WOMEN'S HEALTH IN THE NORTH

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Women's Health In the North Submission to Victorian Royal Commission into Family Violence

29th May 2015

Contact

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Endorsements

This document is endorsed by the following WHIN partners:

Anglicare Victoria
Darebin Community Health
Georgina Martina Inc.
Hume Family and Domestic Violence Network
Merri Community Health
Nillumbik Health
Nillumbik Shire Council
North East Primary Care Partnership
Salvation Army Crossroads Family Violence Service
Yarra Family Violence Network

> “Good afternoon Helen,
>
> I write to formally express the support of Nillumbik Health for your Submission to the Royal Commission into Family Violence.
>
> As a long-term partner with WHIN, Nillumbik Health is aware of the extent of family violence and the enduring damage it causes in our communities.
>
> We applaud you and your team for the leadership you have shown in working to eliminate family violence. This submission succinctly captures the important issues and concerns that the Royal Commission must explore, understand and respond to in a prompt and meaningful manner.
>
> I would be pleased if you would consider including this email as evidence of our support to your submission. I believe that we should add the weight of our support to your document. We trust this will enhance the consideration it will receive at the Royal Commission.
>
> Regards,
>
> Brendan Walsh
> Chief Executive Officer ”

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Part 1: Introduction

About Women's Health In the North

Women's Health In the North (WHIN) is the regional women's health service for Melbourne's Northern Metropolitan Region.

WHIN aims to strengthen women's health, safety and wellbeing, with a strategic focus on:

- Sexual and reproductive health
- Violence against women
- Gender Equity and gender analysis
- Access to economic resources
- Environmental justice

WHIN's mission is to address gender inequities and the determinants of women's health, safety and wellbeing through leadership, advocacy, research, knowledge translation and strategic partnerships. WHIN is committed to carrying out this mission in a way that is feminist, ethical, inclusive and courageous.

WHIN's strategic objectives are to:

- Provide leadership and expertise to improve women's health, safety and wellbeing.
- Identify, build and resource strategic partnerships that promote women's health, safety and wellbeing, and improve regional service responses.
- Undertake and influence research, resource development and knowledge translation to inform innovative approaches to women's health, safety and wellbeing.
- Engage with women and communities to facilitate, influence and support positive change to their health, safety and wellbeing.
- Build a strong and sustainable future for the organisation.

WHIN takes a gendered focus to our work in prevention of family violence because, while family violence impacts on everyone, evidence has clearly established it is a gendered issue. Women are the most common victims of intimate family violence (82 per cent of victims are women) and men are the most common perpetrators of family violence (82 per cent of perpetrators are men) in the Northern Metropolitan Region (Corporate Statistics & Victoria Police, 2014). The biggest risk factor for being a victim of family violence is being a woman.

Where women do perpetrate violence against their partner, the violence is not equal to that perpetrated by men, it is usually in self-defence and women report higher levels of fear than men and experience greater levels of serious injury (VicHealth, 2011; WHO, 2002).

We know that addressing the primary determinants of men's violence against women – namely gender inequality and adherence to rigidly defined gender roles – will help to prevent all forms of violence against women before it occurs, including family violence. A gender equity (GE) focus needs to be central to any efforts aimed at preventing family violence.

In countries where there is the greatest gender inequalities (in areas including education, employment, access to finances) women experience greater levels of violence against women. Countries with the greatest equality between the sexes — Iceland, Finland, Norway and Sweden, for example — are among those with the lowest rates of violence against women (Hausmann, Tyson, & Zahidi, 2012). Conversely, where the gender gap is widest, such as in Yemen, Pakistan, Chad and

Syria, rates of violence against women are highest. At the moment, Australia ranks mid-stream in this measure.

Violence against Women is a WHIN Priority

WHIN has identified and responded to violence against women as a priority issue since the organisation was established by the Victorian State Government in 1991, and is committed to preventing violence against women before it occurs.

Our position, and that of all women's health services in Victoria, is that violence against women is a *serious and widespread* human rights[1] and public health issue, AND that it is *preventable*.

