance and Integrated Violence Prevention

Violence in its structural contexts, violence as highly preventable, and the application of gender as an analytical category to illuminate (privatised) sites of harm – these, then, reflect a major shift in thinking with respect to the issue of violence. But just who is best placed to undertake integrated violence prevention efforts?

It is those working at the local level and most closely in touch with community issues and needs who can best translate into practice the fresh approach to violence outlined above (WHO 2004: 43). According to Whitzman, when it comes to integrated violence prevention the local governance scale is most appropriate at involving and coordinating relevant actors, ensuring equity across smaller areas and neighbourhoods that comprise the community, and promoting civic awareness and engagement to the issue (Whitzman 2008: 144).

Whitzman also notes that the terms 'community safety' or 'safer cities' are utilised by those involved in local governance in place of 'violence prevention' (Whitzman 2008: 5). The use of such terms underscores the fact that whilst the case for preventing violence is often disseminated internationally and nationally, the actual work of creating safer environments is typically undertaken at the community and/or municipal levels (Shaw 2004: 5). Thinking about safe communities also lends itself to thinking about safety at home in a way that (public) violence often doesn't with respect to private life. The terms 'community safety' and 'safer cities' can thus bring together notions of public and private into cohesive concepts for planners, decision makers and politicians alike.

Whitzman and Hayes argue that the local governance model necessarily implies actors working in partnership to manage the affairs of the community (Whitzman and Hayes 2006: 2-3). Local governance involves not only the formal institutions of government at the local (municipal or city) scale, but also local services (e.g. police, justice, public health and education), the private sector, and other relevant government funded and non-government agencies in civil society (e.g. welfare and volunteer organisations, ethno-specific organisations, specialist services, women's groups, faith leaders, sporting and social clubs) (See also Whitzman 2008: 113-14, 126; and Smaoun 2000: 39).

Local governments do not necessarily have to take the lead in prevention efforts; sometimes, their involvement is through the services they provide rather than in a coordinating, planning or leadership capacity (Whitzman, 2008: 124). But as discussed further below (Section 3: 'The Partnerships') there are several

excellent examples of local governments taking the lead in integrated violence prevention initiatives in the Australian state of Victoria, and local government is often considered in the literature as an excellent site for such work (Hayes 2006: 16). Indeed, the Victorian examples can contribute to existing knowledge about what counts as good practice in local governance and integrated violence prevention approaches. In a review of the international literature, Hayes identifies the following ‘ingredients’ of good practice (Hayes 2006: 17):

- ◆ Identification of violence using a gender analysis that recognises public and private forms.
- ◆ Community-based approaches that recognise women as experts in identifying issues, resources and solutions. The participation of women must be supported by local government and other relevant actors.
- ◆ Community-based partnerships with key agencies that have relevant expertise.
- ◆ Local government leadership in providing coordination and acting as a model for the local community (e.g. training employees in violence against women issues, inclusive policies and practices).
- ◆ Intersectoral involvement (e.g. police, justice, education, health, urban planners).
- ◆ Empowerment of women recognised as central to the elimination of violence against women.
- ◆ Recognition that the determinants of violence can be found in the structural contexts of people’s lives.
- ◆ Planned, coordinated, evaluated and sustainable projects.

We will soon see how the Victorian partnerships use several of these elements of good practice in their violence prevention efforts, and can add to this list by way of emerging ingredients.

Gender Mainstreaming Versus Intersectionality

In order for integrated violence prevention to occur at the local level, there must be a robust process of gender mainstreaming. The term ‘gender mainstreaming’ describes the practice of recognising that men and women are differentiated beings at every stage of decision making. With respect to violence, this means recognising from the beginning the existence of public and private experiences and developing tailored responses accordingly. In a way, gender mainstreaming is about bringing the arguments of feminism to bear on the planning and implementation of programs, in order that a differentiated approach becomes an integral part of the process ‘from the ground up’ and women’s issues are not merely tacked on to programs at a later date (the ‘add women and stir’ option). For as Whitzman argues, if the focus is violence prevention and the rights of citizens to safety in their communities, then it falls to those involved in local governance to ‘recognise and address violence in both public and private space, and acknowledge that there are significant gender differences in both experiences and perceptions of violence’ (Whitzman 2008: 145).

Despite the theoretical rationale for gender mainstreaming, barriers persist with respect to gender mainstreaming in practice. Local governments, for example, are responsible for developments within their cities’ infrastructures and urban settings; and an ‘environments for health’ approach (discussed further below) locates planners squarely in promoting the health and wellbeing of the communities they serve – including preventing

violence and enhancing safety. Yet, even though women's experiences of public spaces differ greatly from men's, with restrictions often imposed upon them due to the inappropriateness of design, they are rarely consulted in planning decisions (Smaoun 2000: 32). This signals a missed opportunity to use gender as an analytical category to think through planning issues. It also further excludes women in the participatory and democratic processes of local governance, further entrenching the view that women's perspectives have nothing to do with the issues of a municipality or city.

In addition, whilst good examples can be found of local governments taking on private violence as a part of community safety planning (with innovative initiatives as a result) the overall picture in local government as a sector is quite different. The situation in Victoria, for instance, is that the majority of local governments do not have an integrated approach to violence prevention (Whitzman and Hayes 2006: 6).

There also exist limitations to gender mainstreaming at a conceptual level. There are concerns in some quarters that gender mainstreaming is a practice that has fallen behind developments in feminist scholarship. Such scholarship has roundly critiqued the privileging of gender as an axis of difference often at expense of other critical axes of differences (e.g. race, ethnicity, culture, indigeneity, sexuality and ability). Influenced by the writings of women of colour, third world feminists, queer theorists and postmodern theorists, feminist scholarship has long progressed to debates on 'intersectionality'.² Thus, writers such as Hankivsky argue that one of the most overlooked impediments to gender mainstreaming at the present time is its disconnection to feminist theoretical understandings about intersectionality (Hankivsky 2005).

With respect to violence, intersectionality serves as a cautionary reminder that women's experiences are always shaped by the interplay of different structural contexts. This means more than adding 'difference' to existing understandings of gender-based violence – the 'add diversity and stir' option. Rather, it means rethinking 'from the ground up' the ways in which gender, ethnicity, race, culture and other forms of difference intersect to produce unique situations in which women become vulnerable to discrimination and abuse ... and violence. So it is that a woman pulls off the *hijab* worn by another woman as she does her supermarket shopping in a way that is meant to harm – symbolically, psychologically and physically. Or a man drives up to a car with two women wearing the *hijab*, rams into it, goes over to the women, drags one out of the car, and beats her to the ground before speeding off (Hage 1998: 27-8). These are instances of violence against women; and reports of such acts in Australia have become more common in recent times, especially since the 'war on terror'. But the violence that is perpetrated against these women has as much to do with their positioning as ethnic/racial 'other' in dominant (white) Australia as their 'gendering' as women in public spaces (Kwok 2003).

The question of how current gender mainstreaming practice would ensure such experiences of violence are acknowledged and responded to remains an interesting one that is beyond the scope of this report. Would these

² This is a vast area of literature and an extensive list of references will not be attempted here. The following includes some influential pieces amongst many in the history of consciousness of feminism as body of thought. For writings by women of colour see Anzaldúa and Moraga (1981) and duCille (1994). For writings by third world feminists, see Mohanty (1991). For the contribution from queer theory, see Rubin (1984) and Butler (1990). For the postmodern revisioning of feminism see Nicholson (1990). On intersectionality, see Crenshaw (1991) and Collins (1998).

experiences be discounted by a privileging of gender-based violence and its focus on the private sphere? Would these experiences be categorised as examples of racial violence rather than violence against women – as if suddenly in such moments these women stopped being women? As Walby puts it, '[t]he intersection of gender with other complex forms of inequality has challenging implications for a primary focus on gender within gender mainstreaming' (Walby 2005: 464).

Section 2: The Victorian Context

This section sets the scene for a discussion of nine local government and community partnerships in Victoria currently undertaking violence prevention initiatives from gender-based perspectives. Below is a description of significant statewide frameworks, policies and initiatives that are relevant to the work of preventing violence against women at the local governance scale. The discussion of the local government and community partnerships then follows in Section 3.

A New Framework and Plan to Prevent Violence Against Women

The Victorian Health Promotion Foundation (also known as VicHealth) works in partnership with organisations, communities and individuals to make health and wellbeing a central part of the lives of Victorians. Over the course of several years, VicHealth has undertaken a range of activities to progress the work of preventing violence against women.

In 2003, the organisation identified violence against women as a priority for action under its mental health and wellbeing program area, placing the issue squarely within a public health approach. In 2004, VicHealth published a ground-breaking study on the health costs of violence against women using burden of disease methodology. The study demonstrated that intimate partner violence was the largest known contributor to the total disease burden of Victorian women aged 15-44, far outstripping many other preventable risk factors such as obesity, high cholesterol, high blood pressure and illicit drug use (VicHealth 2004). Then in 2006, VicHealth published the findings from another major study that explored community attitudes to violence against women. The study showed that overall the community has a good understanding of the issue of violence against women and does not support men's use of violence (VicHealth 2006).

In 2006, as part of its commitment to developing sustained changes in policy and practice to prevent violence against women, VicHealth announced an important new funding stream. 'Respect, Responsibility and Equality: Preventing Violence Against Women' provided grants of up to \$30,000 to government and non-government organisations across Victoria to undertake violence prevention activities. A total of 29 projects received support from VicHealth through this program, including several of the nine local government and community partnerships that are the subject of this report. It was always intended that five of these 29 projects would be selected for funding over a further three years to consolidate their work and support the development of sustained changes in policy and practice to prevent violence against women. As it happens, two of the partnerships included in this report have gone on to become recipients of further three-year funding from VicHealth to scale up their work.