Our energy, passion and expertise are directed at addressing and preventing family violence by leading both the integration and coordination of the family violence sector AND leading an integrated approach to primary prevention work in the northern metropolitan region (NMR) of Melbourne. In both these tasks the emphasis is on adopting an integrated approach to the issue of preventing violence against women.

WHIN leads one of the busiest and most proactive regional and multi-organisational responses to family violence in Victoria. WHIN supports hundreds of organisations across the region.

Prevention

WHIN is committed to the vision of *Building a Respectful Community – Preventing Violence against Women – A Strategy for the Northern Metropolitan Region of Melbourne 2011-2016* (*Building a Respectful Community Strategy*):

> *To build a community in the northern region in which violence against women is unacceptable and where communities, cultures and organisations are non-violent and gender equitable; a community in which all relationships are equal, respectful and non-discriminatory.*

And its goals, which are to:

- create safe communities for women through the promotion of non-violent and non-discriminatory social norms;
- encourage gender-equitable, safe and inclusive communities and organisations; and
- develop equal and respectful relationships between women and men.

WHIN fosters community attitudes, beliefs, cultures and structures that do not accept any form of violence against women. We promote gender equity in our workplace and in the communities in which we work and consider the impact gender has on all our policies and programs. We model non-violent, equitable and respectful behaviour at all times.

We apply a population health approach to our work, and are guided by feminist, human rights and community development principles. Our work is informed by the lived experiences of women and children and the wisdom of practitioners and service organisations.

---

1 The United Nations Population Fund (UNFPA) has described gendered violence as 'the most pervasive, yet least reported human rights abuse in the world.' (UNFPA, 2013).

We apply a social-ecological framework to our prevention work, acknowledging the need to understand the complex interplay of factors at various levels - individual, relationship, community and societal - that are at the root of family violence.

Members of the NMR Prevention of Violence against Women Committee:

Councils

Banyule
Darebin
Hume
Moreland
Nillumbik
Whittlesea
Yarra

Community Health Services

Banyule
cohealth
Darebin
Dianella
Merri
Nillumbik
North Richmond
Plenty Valley
Sunbury

Primary Care Partnerships (PCPs)

Hume Whittlesea PCP
Inner North West PCP
North East PCP

Other

Banksia Gardens Community Service
Good Samaritan Inn
Kildonan Uniting Care
Northern Centre Against Sexual Assault
Whittlesea Community Connections
WHIN

Early Intervention and Response

WHIN's Northern Integrated Family Violence Services[2] (NIFVS) Coordination Team, managed by the Regional Integration Coordinator (RIC), leads the integration of Family Violence and related services in the region. WHIN plays a key role in resource, coordinate and supporting integration by:

2 NIFVS was formed in 2008 and the coordination of the Network is funded by the Victorian Department of Health and Human Services. More information is available at http://www.nifvs.org.au/

- providing leadership for regional integration
- convening and supporting regional networks and groups
- disseminating key family violence news, information and developing resources
- identifying and publicising integration and other initiatives in the north
- delivering training to the sector
- facilitating links between local, regional and statewide family violence services and governance structures.

The NIFVS partnership is led by the Regional Family Violence Integration Committee which includes family violence specialist services, WHIN, courts, police and CALD, disability, family, housing, Indigenous, legal, mental health, sexual assault and women's health services, as well as representatives from key state government departments.

Members of the NIFVS Regional Integration Committee include:

Anglicare Victoria
Berry Street – Northern Family and Domestic Violence Service
Bright Futures
Crossroads Family Violence Service
Darebin Community Legal Centre
Department of Justice
DHHS - Child Protection
DHHS – Disability
DHHS – Local Connections Unit
Elizabeth Morgan House
Georgina Martina Inc.
Hume Moreland Integrated Family Service Alliance
InTouch Multicultural Centre Against Family Violence
Kildonan Uniting Care
Melbourne Magistrates' Court
Northern Area Mental Health Service
Northern Centre Against Sexual Assault
Northern Homelessness Network
Plenty Valley Community Health
Sunbury Community Health
Victoria Police
WHIN – Chair, Regional Integration Coordinator and Health Promotion Manager (Prevention of Violence against Women)

WHIN coordinates the Counselling and Support Alliance, a regional framework for the planning, implementation and evaluation of family violence counselling and group work. This brokerage of counselling and group work funding to nine community health and four specialist family violence services enables a coordinated approach to integrated service delivery and staff professional development.

Members of the Counselling and Support Alliance include:

Community Health Services

Banyule
cohealth
Darebin
Dianella
Merri
Nillumbik
North Richmond

Plenty Valley
Sunbury

Family Violence Specialist Services

Anglicare
Berry Street - Northern Family and Domestic Violence Service
Elizabeth Morgan House
In Touch MultiCultural Centre Against Family Violence

This Submission

The aim of this submission is to identify key issues and challenges related to family violence, as identified by WHIN and its regional partners, to highlight effective or promising solutions to those issues, and to make suggestions for action required to support and further develop the solutions.

WHIN consulted with more than 60 regional partners in the development of this submission to ensure the incorporation of input that reflects the experiences of organisations involved in the NIFVS partnership and the NMR Preventing Violence against Women Committee. Our recommendations reflect many suggestions made by partners in our work in the region.

We do not seek to duplicate the submissions that are made by partner organisations in the NMR, rather, we seek to offer WHIN's knowledge and expertise in the areas that reflect our work in the region.

The Northern Metropolitan Region (NMR)

With a population of 940,142, the NMR of Melbourne contains approximately 16 per cent of the total Victorian population (ABS, 2014a). The NMR covers more than 1600 square kilometres, from inner city Richmond to the Kinglake Ranges and encompassing the Banyule, Darebin, Hume, Moreland, Nillumbik, Whittlesea and Yarra Local Government Areas.

Of the total population in the NMR, 329,682 are women aged 25 years and over, and 297,477 are children and young people aged 24 years and younger (ABS, 2014a). The suburbs in this region have

a diverse ethnic and socio-economic mix and differential levels of infrastructure. More than 14 per cent of Victoria's Aboriginal and Torres Strait Islander population reside in the NMR (ABS, 2011).

Three of the NMR's council areas are deemed 'Interface Councils', i.e., the ten councils that form the outer edges of Melbourne, and of these three, two (Whittlesea and Hume) are identified as growth corridors (Metropolitan Planning Authority, 2015).

The City of Whittlesea is one of the fastest growing municipalities in Australia. The population is expected to exceed 250,000 by 2030, with growth concentrated in the developing areas of Mernda-Doreen, South Morang, Epping North, Wollert and Donnybrook (Victorian Department of Planning and Community Development, 2013). In 2014, the city's population was approximately 186,368 and is expected to grow substantially by 2036 to 333,696 (an increase of 79%).

The past decade has been one of intense growth, reflected in rapid economic expansion, green-field development and a population increasing faster than almost all other municipalities (City of Whittlesea, 2013).

The City of Hume is one of Australia's fastest-growing and culturally-diverse communities and is home to more than 180,000 residents (ABS, 2014a). Today, Hume residents come from more than 166 different countries and speak over 120 languages – with two out of every five residents speaking a language other than English (Profile.id, 2011).

These two municipalities face numerous challenges; among them, meeting current and future community needs, minimising their ecological footprint, and catering to a growing and diverse population.

Regional Family Violence Statistics

- 2013-14 Victoria Police statistics indicate that there were 10,721 recorded family violence incidents in the NMR of Melbourne in 2013-2014, reflecting an increase of 8.7 per cent from the previous 12 months (Corporate Statistics & Victoria Police, 2014)
- of all assaults recorded in the NMR in 2013-2014, 50 per cent were committed in a family violence context, as were 52 per cent of recorded abductions and kidnaps and 57 per cent of harassment offences;
- more than a third of all rapes and 27 per cent of all other sexual offences were perpetrated within the context of family violence incidents; and
- three family violence-related homicides were committed in the NMR during this time, representing 14 per cent of all homicides in Victoria[3].