The focus on prevention in Victoria has most recently seen a partnership between VicHealth and the Victorian Government in the development of a plan to guide activity across the state. The first phase of this development resulted in the publication, in 2007, of a conceptual framework: *Preventing Violence Before it Occurs: A Framework and Background Paper to guide the Primary Prevention of Violence Against Women in Victoria* (VicHealth 2007). As indicated by its title, the framework is particularly concerned with building the

theoretical and evidence base for the prevention of violence against women before it occurs (i.e. primary prevention). The framework is also specifically focused on preventing violence against women by men known to them (e.g. acquaintances, intimate partners or relatives).

The framework draws on the ecological model for understanding violence proposed by WHO in its *World Report on Violence and Health* (WHO 2002). The ecological model recognises that there are multiple and intersecting factors that contribute to violence or the risk of violence. Factors sit at the individual/relational level as well as the broader structural (e.g. community and societal) level. The framework details these contributing factors and outlines three broad themes for action that can address these factors and, ultimately, the 'upstream' determinants of violence against women (i.e. rigidly defined gender roles and relations and the unequal distribution of power between men and women). The themes for action are:

- ◆ Promoting equal and respectful relationships between men and women.
- ◆ Promoting non-violent norms and reducing the effects of prior exposure to violence.
- ◆ Improving access to resources and systems of support.

The framework identifies seven intervention types to consider when planning prevention programs: research, monitoring and evaluation; direct participation; organisational and workforce development; community strengthening; communications and social marketing; advocacy; and legislative and policy reform. Specific population groups for prevention activities are identified, as is a wide range of settings and sectors to engage with in implementation. The framework also includes the immediate impacts that can be expected from activities and the longer term outcome: namely, to reduce the incidence of violence against women and create healthy gender relations.

Building on the framework, the Victorian Government, as part of the state budget for 2008-2009, has announced the second phase of the development of the statewide prevention plan. This phase will engage a range of actors from across government and the corporate, community and non-government sectors to provide input into the plan. The development of the plan will draw on the framework and background material contained in *Preventing Violence Before it Occurs*.

Frameworks for Promoting Health and Wellbeing

In 2007, the Victorian Government's Department of Human Services (DHS) in partnership with VicHealth set about developing a new health promotion and equity framework to help guide actions addressing the state's health promotion priorities (DHS 2007). These priorities were previously agreed upon through a comprehensive statewide consultation process during 2006, and included:

- ◆ Promoting physical activity and active communities.
- ◆ Promoting accessible and nutritious food.
- ◆ Promoting mental health and wellbeing. (Reducing violence against women sits within this priority.)

- ◆ Reducing tobacco-related harm.
- ◆ Reducing and minimising harm from alcohol and other drugs.
- ◆ Creating safe environments to prevent unintentional injury.
- ◆ Promoting sexual and reproductive health.

The framework sought to bring together a range of existing initiatives to enable more effective planning and delivery of health promotion actions at the population level. One such initiative was the *Environments for Health* framework which was developed in 2001 to guide health and wellbeing planning activities – including municipal public health planning – in local government (DHS 2001). *Environments for Health* outlines an approach to planning that considers the impact of factors on health and wellbeing across the built, social, economic and natural environments. The principle behind this is that improvements to health and wellbeing at the population level can be achieved by addressing ‘upstream’ factors that can be found in the four environments.

A second existing policy initiative was the move towards integrated health promotion that began in Victoria in the late 1990s and saw the introduction of the Primary Care Partnership (PCP) Strategy in 2000. The strategy was introduced to improve primary health care through a partnership approach involving voluntary alliances between community health services, local governments, divisions of general practice, women’s health services, and other agencies. PCPs provide specific opportunities for joint planning to support integrated health promotion across catchments. Resources such as the *Integrated Health Promotion Resource Kit* were developed to support the integrated health promotion practice of PCPs, community health services and women’s health services by providing a common planning framework (DHS 2003). The kit identifies different categories of health promotion interventions (e.g. social marketing and health information, health education and skill development, community action, and advocacy for policy and legislative change) and capacity building strategies (e.g. workforce development) and brings them together into a coherent planning tool.

At the time of writing this report, the new DHS health promotion and equity framework had not eventuated and its progress had taken a different track. It is likely that the state will see the release of multiple policy proposals in the near future that will address different areas of population health and wellbeing – particularly chronic disease prevention (in line with policy developments at the national level.) Frameworks such as *Environments for Health* and the *Integrated Health Promotion Resource Kit* will continue to be used to guide health promotion actions, including interventions seeking to reduce violence against women.

A New Approach to Responding to Family Violence

The public health model for violence prevention promoted by WHO and others (including VicHealth) distinguishes between three levels of prevention (WHO 2002; VicHealth 2005). As mentioned, primary prevention includes interventions before violence has occurred. Interventions are typically universal in their approach. Secondary prevention (or early intervention) includes interventions that address those who exhibit early signs of being affected by violence or who may be at high risk of experiencing violence (both victims and

perpetrators). Interventions are typically targeted to specific groups. Tertiary prevention includes interventions that focus on the care and support of those who have experienced violence. Interventions seek to lessen the trauma and/or minimise further harm caused by violence, and include supports and crisis accommodation for victims and criminal justice and rehabilitation/therapeutic interventions for perpetrators.

Whilst primary prevention activities are the focus of the frameworks described above, strengthening and integrating supports and services at the tertiary prevention end is widely recognised as a critical part of the total public health picture (Whitzman 2008: 229). It is especially important to have in place an integrated service system that can respond effectively to violence when implementing primary and secondary prevention initiatives. As Whitzman writes, primary prevention initiatives such as public awareness-raising campaigns 'should never be undertaken without adequate services in place to handle the response or victims will be put further at risk' (Whitzman 2008: 225). Indeed, it can be argued that an integrated service system that sees providers working in partnership and with shared understandings and practices is a fundamental requirement for changes sought through primary prevention. Establishing effective responses for those seeking support can do much to bring the issue of private violence out of the darkness, as it is well known that many women experiencing violence do not seek help. Some of the most successful longer term prevention initiatives have focused precisely on building an integrated service system for those affected by family violence (e.g. the model developed in the 1980s in Duluth, Minnesota, and applied elsewhere since).

Such is the case in Victoria, where the focus on strengthening the family violence service system has existed for some time. In 2005, the Victorian Government announced a new approach to responding to family violence with a commitment of \$35.1 million over four years to reform the existing service system. The new approach aims to have community services, police, courts and government working together in a more integrated way. This initial investment was further strengthened in 2007 with another \$14.5 million provided for legislative reform, improved family violence responses and strengthened legal services.

It is important to note that the announcement of the new approach was preceded by and/or is concurrent with a number of state government initiatives each contributing to momentum for reform. Chief amongst these are:

- ◆ *Growing Victoria Together* (2002): A ten-year vision that articulates matters most important to Victorians and the priorities that the Victorian Government has set to build a better society. Priorities include responding effectively to family violence.
- ◆ *Women's Safety Strategy* (2002-2007): Explicitly seeks to reduce the level and fear of violence perpetrated against women, including violence that occurs in the home, and calls upon government and non-government agencies to work together to address the diverse circumstances and needs of Victorian women experiencing violence.
- ◆ Statewide Steering Committee to Reduce Family Violence (2002): Established to assist in the implementation of the *Women's Safety Strategy*. The report, *Reforming the Family Violence System in Victoria*, was produced to provide advice to the Victorian Government on building an integrated response

to family violence (Statewide Steering Committee to Reduce Family Violence 2005). The Statewide Steering Committee to Prevent Sexual Assault was also established to assist in the implementation of the *Women's Safety Strategy* and provide advice on sexual assault reform in Victoria (see below).

- ◆ *Safer Streets and Homes: A Crime and Violence Prevention Strategy for Victoria 2002-2005* (2002). Focused on the importance of coordinated local action through community safety programs to address crime and violence (and fear of both) in public and private spaces.
- ◆ *Victorian Indigenous Family Violence Strategy* (2003): Conceptualises family violence in the historical context of white settlement and institutionalised white racism. It calls for partnerships between the Victorian Government and Indigenous communities to explore issues specific to Indigenous persons affected by family violence and develop responses appropriate to local needs. As part of strategy, the Victorian Indigenous Family Violence Task Force has undertaken in-depth community consultations at local, regional and statewide levels.
- ◆ *A Fairer Victoria* (2005-2008): A major social policy statement outlining the Victorian Government's actions to improve access to services, reduce barriers to opportunity, strengthen assistance for disadvantaged groups, and ensure that support is available to those in need (especially at critical times). The statement identifies family violence as a profound cause of social disadvantage having serious social and economic consequences for families and communities.

In keeping with its tertiary prevention focus, the new approach to responding to family violence will see reduced deaths, injuries and other impacts of family violence, a more effective service system that can support women (and children) experiencing family violence, strengthened police/courts responses to family violence, increased accountability of men who use violence against family members (through access to behaviour change programs), a greater emphasis on the rights and needs of children exposed to family violence, greater support for workers who deal with victims, and increased awareness of family violence in the community.

Elements that comprise the new approach are summarised as follows:

- ◆ *New Service Models*: In 2006, some 20 partnerships involving around 70 organisations were funded by the Victorian Government to develop and deliver integrated services at a regional level. The essential components of integration include common goals, easy access to services regardless of who makes contact and where, agreed ways of working and common protocols, and a continuum of care and joint service delivery approach. Integrated family violence committees have been formed with representation from senior and experienced people to lead the integration process. Annual action plans have been developed outlining priorities at the regional and sub-regional levels (e.g. improved referral pathways, continuous improvement, access for 'hard to reach' groups, and workforce development). DHS is providing leadership and coordination mechanisms at the statewide level to support the reforms required.
- ◆ *Family Violence Risk Assessment and Risk Management Framework*. To ensure a common assessment tool is used by service providers to gauge the danger to women (and children) regardless of which service

is contacted, and to ensure they receive the supports and services they need. The framework is for application across all Victorian Government funded family violence services (including police and courts) and related services. The framework provides a clear approach to the assessment of safety and risk, consistent risk assessment processes, a standardised approach to risk assessment and risk management, and an approach consistent with other initiatives in place (e.g. practices used by Victoria Police in its risk assessment and risk management of family violence).