The NMR has a service system under enormous pressure to respond to women and children. The service system provides support, crisis accommodation, counselling and group work, housing, emergency relief, as well as services responding to perpetrators of family violence, including police, courts, men's behaviour change programs and other support programs, prisons and community-based responses (DVRCV, 2013).

3 These statistics, including a breakdown of family violence statistics per LGA, are outlined in a series of factsheets prepared by WHIN.

As we know, many women who experience family violence or sexual assault do not report the incident to police, these figures are likely to underestimate the extent of the problem (WHIN, 2011).

Part 2: Focus Areas, Challenges and Effective Strategies

Focus Area #1: Integration and Coordination

Integrated responses to family violence, involving coordinated response and prevention services, guided by local strategies and plans, and cross-sector collaboration, have been seen as good practice in Victoria for at least a decade (Keleher 2013). In the NMR, WHIN leads integration and coordination across the continuum from prevention to early intervention and response.

Integration and coordination in northern metropolitan Melbourne is based on and includes:

- a shared understanding of family violence and a shared vision for change
- all parties understanding and striving to improve the system
- strong structures and relationships across the system
- information-sharing and collaboration across a broad range of organisations
- opportunities to discuss and resolve issues
- enabling a 'continuum of care' through smooth referral pathways and consistent service responses
- A shared regional commitment to the preventing family violence

For organisations where family violence is not core business, integration ensures a more informed, skilled and accountable workforce and consequently improved outcomes for women and children. The effectiveness of efforts to raise the profile of family violence in the NMR is evidenced by the development of family violence policies at the organisational and local government level, the inclusion of family violence clauses in Enterprise Agreements, and increased uptake of family violence and gender equity training.

Some of the tools and resources developed and disseminated by the NIFVS Coordination Team to support the integrated family violence system have included:

- NIFVS Website – (www.nifvs.org.au) a hub of information for workers supporting women's and children's safety in Melbourne's NMR. The website features a service directory, events and training, intake pathways and resources for working with particular client groups.
- Intake pathways – documentation of pathways into the family violence system for women, children and men and mapping of regional governance arrangements.
- Governance and networks mapping – map of regional family violence governance arrangements and key networks and groups.
- Family Violence Help Cards – business card-sized resource with information to help a woman who is experiencing family violence (women's help card) or a man who is perpetrating violence (men's help card). The help cards have been translated into 14 community languages and have been adapted for the Aboriginal community. More than 422,000 cards have been distributed across the region since 2007.
- Regional induction to the family violence sector – bi-annual induction sessions for workers who are new to the region or to the family violence sector.
- Family violence integration forums – regular forums to explore and strengthen integrated responses in a range of priority areas (e.g. children, responding to men).
- Identifying Family Violence training – for generalist workers to increase their understanding and recognition of family violence, gain strategies to respond to disclosures and learn about appropriate referrals.

- Week Without Violence (WWV) – a worldwide campaign which aims to raise community awareness of family violence. Services in Melbourne's NMR are resourced to facilitate events for women, children, men and their communities in the third week of October.
- Love Control DVD and resource notes – An innovative short film that increases young women's awareness of the early warning signs of abusive and controlling relationship. Love Control has been used in school settings, tertiary education settings, in counselling and group work with women and in community education. The resource has been used across Australia and internationally.

Outcomes of Integration and Coordination in the NMR:

Prevention

- Formal endorsement of BRC strategy by fifty organisations
- Facilitation of a consistent shared regional understanding of the nature of prevention of violence against women
- Evidence of strong leadership in CALD communities
- Implementation of Whole of Organisation approaches to prevention
- Increased profile of the 'Week Without Violence' campaign and participation by regional partners supported by culturally appropriate resources
- High level of participation in Gender Equity training across generalist services. Over the past 18 months WHIN has delivered 12 gender equity sessions to 155 people.

Early Intervention and Response

- Increased access to family violence information and support, through family violence help cards, NIFVS website, ENews and other resources
- High level of participation in identifying family violence training across generalist services. Over the last two years, WHIN has delivered 31 Identifying Family Violence Training sessions to 682 generalist workers.
- Increased collaborative cross-sector partnerships, including through the development of a new cross sector Regional Integration Committee
- Improved cross-sector referral pathways through provision of Identifying Family Violence training and induction sessions to non-specialist workers
- Increased secondary consultations across organisations and sectors, as identified by partners
- Clarified intake and referral pathways, including by developing and distributing intake pathway maps
- Comprehensive service mapping resulting in an online service directory on the NIFSV website
- A range of integrated service delivery models (see examples below)

What Works?