- ◆ *Magistrates' Court of Victoria Family Violence Court Division and Specialist Family Violence Service.*

These two initiatives signal a repositioning of courts within the community to better align the justice response to family violence with statewide policy developments and the service system. The justice system is seen as a key player in an integrated system in its capacity to hold perpetrators accountable for their actions, deter those who might use violence against family members, and enhance the safety of those experiencing it.

- ◇ Amendments to the *Magistrates' Court Act 1989* and the *Crimes (Family Violence) Act 1987* came into effect in 2005 and are the platform for the Family Violence Court Division. The Court is presided over by magistrates with experience and expertise in family violence. The Court has the jurisdiction to hear a range of matters related to family violence including intervention order applications, criminal matters, some family law matters, and Victims of Crime applications. The Court has the power, in certain circumstances, to order male defendants to attend specialist counselling programs designed to stop their use of violence. The Court has been established as two demonstration sites – one in metropolitan Melbourne and the other in regional Victoria.

- ◇ Funding has been allocated to the Specialist Family Violence Service through the Victorian Government's *A Fairer Victoria* policy statement. The service supplements existing Magistrates' Courts through a number of enhancements (e.g. additional appropriately trained magistrates and court-based support staff to increase capacity to respond to family violence matters) and currently operates at four Magistrates' Courts in metropolitan Melbourne.

- ◆ *Victoria Police Code of Practice for the Investigation of Family Violence (2004).* Outlines how police will respond to reports of family violence and emphasises that all reports will be treated seriously by police. The principle is that every reported incident of family violence will receive a response within the powers available to Victoria Police and according to individual circumstances. If violence has occurred, then civil or criminal action must be taken by police (i.e. an application for an intervention order or a criminal charge). There are ten Victoria Police Family Violence Advisors now in place across Victoria.

In addition to these elements of the new approach, a number of other initiatives are relevant to supporting the service system reform process. These include:

- ◆ Domestic Violence Victoria *Code of Practice for Specialist Family Violence Services for Women and Children* (2006). To enhance the safety of women and children experiencing family violence in the context of service system reform in Victoria. This code provides a model of best practice for services that provide specialist responses to women and children, and is designed to ensure consistent, transparent and accountable practice across services and sectors.
- ◆ Federation of Community Legal Centres Victoria *Code of Practice for Family Violence Court Based (Applicant) Programs* (2007). To make the operation of court-based legal assistance programs for those experiencing family violence more effective by clearly defining the role of community legal centres and their staff in providing support to applicants and aggrieved family members in intervention order matters. This code also provides a model of best practice for centres engaged in this work, and helps to promote a consistent response across Victoria. Collaboration with partners in an integrated multi-agency response to family violence is a key aim.
- ◆ No to Violence *Standards for Men's Behaviour Change Programs* (2006). Provides guidance and support for new and existing providers of men's behaviour change programs by identifying minimum standards and good practice guidelines.

Since the announcement of the new approach to family violence, the Victorian Government has committed a further \$24.7 million package to increase efforts. Funding is targeted to:

- ◆ Extending existing crisis response and intensive case management.
- ◆ Further improving service system integration.
- ◆ Increasing men's behaviour change programs.
- ◆ Developing the statewide prevention plan (see above).
- ◆ Developing initiatives specific to Indigenous communities.
- ◆ Raising public awareness of the new *Family Violence Protection Act 2008* introduced to State Parliament in June 2008. This act has arisen in response to recommendations from the Victorian Law Reform Commission for a 'stand alone' piece of legislation for an integrated response to family violence.

Reforming Responses to Sexual Assault

In parallel with the new approach to responding to family violence, the Victorian Government in 2006 provided \$34.2 million to improve the criminal justice system's response to sexual assault. The reform package seeks to increase access to sexual assault services, enhance specialist knowledge, and expand the criminal justice system's responsiveness to victims/survivors. The reform package has established:

- ◆ Multidisciplinary centres in metropolitan and regional locations where Victoria Police Sexual Offences and Child Investigation Teams and Centre Against Sexual Assault (CASA) services are co-located.
- ◆ A specialist Sex Offences Unit within the Office of Public Prosecutions.
- ◆ Magistrates' and County Court Sexual Offences list.
- ◆ A new Child Witness service which offers specialised support and practical preparation to assist children and young people who are required to give evidence in court.
- ◆ Enhanced victim counselling and support to improve service capacity.
- ◆ Workforce development through ongoing training for sexual assault counsellors.
- ◆ New crisis care units in selected regional areas in Victoria.
- ◆ A forensic nurses' network.
- ◆ Treatment programs for young people; and post release support and the enhanced extended supervision order for adult offenders.

An additional \$8 million was provided in 2008-2009 to establish a regional office of the Office of Public Prosecutions to provide specialist sex offences prosecutors servicing western Victoria.

Section 3: The Partnerships

About the Partnerships

Nine local government and community partnerships in Victoria currently involved in violence prevention work using gender-based perspectives have been identified for inclusion in this report.

Three of these partnerships are involved as case studies in a three-year research project (2006-2009) at the University of Melbourne, funded by the Australian Research Council with VicHealth as the industry partner. The Gender, Local Governance and Violence Prevention (GLOVE) project seeks to understand the current divide in research and public policy between gender-neutral community safety/crime prevention initiatives and gender-based violence against women initiatives. The project also seeks to develop Australian government policy that can take an integrated approach to violence prevention in both public and private spheres, using gender-mainstreaming practice and a community-government partnership model.

The six other partnerships described in this report undertook specific violence prevention initiatives funded by VicHealth during 2007-2008. One of the GLOVE case studies was also funded by VicHealth for some of its activities. The funding formed part of VicHealth's activities to prevent violence against women under its 'Respect, Responsibility and Equality: Preventing Violence Against Women' program.

Together, the partnerships represent a 'snapshot' of recent Victorian activity to prevent violence against women. Whilst participation in GLOVE and the VicHealth program represents a 'point in time' for discussion, each of the partnerships described in this report are part of a much larger story involving the efforts of many leaders, actors, supporters and champions working together at the local level – often over the course of a number of years. Background details relevant to the partnerships are therefore included in the descriptions that follow.

It is acknowledged that this report is not a comprehensive account of all violence prevention activities being undertaken at the local governance scale. But it is a start in documenting some excellent examples of work in Victoria that brings violence prevention and gender analysis together into exciting local governance initiatives – a linkage that has been recognised in the literature as innovative practice (Women and Cities International 2006: 4). The discussion of the partnerships is organised as follows:

Partnerships in Inner Melbourne Municipalities

1. City of Darebin, 'Darebin Interfaith Council Taking Responsibility' (VicHealth funded)
2. City of Moreland, 'Preventing Family Violence in Moreland is Everyone's Business' (VicHealth funded)
3. City of Yarra, 'Welcome to Yarra Sports' (VicHealth funded)
4. City of Maribyrnong, 'Respect and Equity: Preventing Violence Against Women' (GLOVE case study and VicHealth funded for some of its activities)

Partnerships in Outer Melbourne Municipalities

5. Shire of Nillumbik, 'Saying No to Violence: A Community Responsibility' (VicHealth funded)
6. Shire of Melton, 'Melton Says No!' (VicHealth funded)
7. City of Wyndham, 'Say No to Violence School Arts Project' (VicHealth funded)

Partnerships in Regional and Rural Centres in Victoria

8. City of Greater Bendigo, Preventing Violence Against Women Initiatives (GLOVE case study)
9. Shire of Loddon, Preventing Violence Against Women Initiatives (GLOVE case study)

City of Darebin, 'Darebin Interfaith Council Taking Responsibility' Darebin City Council and Darebin Interfaith Council

The City of Darebin is approximately 53 square kilometres in size and extends north from Melbourne's inner suburbs. Over 128,000 people call Darebin home, and together they comprise one of the most culturally and linguistically diverse communities in Victoria. Around one in three Darebin residents was born in a non-English speaking country. The main countries of birth include Italy, Greece, China and Vietnam. Other countries of birth that are well represented include Sri Lanka, India, Egypt, the Philippines, and countries from across the Middle East and West Africa. Darebin has the largest population of people identifying as Aboriginal and Torres Strait Islander in the metropolitan area.

There are several features of the municipality's approach to violence prevention. These include strong intersectoral collaboration with Council taking the lead, Council-led initiatives to engage the community in culturally inclusive ways, and partnerships across different Council units.

Intersectoral collaboration has been fostered through the Darebin Family Violence Working Group (DFVWG) – a sub-committee of the Darebin Community Safety Committee. DFVWG was established in 2002 in response to concerns expressed by local welfare and support agencies about the impacts of family violence in the municipality. The group had representation from a range of sectors including the police, health and welfare services, housing and support services, women's refuges and ethno-specific services. Since its inception, DFVWG has generated a number of initiatives to build capacity in delivering services and meeting the needs of those affected by family violence. These include a family violence forum, a regular practice issues forum, the Darebin Safety Card (containing information about services for people affected by family violence) and a series of information sessions on intervention orders. DFVWG has been identified as an example of good practice in local governance and integrated violence prevention approaches, especially in raising private violence as an issue of concern for the municipality that can be addressed through Council playing a lead role (Hayes 2006).

Council's leadership role on the issue is evident in several other ways. Family violence has been identified as a priority area to be addressed in the *DAREBINsafe: Community Safety Annual Strategy* since 2006. Through the Community Health and Safety Unit, Council is also involved in the new approach to responding to family violence that is being rolled out across the state (e.g. is a partner in the Northern Sub-regional Integrated Family

Violence Network) and currently has a two-year project to develop partnerships to reduce family violence with funding from the Helen Macpherson Smith Trust.