Regional Governance Structures and Plans

The NIFVS partnership provides a strong platform for agency partnerships and collaboration and community engagement in the NMR. Its aim is to identify and respond to systemic issues and advocate for change. The *NIFVS Regional Plan, 2013-2017* outlines strategies related to five goals: primary prevention, early intervention, response, skilled workforce and sound evidence base and governance. The NIFVS Regional Integration Committee identifies and prioritises local and regional family violence issues within the context of this plan, as well as statewide policy.

In its prevention work, the NIFVS partnership is guided by a regional strategy developed by WHIN, *Building a Respectful Community – Preventing Violence against Women Strategy* (see Focus Area #3: for a discussion of the strategy). Integration between the NIFVS Regional Committee and the Preventing Violence against Women Committee is ensured by WHIN and the RIC's representation across both.

Through these governance arrangements and regional plans, WHIN is able to promote shared understandings of family violence and a commitment to shared goals and outcomes across prevention, early intervention and response.

Networks across the Region

A number of local and regional networks have been developed over many years which bring together a range of services in the NMR involved in family violence-related work. These include:

- the Counselling and Support Alliance;
- family violence Networks in Darebin, Hume, Moreland, Nillumbik/Banyule, Sunbury and Yarra;
- the Prevention Violence against Women Committee;
- the Indigenous Family Violence Regional Action Group;
- the North and West Men's Integrated Family Violence Partnership; and
- the Northern Integrated Family Violence Services (NIFVS) Network.

These networks are variously convened, resourced or attended by WHIN, ensuring linkages and information flow between networks in the region.

In addition, NIFVS maintains links with Family Services Alliances and the Homelessness Local Area Service Network to strengthen cross-sector linkages.

Integrated Service Delivery Models

Integrated approaches to service delivery aim to ensure clients access a range of services in a coordinated, consistent way, providing 'wrap-around' support. They seek to facilitate the sharing of resources across organisations, and to break down service silos that hinder smooth referral pathways. Integration is sought not only across sectors and organisations, but also across the various levels within larger organisations, such as government departments and community health organisations.

Examples of effective integrated service delivery models include:

- Counselling and Support Alliance – a coordinated regional framework for planning, delivering and evaluating family violence counselling and group work, via Community Health Services and key family violence services.
- Families@Home – a multidisciplinary, early intervention initiative aimed at keeping women and their children safe and secure in their homes.
- Whittlesea CALD Communities Family Violence Project, based at Whittlesea Community Connections – an integrated, place-based model, tailored to the multicultural community of City of Whittlesea that features response, early intervention and prevention components.

Case Study: Safe at Home

> *The Safe at Home brokerage has enabled our organisation to adapt safety plans to respond to each woman's individual circumstances.*
>
> Women's Refuge Manager

Context

Safe at Home brokerage funds enable organisations to immediately put in place a range of interventions including: home safety (security lighting, lock changes, etc.), personal safety devices (Safe T Card), material aid to replace items damaged by the perpetrator, removing and storing women's property, rental arrears and others.

More than 2,000 women and children receive varied levels of support through Safe at Home brokerage every year.

Challenges

There is no long-term funding for the program. The signing of the National Partnership Agreement on Homelessness has secured Safe at Home brokerage over the next two years, only. The Victorian Budget also included $900,000 to pilot a similar program in four unknown locations.

What Works

The Safe at Home program provides flexible, timely responses to women and children who have experienced or are at risk of experiencing violence. It is instrumental in keeping women safe and in preventing homelessness.

Action Needed

Given that there is limited refuge accommodation, inadequate public housing and an unaffordability crisis in the private rental market, Safe at Home options need be further strengthened.