Quite separate to these responses to violence against women was the emergence of a coordinated forum for interfaith dialogue and collaboration as a means of promoting community harmony. Led this time by Council's Multicultural Affairs Unit, the Darebin Interfaith Council (DIC) was established in 2005 in response to community consultations on faith and interfaith relations. DIC continues to be resourced by Council and is chaired by a councillor. Activities of the group include a program of four summits each year on issues relevant to faith groups.

The two strands – intersectoral collaboration to address family violence and interfaith collaboration to promote community cohesion – did not travel separately for long and became intertwined in 2006. The catalyst was DIC's 2006 summit program which included three presentations on family violence. At the final summit for that year, members discussed opportunities for a partnership between DIC and the two relevant Council units to develop a project addressing family violence in culturally inclusive ways.

The result of this discussion was the VicHealth funded 'Darebin Interfaith Council Taking Responsibility' project (2007-2008). This project identified faith institutions as a setting for primary prevention initiatives and a means for engaging the community in violence prevention. The project's aim was to raise awareness of the incidence and causes of violence against women and increase understandings of its impacts across the community. Partners included DIC, Council's Community Health and Safety Unit and Multicultural Affairs Unit, the Immigrant Women's Domestic Violence Service (a statewide service), Women's Health in the North (the women's health service for Melbourne's northern local government areas) and No to Violence (a statewide men's referral service). A reference group was established to guide planning and implementation of the project and included four faith leaders. Activities of the project included:

- ◆ Family violence training forums for faith leaders and community members to increase understandings of the issue and the local service system.
- ◆ A workshop with DIC Governing Committee and faith leaders to help develop the wording for an interfaith statement against family violence. The workshop was an incredibly inspiring event where faith leaders came together in an effort to find common ground on what they wanted to declare with respect to violence against women. This step was seen as critical to achieving inclusivity – of faith leaders and their congregations.
- ◆ The development of the *Declaration Against Family Violence* – a powerful statement to the community that violence against women is unacceptable and cannot be sheltered by faith.
- ◆ A celebratory community event (held on White Ribbon Day 25 November 2007) where faith leaders signed the *Declaration Against Family Violence*. Packs were distributed at the ceremony and included information about family violence and the role and responsibility of faith leaders, a framed *Declaration Against Family Violence*, women's and men's family violence help cards, and a resource kit CD (see below).

- ◆ The development of a resource kit CD for faith leaders that contains information about the project and a range of other useful resources. Included here is material that demonstrates in practical ways how different faiths can address family violence – specifically through the use of relevant scriptures/texts and the readings that may be given to them by faith leaders (Darebin Interfaith Council 2007). The project partners felt it was important to provide concrete examples of responding to violence against women so that leaders can be supported in their work to ‘un-shelter’ the issue through faith.



Faith leaders and community members participate in the celebratory event and signing of the *Declaration Against Family Violence* on White Ribbon Day 25 November 2007

The ‘Darebin Interfaith Council Taking Responsibility’ project has left several legacies including ongoing distribution of the resource kit CD (an updated second edition is planned), the actual *Declaration Against Family Violence*, and a commitment from Council to expand the work (e.g. strategies to build capacity of faith leaders to develop family violence policies and practices). Violence against women is also on the agenda of every DIC Governing Committee meeting (it is this group that sets the summit program for the year). And as a sign of the project’s success, the ‘Darebin Interfaith Council Taking Responsibility’ project has been given further three-year funding from VicHealth to scale-up the project across other municipalities in Melbourne’s north.

Specific challenges have been identified by the project partners. Given the spectrum of the different faiths involved, getting agreement on certain concepts and values and how to express them in culturally appropriate ways was a complex process that required time and a capacity to understand different viewpoints. The partners were also mindful that certain faith groups were not engaged through the process and therefore not represented at the celebratory event. The project has, however, ensured that all faith leaders in Darebin have received a framed *Declaration Against Family Violence* and the resource kit CD since the signing day.

Specific lessons include the value of having a councillor on board to champion the project (in this instance the Chair of DIC), the importance of having staff across different areas in Council to bring together the issues of family violence, community cohesion and cultural inclusivity, and the need to build trust and capacity of faith groups to go with the issue – especially with respect to small communities and the difficulties they may experience in talking about family violence (due to disclosure concerns).

City of Moreland, 'Preventing Family Violence in Moreland is Everyone's Business' Moreland City Council and Moreland Community Health Service

The City of Moreland covers around 51 square kilometres and is located 8.5 kilometres northwest of Melbourne's central business district. Some 144,000 people live in the municipality. Moreland is a culturally diverse community with residents coming from a broad range of countries and backgrounds. The municipality has a large number of industries, although two thirds of land is used for residential housing and a quarter is reserved for public purpose or open space. There is a wide variety of shops, restaurants, community organisations, and businesses that contribute to the economic and social fabric of the municipality.

The most striking feature of the municipality's approach to violence prevention is the leadership taken by Council in coordinating activities and positioning itself as model for the rest of the community. These are encapsulated in the *Addressing Family Violence in Moreland Strategy 2006-2009* – a stand alone Council strategy for addressing family violence. As stated in the strategy, 'Council does not provide direct family violence services, but has a capacity to support local services in a range of areas including community education, advocacy and local leadership' (Moreland City Council 2006: 16).

The *Addressing Family Violence in Moreland Strategy 2006-2009* was the result of outcomes from the inaugural Moreland 'Pathways out of Family Violence' summit held in 2005. The summit aimed to enhance understandings of family violence issues in Moreland, identify potential partnerships and ways to enhance service coordination, and determine priorities for future action. Representatives from a wide range of agencies and sectors attended including the police, domestic violence and outreach services, housing support services, child protection and family support services, settlement services for newly arrived migrants, and other health and welfare services. Soon after the summit, Council endorsed a proposal to develop a strategy to assist in the prevention and minimisation of harm associated with family violence, and made an immediate allocation of funds to get started on community education and awareness raising activities. Development of the strategy was then overseen by the Moreland Domestic Violence Network (MDVN) and launched in December 2006.

In addition to the strategy, Council has a number of other policies and strategies in place relevant to family violence prevention. These include the *Moreland Council Plan* (outlines Council's mission and strategic directions and includes its commitment to social justice and good governance), the *Municipal Public Health Plan* (identifies family violence as a factor that influences early years development and personal wellbeing and safety), the *Community Safety Plan* (where the prevention of family violence is the focus of extensive collaborative work) and the *Statement of Commitment to Women* (outlines Council's commitment to women with respect to equity of access to opportunities, participation in decision-making, and promotion of health and wellbeing).

Actions outlined in the *Addressing Family Violence in Moreland Strategy 2006-2009* emphasise a partnerships approach to addressing family violence. Of the most innovative actions in the strategy are those that relate to the workplace as a setting. According to the strategy, family violence is a workplace issue for local business because it often leads to loss of productivity. It is also a workplace issue for Council as the largest

employer in the municipality – a fact that positions Council well to model good practice for the rest of the business community.

Council subsequently set about developing a family violence policy. This was supported by a series of three workshops for Council staff (human resources personnel, CEO and senior staff, and middle managers) designed to stimulate discussion on what Council can do to respond to family violence and its impact on the workplace. The family violence policy outlines Council's commitment to raising awareness of family violence in the organisation and providing guidance and assistance to those affected by it, and was endorsed in May 2008.

Meanwhile, external funding through VicHealth was secured to progress another action in the *Addressing Family Violence in Moreland Strategy 2006-2009* – this time, to explore opportunities for linking local businesses into family violence support services as part of enhanced service provision and awareness raising activities. The 'Preventing Family Violence in Moreland is Everyone's Business' project (2007-2008) aimed to increase local business awareness of family violence issues, support change in workplace practices and policies to protect women, enhance organisational capacity to create safe work places, build leadership and knowledge amongst employees of local services and supports, facilitate partnerships between local businesses and support services, and add to the evidence base of primary prevention as a whole-of-community approach. A project worker was appointed and based at Moreland Community Health Service (MCHS) as community partner.

One of the first major tasks was to engage local businesses to the project. The project worker drew on an existing health promotion program at MCHS – the 'Pit Stop' men's health program – which had links to local businesses. It was, however, difficult to convince businesses to get involved with the project. Family violence was seen as a business 'risk' because it could lead to the community thinking those involved had family violence problems. Instead of family violence being everyone's business, it was perceived as being 'bad for business'. More interest was gained from local businesses when 'pitched' as an occupational health and safety issue rather than explicitly named as family violence.

In the end, only one local business came on board. Project activities included two separate workforce training sessions for men and women employees (around 35 to 40 people in total). These sessions were based on the workshops that formed part of the development of Council's family violence policy and were developed in consultation with the business's production manager (a woman). Other activities included the development of a workplace family violence prevention tool kit for businesses. The tool kit contains practical measures that can be taken in the workplace to respond to family violence, examples of workplace family violence policies, and information about local services. The tool kit will be launched on White Ribbon Day 25 November 2008 and distributed to over 300 local businesses.

Specific challenges identified by the project partners included the unanticipated length of time and effort required to engage local businesses to what is essentially still viewed as a private issue.

Specific lessons include the importance of developing relationships with staff at the management level to plan activities. Such personnel are critical for promoting activities and championing the project within participating

businesses. It is also vitally important to have existing contacts and relationships with local businesses rather than going in 'cold'. And finding the right way to 'pitch' the idea of the project to local businesses – and the time needed in order to do this – is critical to getting businesses to participate.

City of Yarra, 'Welcome to Yarra Sports' Yarra City Council and No To Violence

At around 19.5 square kilometres in size, the City of Yarra is one of Australia's smallest inner city municipalities. Yarra is located just northeast of Melbourne and has approximately 74,800 residents. It is a culturally diverse community with a broad range of countries and backgrounds reflected in the people who live there. Over the last three decades, certain areas within the municipality have undergone redevelopment and gentrification, and the population is today characterised by a younger age profile of professional, tertiary educated, and middle to high income residents. The municipality features a mix of residential, industrial and commercial activity and is known for its extensive community services infrastructure and commercial areas.

Community safety initiatives at the local governance scale can often begin with a galvanising event (Whitzman 2008: 149). In May 2005, a woman was raped by a stranger outside one of the municipality's town halls. This incident – whilst not typical of most sexual assaults in that the perpetrator was not known to the woman – became the impetus for Council to begin thinking and acting on the issue of violence against women. The issue was championed by a councillor who was very active in women's issues. Through its *Council Plan 2005-2009* Council subsequently agreed to establish the Taskforce on the Prevention of Male Sexual Violence Against Women. The taskforce, which included representatives from a range of sectors (e.g. the police, health and welfare services, DHS and other state government departments, sexual assault services, a statewide men's referral service, and Project Respect – an organisation representing sex workers) met several times in the first half of 2006; and in September Council endorsed the *Sexual Violence Taskforce Report and Action Plan*.

The *Sexual Violence Taskforce Report and Action Plan* recognises that violence against women is not limited to the private (or family) sphere. It contains a number of Council led actions over a two-year period to address violence against women in public spaces. Actions include partnership development with local organisations to develop positive messages about attitudes and behaviours towards women in settings such as sporting clubs, schools, public housing estates, nightclubs, and youth groups. Council services are also identified as a means of implementing violence prevention activities.

Addressing violence against women has been promoted and supported by other parts of Council. For example, the *Municipal Public Health Plan 2005-2008* includes specific objectives on the prevention of violence against women – both public and private. A feature of the approach to prevention in the municipality is therefore its focus on public and private violence, with an emphasis on Council's role, responsibilities and opportunities. One example of taking action against private violence by senior executive staff has been the hosting of White Ribbon Day events in the municipality.

The VicHealth funded 'Welcome to Yarra Sports' project (2007-2008) implemented one of the actions identified in the *Sexual Violence Taskforce Report and Action Plan*. The project aimed to foster safe and welcoming environments for women in sports clubs as well as facilitate acknowledgement of women's participation in sport. This project saw a partnership between Council's Health Planner and its Sports Development Officer – an alliance that seemed natural in the light of the *Yarra Sports Strategy 2008-2012* (which has a focus on women's participation in sport). No To Violence, a statewide men's referral service, was engaged to the project as community partner. A steering group was established to provide guidance on the project; this group included the partners as well as representatives from participating sports clubs, the Australian Drug Foundation's Good Sports program, and Womensport and Recreation Victoria.

The project design included the following elements: an audit of up to three sports clubs on their attitudes towards women; the delivery of information sessions on the benefits of women's participation in sport, respectful relationships, and how to create safe environments for women; a communications campaign on key messages about women and/in sport across sports clubs; support to clubs on developing policies to ensure safe environments for women; and an evaluation of the project with a view to rolling out the project to other settings (e.g. social clubs or schools).

In the end, the project was scaled back to one participating sports club, the idea being that this would be more realistically achievable given the 12-month funding timeframe. That club was a soccer club. This club enjoyed a large membership, had an existing relationship with the Sports Development Officer, had one woman player involved in a premier league team, was in the process of developing a senior women's team, and looked like it could offer plenty of scope for the project to be run as a pilot. At the time of preparing this report, the project had successfully engaged participants from the club to interviews and was capturing their views on what makes a safe and welcoming environment for women. This research phase is intended to form the basis for action on culture change/development at the sports club, including a communications package and policy – work that will now be part of a re-scoped project design beyond the formal funding phase.

Specific challenges were identified by those involved in the project. These included unanticipated barriers to engaging participants due to the seasonal nature of sports and the voluntary basis of sports club members. When people go to sports clubs they are very focused on the sports in question. This makes it difficult to excite interest in research activities undertaken by an 'external' party. Recruitment of participants to the project has to be done quickly so that momentum isn't lost towards the end of the sports fixture. This sort of project also requires different skills sets and expertise. Partners were involved in action research, interviewing and focus groups, data analysis, research writing and capacity building. It was challenging for relevant staff to allocate the required time to the project in competition with their existing work load and multidisciplinary roles. In retrospect it would have been useful to have appointed a dedicated project worker.

Specific lessons include the importance of having existing relationships with sports clubs, and a capacity to build on those relationships in a way that connects the project to club interests. This work takes time and was not factored into the original project design. Investment in project staff drawn from the sports club community – and

able to connect with the culture of clubs and build relationships/trust with members – may be worth considering in future activities. It is also noted that whilst the steering group initially played an advisory role, it acquired a more operational focus as the project progressed enabling members to contribute skills, experience and resources as required.

City of Maribyrnong, 'Respect and Equity: Preventing Violence Against Women' Maribyrnong City Council and Maribyrnong Preventing Family Violence Working Group

The City of Maribyrnong is around 31 square kilometres in size and extends west from Melbourne's inner suburbs. Over 67,000 people call Maribyrnong home and they represent a wide range of cultures and socio-economic backgrounds. Around 34% of Maribyrnong's residents were born in non-English speaking countries and 43% speak languages other than English. The main languages other than English include Vietnamese, Chinese, Greek, Italian and Macedonian. Whilst higher income earners have moved into the municipality in recent years, many residents are low income earners and experience disadvantage.

Features of Maribyrnong's approach to violence prevention include strong intersectoral collaboration, clear Council commitment to preventing violence against women (in its public and private forms), clear articulation of Council's role in preventing violence against women, and a focus on organisational change within Council.

The municipality has a history of intersectoral collaboration through the Maribyrnong Preventing Family Violence Working Group (MPFVWG). This group includes representatives from a broad range of sectors (e.g. Council, police, courts, ethno-specific support services, community health and welfare services, homelessness services, and the women's health service for Melbourne's western local government areas) and exists to facilitate partnerships in responding to family violence. MPFVWG is a sub-committee of the Maribyrnong Safety Taskforce, a committee led by Council and the police. Whilst violence prevention had been identified in the taskforce's *Safer Communities Policy and Action Plan 2003-2006* as a key issue, little effort had commenced on conceptualising the role that Council could play. Then, in 2005 at its annual planning day, the Maribyrnong Safety Taskforce named family violence as a priority and MPFVWG was formed as a result. One other important factor that contributed to the formation of MPFVWG was the advocacy work done by Women's Health West, the women's health service for Melbourne's west. The CEO of Women's Health West was instrumental in ensuring the issue of family violence was on Council's radar; her relationships with service providers provided a basis for the intersectoral collaboration that emerged through MPFVWG.

Meanwhile, Council was becoming more actively engaged with the issue of violence against women through another mechanism. At an ordinary Council meeting in February 2006, a recommendation was made by the Safer Communities and Health Promotion Unit for Council to consider participation in the GLOVE project. Council went on to endorse participation in GLOVE at that meeting and also agreed to fund a delegate from the Safer Communities and Health Promotion Unit to attend the World Urban Forum (UN-Habitat) in Vancouver that year. The purpose was to bring back knowledge about international good practice on violence prevention and

the role that local government can play. The main 'take home' message from the delegate who attended was that prevention initiatives must be appropriate to the local context and the organisations seeking change.

Through its participation as a case study in GLOVE, Council then committed to developing an action plan to prevent violence against women. To inform the development of this action plan, the Safer Communities and Health Promotion Unit initiated a research project on the prevalence of violence against women in the municipality. The project also included an audit of selected Council policies to determine the extent to which violence against women was addressed and assist in identifying areas where integration of violence prevention could be strengthened.

In March 2007, Council hosted a forum to gauge interest and capacity in partnerships to prevent violence against women. The forum included speakers from the Department for Victorian Communities, Victoria Police, VicHealth and Women's Health West. Each provided their views on what a local primary prevention plan could look like. Local stakeholders and community members present at the forum were also given the opportunity to put forward their views on the role of Council in primary prevention. The outcomes of the forum (and further consultations with MPFVWG) were then used to shape the development of the action plan. This part of the development of the action plan had the added support of VicHealth funding through its 'Respect, Responsibility and Equality: Preventing Violence Against Women' program.

The *Preventing Violence Against Women Action Plan 2007-2008* was endorsed by Council in October 2007 and launched at a public event on White Ribbon Day 25 November 2007. The action plan – which was overseen by MPFVWG for its 12-month period of implementation – clearly articulated Council's role in relation to violence prevention, which is to provide leadership and coordination on the issue, promote itself as a positive example, and foster partnerships for a whole-of-community response. The action plan also outlined a set of multifaceted and interlinking actions that were internally and externally focused. Internally focused strategies were directed at Council's diverse function areas. These strategies sought to embed violence prevention into core Council business and thereby maximise the impact of violence prevention efforts across the municipality. Significant examples included:

- ◆ Working with Leisure and Open Space to encourage a gendered analysis of new proposals, master plans and facilities in public open spaces.
- ◆ Introducing 'Preventing Violence Against Women' as a category in the Community Grants scheme.
- ◆ Influencing the Civic Awards program to acknowledge and support emerging female leaders.
- ◆ Including the GLOVE project in the *Council Plan 2007* and raising family violence as an issue for inclusion in the draft *Mental Health Promotion Plan*.

Externally focused strategies focused on direct participation and community strengthening activities to raise awareness of violence against women. These included activities to strengthen protective factors, e.g. the secondary schools banner project to promote positive health relationships. Externally focused strategies also

included capacity building activities, e.g. establishment of the Western Region Local Government Family Violence Network to provide support and leadership to other local governments (a network convened by Council).



Project partners and participating schools hold up banners promoting positive healthy relationships as part of the secondary schools banner project

Several specific challenges have been identified by those involved in the development and implementation of the action plan. Whilst it was always recognised that the internal strategies would need time to implement, the length of time required to build capacity and achieve sustained cultural shift in Council has been radically underestimated. The amount of effort needed to implement a whole-of-organisation approach is also high, particularly at the outset. This, too, was significantly underestimated. It is harder to 'sell' a vision to the organisation about addressing upstream determinants compared to actions with shorter term impacts.

Important lessons include the need to articulate a much longer timeline for the work. It is also important to have champions, leaders and supporters at all levels of the organisation and externally. The need to mix primary prevention strategies that are universal in their scope with those that are targeted to 'hard-to-reach' groups was also identified as a gap.

These challenges and learnings will be brought forward into the next phase of the work in Maribyrnong. This phase will see a project that builds on the action plan and is supported by funding from VicHealth for a further three years (2008-2011). The project will address the determinants of violence against women by working across the core functions of Council and capitalising on opportunities to integrate the issue with all policy and program planning. The project will also work with diverse communities to raise awareness of violence against women and promote positive and healthy relationships in culturally and linguistically appropriate ways.

Shire of Nillumbik, 'Saying No to Violence: A Community Responsibility' Nillumbik Shire Council and Nillumbik Women's Network

The Shire of Nillumbik covers an area of around 432 square kilometres and is known as a 'green wedge' shire. Nillumbik expands outwards from the northeast metropolitan area and includes urban and rural areas, villages, undulating hills, national parks, a reservoir, wineries and vineyards. Nillumbik has around 62,310 people who live in close-knit communities from typical suburban settings to small bush properties. Around 82% of the population was born in Australia. Nillumbik boasts the best quality of life in Victoria and came third from 590 councils around Australia on a recent quality of life index.

Features of the approach to violence prevention in Nillumbik include a community attuned to grassroots activism and (to a certain extent) mobilised around addressing violence against women, Council's capacity to tap into this to build partnerships, and the engagement of community men as change agents.

The story begins in 2003 when a local woman was killed by her estranged husband who went on to successfully plead provocation as a defence for his actions. On hearing the verdict of a lighter sentence for manslaughter, the woman's twin sister – a well known women's rights advocate – embarked on a social justice campaign to build momentum to end the defence of provocation. This resulted in a groundswell of support both locally and beyond. The case of the murdered sister also sparked renewed anger in other quarters, prompting the Victorian Government to consider a recommendation from the Victorian Law Reform Commission to get rid of provocation as defence. In November 2005, the Victorian Government reformed the criminal law through the *Crimes (Homicide) Act 2005* abolishing the use of defence of provocation in cases of homicide.

Around the time of the criminal law reform, quite a separate development was also underway. This involved La Trobe University, Nillumbik Shire Council, neighbouring Whittlesea City Council, and other community-based partners in the development of a research proposal to the National Health and Medical Research Council (NHMRC). The research would see an extensive household survey undertaken across the two northern metropolitan municipalities in order to ascertain the levels of violence experienced by residents. Whilst unsuccessful, the process of developing the NHMRC proposal did bring the issue of violence against women into sharper focus for those involved – including Nillumbik Shire Council.

Then in 2006, VicHealth announced its new funding stream to prevent violence against women. By this time, Council had established a level of commitment to addressing the issue of violence against women. The *Municipal Public Health Plan 2006-2009*, for example, includes as an action strategy an exploration of the extent of intimate partner violence in the shire. The overall feeling, however, was that a concrete platform was missing to galvanise energies both within Council and across the wider community. The opportunity to develop a proposal to VicHealth gave Nillumbik this missing ingredient.

The VicHealth submission saw personnel in the Community Services section bringing together staff with an interest in women's issues from other Council areas, representatives from external agencies (e.g. community health and family violence services) and community women. The process also saw the formation of the Nillumbik Women's Network which was established by community women and Council. The network continues to be resourced by Council and has the following aims: to provide a forum for local women to acknowledge, support and promote their contribution to their community; and to raise awareness of issues facing local women.

The VicHealth funded 'Saying No to Violence: A Community Responsibility' project (2007-2008) was framed as an initiative of the Nillumbik Women's Network involving Nillumbik Shire Council, the police, La Trobe University, YMCA, Nillumbik Community Health Service, the Anglican Church, Domestic Violence Resource Centre and community members. The project sought to provide women in Nillumbik (particularly those in isolated rural fringe areas) with information about family violence and services available should they experience it. The project also sought to engage community men to awareness raising activities as a primary prevention

strategy. The core concept was that whilst a minority of men are responsible for family violence a majority of men want to help stop it (this became the project's key message). Project activities included:

- ◆ The development of presentations to increase understanding and raise awareness of violence against women. Presentations were based on the core concept above, and were tailored to suit the settings identified for the project, i.e. committees of sporting clubs, Country Fire Authority brigades, schools, and church groups – in short, wherever men contributing to community life can be found.
- ◆ Training of Nillumbik Women's Network members to deliver presentations to committees. A total of 30 presentations were delivered in the 12-month timeframe.
- ◆ Distribution of information/resources at community fairs and via committee newsletters. Communicating the key message through mechanisms such as newsletters (as well as local media) was an important way of ensuring the project's reach went beyond committees to other members of the community.
- ◆ The recruitment of White Ribbon Day ambassadors including the Mayor. The Mayor was an important champion of the project, and as word spread about his involvement several other men contacted the Nillumbik Women's Network about the ambassador role.
- ◆ Hosting of the Mayor's White Ribbon Day cocktail party. Over 300 community members attended this event which was an opportunity to reinforce the key message towards project end. The cocktail party also attracted good media coverage thereby increasing the reach of the key message.



Members of the Nillumbik Women's Network and a guest at a function of the 'Saying No to Violence: A Community Responsibility' project

A number of specific challenges were identified by the project partners. It was often difficult to engage community groups in instances where no direct contacts existed. The time required to arrange presentations was increased when starting from a 'cold call'. The initial idea of the presentations was for one-hour long sessions using a number of different presenters. This had to be significantly streamlined since presenters were typically slotted into regular committee meetings of participating groups and given only ten minutes to run through their presentations! Presentations therefore had to be short, sweet and to the point, not ruffle too many

feathers but leave groups wanting to know more. The use of personal stories and experiences were critical in keeping committee members engaged.

One lesson arising from the project is the importance of Council being able to nurture relationships, e.g. the Nillumbik Women's Network and a community that had (to a certain extent) already been mobilised around the issue of violence against women through the efforts of a local campaigner. Indeed, the woman who led the campaign to end the defence of provocation ended up playing a major role in the development of the VicHealth submission and the project itself (she was engaged as the project worker). Her extensive relationships through her previous activism – not to mention her political 'know how' in dealing with the issue and her public profile – were important enablers of the project's success. She is now putting together a 'how to' manual for Council documenting the work in Nillumbik to enable others to undertake similar projects.

Shire of Melton, 'Melton Says No!' Melton Shire Council and Djerriwarrh Health Service

The Shire of Melton is around 527 square kilometres in size and extends outwards from the western metropolitan area to the rural fringe. It has a current population of over 91,000 people. This figure reflects an increase of almost 6% in the last 12 months, making Melton (like neighbouring Wyndham – see below) one of the fastest growing communities in Victoria. By 2021, the population is projected to be 159,000. This increase will be due to a number of factors including the opening up of new residential opportunities, the migration of families outwards from inner parts of the western metropolitan area, and the high fertility rate of the current population (characterised by a younger age profile).

According to VicHealth, school-based initiatives have the strongest evidence of effectiveness of all violence prevention intervention types. VicHealth notes further that there is momentum building in Victoria for school-based interventions that promote respectful and healthy relationships (VicHealth 2007: 18-19). Given the population characteristics of Melton, it is no surprise that schools have featured as the setting for the violence prevention efforts of local government and community partnerships, with 'family harmony' emerging as the central theme.

Like many rapidly growing communities, Melton has a developing infrastructure and this includes services. The Melton Family Violence Practitioners Network (MFVPN) was established to provide a forum for service providers to discuss service coordination and other practice issues. The development of the network was instigated by the Coordinator of Family Services, Melton Shire Council. The Coordinator had strong links with family violence service providers in the area, including the team at the community-based Djerriwarrh Health Service and the local police District Inspector (who was very committed to the issue). These relationships became the platform from which to plan and undertake violence prevention work in Melton.

In 2006, when VicHealth announced funding for its new program area to prevent violence against women, the Coordinator of Family Services called a meeting of local service providers to discuss opportunities for developing a submission. The VicHealth funded 'Melton Says No!' project (2007-2008) was the outcome of this

discussion. The project aimed to provide children and adolescents with an opportunity to improve their understandings of the impact of family violence. The project design had a strong focus on schools as the setting for a number of different activities. Whilst the project comprised a series of 'mini-projects', all activities worked together as part of a coherent endeavour to promote 'family harmony' throughout the community. The project was overseen by MFVPN, and project activities included:

- ◆ Workshops on family harmony and positive relationships involving 50 students from two primary schools and one secondary school. Students were asked to come up with a message that reflected their discussions in the workshop. That message was 'Respectful Families Equal Happy Families'. The slogan was printed on 8,000 silicon wristbands and distributed to other students at the participating schools. The wristbands have also been distributed through other events and client groups across the shire. Positive feedback has been received by Council staff on numerous occasions regarding the power of the message.
- ◆ A program of sessions on friendships and communication for Year 5, 6 and 7 students at the participating schools. The secondary school involved in the project followed up their sessions with a poster competition for students to represent their views on these themes. At the time of preparing this report, the posters were scheduled for display at selected public events during Community Safety Month in October.
- ◆ The 'Little Hoops' project for all students at the two primary schools. Approximately 890 students have been involved in activities that explore the themes of respectful relationships and 'looking out for each other' in the context of playing basketball.

The project also included a component that worked with coaches, trainers and managers of local sports clubs so that the message about respectful families would be consistent between the school and sport club environments. The project partners did not anticipate the difficulties in bringing the issue of family violence to this setting. Whilst clubs were aware of the link between alcohol and public violence (e.g. on the field), it was a big leap for them to understand the notion of private violence. Getting the project's message across required a huge cultural shift which could not be accommodated by the project timelines.

As identified by the project partners, any schools-based approach brings unique challenges to violence prevention initiatives. Activities need to work within the school day and school terms, and this can sometimes impose limits on project timelines. A typical day at school is response-driven which can work against how a project has been planned. An important lesson from 'Melton Says No!' is the need to build project activities into the school curriculum to ensure that times for workshops, sessions, etc. are locked in. Projects also need support from the 'top' (i.e. principals) although leadership must come from staff too (e.g. teachers and school nurses). All three schools participating in 'Melton Says No!' gave excellent support to the project ensuring that the experience was a positive one for the project partners, staff, and students alike.

The 'Melton Says No!' project was possibly the first multi-agency collaborative attempt in Melton to implement primary prevention initiatives addressing violence against women. In addition to its success with the

schools, the project has enabled Council to recognise the important part that local government can play in community-based violence prevention activities. Although the external funding phase of 'Melton Says No!' has come to an end, Council's support of violence prevention continues. Responding to (and preventing) violence against women has been included in Council's *Municipal Public Health Plan 2008-2012* as an explicit strategy. And in recognition of the value of the project, Council has made a commitment to continue with the sports clubs component of 'Melton Says No!' over the next 12 months to progress the work achieved thus far.

City of Wyndham, 'Say No to Violence: Schools Art Project' Wyndham City Council and Wyndham Family Violence Committee

The City of Wyndham is situated on a coastal plain on the western fringe of Melbourne. Covering approximately 542 square kilometres, Wyndham has a mix of industrial and technology districts, major retail precincts, intensive vegetable growing areas, grazing lands, and major open space attractions. Around 123,160 people call Wyndham home. This figure reflects an increase of just over 6% in the last 12 months making Wyndham (like neighbouring Melton – see above) one of the fastest growing communities in Victoria. By 2021, the population in Wyndham is expected to reach around 202,470 due mostly to new residential opportunities in the area and related household growth.

Features of the approach to violence prevention in Wyndham include strong intersectoral collaboration and the commitment of a core group that has been able to build on what works over successive years.

Intersectoral collaboration has been fostered through the Wyndham Family Violence Committee (WFVC), an independent network of service providers and community representatives that is supported and convened by Council (through its Social Planning Unit). WFVC membership includes representatives from Council, the police, health and welfare agencies, youth services, local schools, ethno-specific support agencies, and legal services. WFVC has two main priorities. The first is to facilitate improved service coordination, provision and planning. The second is to participate in prevention and awareness raising activities in the community. Activities of the group are linked to Council plans such as the *Municipal Public Health Plan 2007-2010* and the *Community Safety Plan 2006-2008*. WFVC also has its own action plan.

WFVC conducted its first 'Say No to Violence: Schools Art Project' in 2004 with a small amount of external funding through the Victorian Government's 'Community Support Fund' (CSF). The group was particularly interested in an arts-based project because of the evidence linking participation in arts to improved social connectedness, sense of belonging, and community health and wellbeing. That first year of the project saw the participation of students from four secondary schools in Wyndham. Students were given the opportunity to work closely with their art teachers to represent the 'say no to violence' message through art. The art pieces that were produced were then launched in a community-based setting and attracted local media coverage and good attendance (by students and parents).

In its second year, and again with funding through CSF, the project broadened its participation to primary schools and introduced an important new element: sessions with students to talk about family violence and give

more context to the 'say no to violence' message. Unfortunately, due to timing issues, the schools had started working on the art pieces before the project worker gave her presentations. This did not deter those involved in the project from using the same formula in 2006. Elements of the project design for that year included presentations to students on family violence and its impacts, the development of art pieces by students representing the 'say no to violence' message, an official launch of the artwork for students, teachers, parents and community members, and a public exhibition of the pieces at various locations in the municipality.

At the end of three successive years, the project had engaged over 400 students from ten primary and secondary schools across the municipality in the production of artwork depicting the 'say no to violence' message. The artwork produced by students during this time was creative and varied and included canvas paintings, posters, clay totem poles, photographic pieces, free-standing poem collages, quilts, and computer generated graphics. By 2007, it was time for WFVC to take the project to another level.

The VicHealth funded 'Say No to Violence: Schools Art Project' (2007-2008) built on the previous years by consolidating existing components and adding new dimensions. The project was designed in two phases. The first phase engaged students to the production of art pieces that conveyed the 'say no to violence' message through concepts of respect, responsibility and equality. Three secondary schools participated in this phase with a total of around 60 students in Years 9 and 10. Activities included:

- ◆ Sessions on 'healthy relationships' to give students a context to the project and help inform their artwork.
- ◆ Parallel workshops for teachers on the issue of family violence to ensure they were equipped to answer questions from students and able deal with any issues arising (e.g. disclosure).
- ◆ Exhibition of 11 completed art pieces at the Wyndham Cultural Centre for two weeks during Community Safety Month in October with an official launch.



Artwork produced by students from participating schools exhibited during Community Safety Month October 2007

The second phase of the project involved the production of community resources using graphics of the artwork produced by the students. The resources included:

- ◆ A wallet-size 'Family Violence Support Services Information Card' containing service information and details about where to get support.
- ◆ A 'Learn to Communicate' booklet. The booklet includes practical strategies for creating positive relationships with friends, families and others and is pitched to secondary school students. The content and design of the booklet was informed by consultations with student welfare workers and local agencies (through WFVC).

Both resources continue to be widely distributed throughout the municipality.

Specific challenges were identified by the project partners and mostly related to barriers to working with schools. There were issues to do with staff turnover, difficulties in contacting appropriate teachers when needed (as often they were in class), working in with school times and school terms, and not having enough time to work on the art pieces. These challenges were able to be overcome through persistence, maintaining a positive attitude, and being flexible when required.

One lesson arising from the project is the importance of having teachers involved with a strong commitment to social justice. Their dedication and passion for the project and the 'say no to violence' message helped to engage students which was in turn reflected in the art pieces produced. The fact that the art pieces being produced would be launched and exhibited also helped to keep students focused and engaged.

City of Greater Bendigo, 'Preventing Violence Against Women' Bendigo City Council, Bendigo Safe Community Forum and Bendigo Family Violence Prevention Working Group

The City of Greater Bendigo is a major inland regional centre situated approximately 150 kilometres northwest of central Melbourne. Described as the 'geographic heart of Victoria', Greater Bendigo encompasses a total land area of 3,000 square kilometres and includes rural agricultural districts, a number of small towns, national, state and regional parks, and Bendigo itself – the regional hub for north central Victoria and fourth largest city in the state. Greater Bendigo's regional servicing role has expanded significantly in recent times and is based on retail and financial services, public administration, tertiary education and health and medical services. The current population of Greater Bendigo is over 98,300. Around 89% of the population is Australian-born and people who identify as Aboriginal or Torres Strait Islander reflect just over 1% of the population. Access to (and use of) water is one of the biggest challenges currently facing people in Greater Bendigo with much of Victoria – particularly rural and regional areas – having experienced ongoing drought conditions for several years.

Features of the approach to violence prevention in Greater Bendigo include strong intersectoral collaboration led by the community and Council, and a focus on the role that men can play in addressing violence against women.

Intersectoral collaboration has been fostered through the Bendigo Safe Community Forum, a collaborative partnership auspiced by Council with representation from agencies involved in community safety (e.g. the police, health and welfare services, nightclubs and hotels) and community members. The forum's vision is to create a safe and vibrant community for all those who live, work, learn in and visit Greater Bendigo, with recognition that a whole-of-community approach is required to achieve this vision. The acknowledgement of private violence alongside public violence has existed for some time: the forum was at one point chaired by the Manager of Loddon Campaspe CASA who identified the issue as a priority for the group. However, the opportunity (and leadership required) to undertake partnership-based work to prevent violence against women has been a fairly recent realisation for the group.

There were two points of influence for this realisation. The first was the broader context of reform being rolled out across the state as part of the Victorian Government's new approach to responding to family violence. This saw the formation of the Bendigo Family Violence Prevention Working Group (BFVPWG) which has representation from agencies involved in providing family violence services in the local area. The working group is currently resourced by Loddon Campaspe Community Legal Centre – an agency that provides legal services to many clients experiencing family violence.

The second influence was the nomination of Greater Bendigo as a case study to the GLOVE project in 2006. The Bendigo Safe Community Forum subsequently agreed to participate and support the involvement of the municipality in GLOVE, and Council (as auspice of the forum) agreed to appoint the forum to oversee the development and implementation of activities under the project.

With these structures in place, the stage was set in Greater Bendigo to implement violence prevention initiatives. BFVPWG activities have included the coordination of White Ribbon Day events in 2007 and 2008 (e.g. the recruitment of ambassadors to promote a culture of change at well publicised functions and forums). The group has also developed a strategic plan outlining actions that reflect greater capacity to undertake prevention activities (e.g. building on White Ribbon Day activities, increasing the profile of the group). Meanwhile, as part of the GLOVE project, the Bendigo Safe Community Forum began working with Council, BFVPWG and the broader community to ensure a partnerships approach to addressing violence against women. Activities through the GLOVE involvement include:

- ◆ An audit of relevant Council policies and programs to assist in identifying areas where integration of violence prevention can be strengthened.
- ◆ Participation of stakeholders in a forum held in November 2007 on local government and community partnerships to prevent violence against women. The forum was well attended by 40-50 representatives of agencies from across many sectors (e.g. Council, police, health and welfare services, legal services, and sexual assault and women's services). Major outcomes from the forum included a strengthening of partnerships, a consolidation of the leadership and coordination role of Council in violence prevention (Council now has representation on BFVPWG), and the development of the 'Violence is Out of Bounds' project led by Victoria Police (see below).

- ◆ The 'Violence is Out of Bounds' project which recognised the role that men can play in changing attitudes to violence against women. This project targeted young men aged between 15 and 30. It involved providing information and resources at football grounds and netball courts during a round in the Bendigo Football League fixture dedicated to the theme of 'violence is out of bounds'. Volunteers from agencies and organisations involved in family violence services were recruited to attend the games and distribute the information. Gazebos and tables were set up at each ground/court and volunteers wore 'violence is out of bounds' t-shirts. Every football and netball player on the day wore a white arm band to signify the cause. An estimated 800 people were provided with information and resources on the day.

The issue of violence against women continues to gain momentum in Greater Bendigo. The Mayoral Ball and Charity Auction held in September 2008 gave all proceeds to Annie North Inc. Women's Refuge and Domestic Violence Service. Nominations for 2008 White Ribbon Day ambassadors included the Mayor and a councillor. The *City of Greater Bendigo Health and Wellbeing Strategy 2008-2011* includes the development of a violence prevention plan under the priority area of building social capacity.

Whilst this profiling of the issue is welcome, one of the tasks that lies ahead is in ensuring that the new violence prevention plan is an integrated one; that is, it address both public and private violence. Indeed, keeping gender on the agenda at Council more generally is an ongoing challenge. So, too, is ensuring that there are resources set aside to undertake prevention work. Specific challenges identified by BFVPWG include ensuring that hard-to-reach groups are engaged to its activities and that the group is not seen as 'Bendigo-centric'. In the context of Greater Bendigo, those in isolated rural areas are hardest to connect with.

Lessons arising from the prevention activities over the last two years include the importance of building momentum to achieve great outcomes. What began as uncertainty has flourished into concrete strategies and actions within a short space of time, and has involved a wide range of actors, leaders, champions and supporters across the service system and broader community. One other lesson is the value in drawing on the knowledge and experiences of other municipalities engaged in violence prevention activities. Through its participation in GLOVE, Greater Bendigo was able to have conversations and exchange ideas with other GLOVE case studies. The partnership has identified the work in Maribyrnong as particularly helpful and inspiring.

Shire of Loddon, 'Preventing Violence Against Women' Loddon Shire Council and Loddon Campaspe Centre Against Sexual Assault

The Shire of Loddon is located immediately northwest of Bendigo and approximately 175 kilometres northwest of central Melbourne. Loddon covers an area of around 6,700 square kilometres making it one of the largest municipalities by area in Victoria. There are some 9,000 people who live in the shire scattered in over 60 small settlements. Many of these settlements have fewer than 100 people who make up the local community. Loddon is a predominantly rural area and land is mainly used for agriculture and horticulture, particularly grain, sheep, wool, beef cattle, dairy, pigs and poultry. Access to (and use of) water is possibly the biggest issue currently facing people in Loddon who have lived with the challenge of ongoing drought conditions and the impact on their livelihood for several years.

As with many rural areas, Loddon has much fewer services that are readily accessible to residents compared to regional and urban municipalities. Resources are limited and services under-funded, making it all the more important to build networks and maximise what is available. Loddon has a couple of important structures in place to undertake violence prevention initiatives. Membership of the consortium to progress the Victorian Government's new approach to responding to family violence includes all of the sexual assault and family violence service providers in the area, as well as the women's health and community health services for the region. There is less evidence of 'silo' thinking and practice in the shire with the Loddon Service Providers Network providing a forum to keep agencies connected and focused on common issues. Yet, progress with violence prevention in the shire has, at best, been sketchy.

Loddon was nominated as a case study for the GLOVE project at around the same time that the City of Greater Bendigo was building momentum for its violence prevention initiatives. The 'common denominator' between Bendigo and Loddon was the Manager of Loddon Campaspe CASA. She had already been part of the process to involve Bendigo in the GLOVE project and was instrumental in taking the GLOVE opportunity to Loddon. Council gave its commitment to supporting the project, with leadership of any Loddon prevention initiatives arising from GLOVE to be shared by Council and Loddon Campaspe CASA.

The GLOVE project was then introduced to stakeholders in Loddon through two events. The first was a workshop hosted by Council towards the end of 2006. During this meeting, the GLOVE project was explained and an informal discussion and information sharing session was held about existing programs and opportunities for violence prevention amongst the agencies represented. Then in May 2007, a presentation was given to the Loddon Service Providers Network.

A few initiatives were identified as a result of these meetings, including a research project that would demonstrate the economic cost benefits of violence prevention in Loddon with potential funding sourced through Bendigo Loddon PCP. Unfortunately, staff changes that followed soon after the presentation in May 2007 have led to a loss of momentum for violence prevention in Loddon. One of the challenges facing any local governance approach to violence prevention is that the work can be embodied in a handful of people who have stepped up to take leadership on the issue. Unless true commitment to the effort is embedded structurally the impetus to do the work stays with the individuals – including if and when they choose to leave the area. Even though implementation of initiatives arising through Loddon's involvement in GLOVE is included in Council's *Municipal Public Health Plan 2007-2010*, local government and community partnerships are yet to pick up the work left off since May 2007.

Concluding Remarks

This report has provided an account of nine local government and community partnerships currently engaged in initiatives to prevent violence against women across Victoria. Together, they have involved a range of champions, leaders, actors and supporters from local government and the community. They have located their work in a wide variety of settings including schools, sports clubs, local businesses, and councils themselves. They have targeted different population groups including faith leaders, community women and men, and school students. And they have each developed their responses to suit the local context within which they work. They demonstrate that preventing violence against women:

does not require expensive medicines and unethical research on human subjects; nor does it cost more than a small proportion of the hundreds of billions of dollars currently spent worldwide on policing, courts, private security and the incarceration of criminals. It is simply a matter of individual and collective will, and effective and democratic governance (Whitzman 2008: 13).

As noted earlier, the international literature identifies the following ingredients of good practice in local governance and integrated violence prevention approaches (Hayes 2006: 17):

- ◆ Identification of violence using a gender analysis that recognises public and private forms.
- ◆ Community-based approaches that recognise women as experts in identifying issues, resources and solutions. The participation of women must be supported by local government and other relevant actors.
- ◆ Community-based partnerships with key agencies that have relevant expertise.
- ◆ Local government leadership in providing coordination and acting as a model for the local community (e.g. training employees in violence against women issues, inclusive policies and practices).
- ◆ Intersectoral involvement (e.g. police, justice, education, health, urban planners).
- ◆ Empowerment of women recognised as central to the elimination of violence against women.
- ◆ Recognition that the determinants of violence can be found in the structural contexts of people's lives.
- ◆ Planned, coordinated, evaluated and sustainable projects.

There is clear evidence of these ingredients being used in the nine partnerships discussed in this report. As a group, they have particularly strong evidence of gender-based perspectives to understanding and addressing violence, community-based approaches and partnerships, intersectoral collaboration with local government taking the lead, an 'upstream' determinants approach to addressing the causes of violence, and planned and coordinated projects that house a range of activities. Moreover, to the list above can be added the following 'emerging' elements drawn from the Victorian examples (including their challenges and lessons learned):

- ◆ Capacity to coordinate initiatives with frameworks and policy developments at the larger scale (i.e. state level in the case of our nine partnerships). This is evident in the way that the partnerships have drawn on

VicHealth initiatives to prevent violence against women or linked in with the statewide family violence service system reform process.

- ◆ Partnerships that are built over time between agencies that have mutual respect and trust for each other. Each of the partnerships described in this report are part of a much larger story involving the efforts of many leaders, actors, supports and champions over a number of years.
- ◆ Collaboration that can be horizontal and vertical. Examples of horizontal collaboration include working with different agencies delivering services to the local area (service catchments may be specific to the local area or broader, i.e. regional or statewide) or working across different Council units/teams. Examples of vertical collaboration include working with different scales of government (local and state).
- ◆ A vision, core concept or key message that unifies multifaceted activities and is communicated in a consistent manner to all stakeholders.
- ◆ A project design with objectives and timelines that are realistic and achievable. Weaving project activities in with major campaigns (e.g. White Ribbon Day or Community Safety Month) also maximises effort.
- ◆ Opportunities to share experiences with other violence prevention efforts and learn from each other. In our Victorian examples, VicHealth provided forums for all funded projects to discuss their progress, challenges and lessons. The Victorian Local Governance Association, at the request of the VicHealth funded projects that were local government led, hosted a 'round table' to facilitate information sharing within the sector and provide opportunities for other local governments to embrace integrated violence prevention. The GLOVE project case studies participated in similar processes of sharing ideas, albeit less formally.
- ◆ Acknowledgement that violence prevention takes time and requires patience. Partnerships need to be nurtured, responses need to be appropriate to the local context, the right way to 'pitch' the work to stakeholders must be found, initiatives need to be embedded in existing structures, and deep cultural shift needs to be sustained.

With the introduction of the new statewide primary prevention plan – along with appropriate levels of funding, resources and support to further build capacity – partnerships such as those described in this report will be even better placed to progress their work on preventing (and ultimately eliminating) violence against women. And at the federal level, developments are afoot to commit up to \$2 million nationally to fund research into community attitudes towards violence against women, following the Prime Minister's recent statement at the White Ribbon Foundation's annual dinner in September 2008 that violence against women is a silent crime that must not be tolerated. These, then, are exciting times in Victoria as far as integrated violence prevention and local governance approaches are concerned; and we have much to look forward to as local responses become part of a coherent statewide primary prevention plan with clear priorities, objectives and evaluation measures. Watch this space!

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