Case Study: Women's Unequal Access to the Legal System

> *The principle of 'equal justice under the law', carved into stone over many a courthouse, needs to be translated into action in our world.*
>
> Hon. Justice Michael Kirby, 2005, para 11

Context

The complexities of the legal system are difficult to manage for both women and workers. Access to free legal services for women leaving violence is frequently inadequate or unavailable, especially for rural women. Indeed, lack of access is both common and systemic.

Challenges

High demand for free legal services often results in long waiting times and short appointments. There are stringent eligibility requirements for legal aid, leaving many women without sufficient legal assistance, and the general exclusion of property matters mean that women's need for shelter for themselves and their children is unlikely to be addressed through the legal system.

Women who do reach the legal system arrive there on an unequal basis to men. Living with violence over months or years often erodes both confidence and belief in the right to a life without violence.

What Works

Delivering Skype legal services in an 18-month pilot project through Women's Legal Service Victoria (WLSV) (specialising in family violence and family law) was found to be an effective and feasible method to resolve legal issues for many women. Preliminary findings indicate better outcomes for women and evidence that episodes of violence were, in all probability, prevented through this intervention. WLSV has continued this program for a further year as 'Link'.

Action Needed

- Provide ongoing funding to WLSV for 'Link' as this cost-effective program provides women equal justice under the law and allows an option to leave violent men.
- Commission a gender analysis of legal aid funding to assess the gendered impact of VLA's funding guidelines, funding allocation, policies and procedures.
- Simplify family law property claims of less than $100,000 by establishing a family law small claims tribunal.
- Amend the *Family Violence Protection Act 2008 (Vic)* to improve victims' access to their personal property left in the family home after an intervention order is made.

Gaps and Challenges

- Integration and coordination takes time and resources and can be onerous for organisations with limited resources and large service demand.
- Limited resourcing to coordinate integration efforts at a local level constrains coordination of and information-sharing about local approaches.
- Competitive funding processes do not promote partnerships, collaboration and integrated approaches, as services vie for funding in competition with each other.
- Government funding agreements create silos that mean that integration is difficult (e.g. sexual assault services are so embedded in a health funding stream that it is difficult for services to work as part of the integrated family violence system).
- State government agencies need to be more actively involved in integration work. As an example, the failure (or inability) of courts to share key information about Intervention Orders with the Office of Corrections increases risk for women.
- There is limited engagement in family violence prevention, early intervention of response work from the education sector, including early years' providers and primary and secondary schools.
- Limited sharing of client data across services can result in poor identification of the level of risk to clients and the support they require.
- Non specialist family violence service entry points require training and support and adequate resourcing to identify and respond well to women, children and men who have experienced and perpetrated family violence.

Case Study: Fund the Family Violence System Factsheet

> *Family violence is the number one cause of women's homelessness in Victoria.*

AIHW, 2011

Context

In 2014, the Northern Integrated Family Violence Services (NIFVS) partnership undertook a piece of research to understand the long-term financial impacts of the current family violence system funding model in the NMR.

Challenges

In the last five years police referrals to the key women's family violence intake service in the NMR have more than tripled. This dramatic rise in the number of women requiring family violence services was not met with a reciprocal increase to the funding for relevant parts of the system.

Under the current funding model, women often access emergency accommodation before refuge, and are unable to have their long-term needs met or be safely re-housed. The cost to the system is just over $53,000 per woman.

What Works

The long-term cost of a crisis-driven model is almost twice that of a best-practice service response. The research showed that, if women were referred directly to refuge, supported with long-term case management and safely re-housed, the cost to the system would be just under $30,000 per woman.

Action Needed

Urgently fund specialist and targeted services so they can meet demand, including processing and responding to police referrals, case management, counselling and therapeutic programs for both women and children (No More Deaths Campaign, 2014).

Case Study: Family Violence and Problem Gambling

Increasing the Odds for Safety and Respect Project – 2014-2015

> *As a problem-gambling financial counsellor, I see family violence every day.*
>
> Consultation Participant, 2015

Context

There is an established link between family violence and problem gambling, including high rates of child abuse, with research suggesting family violence occurs in up to 50 per cent of families where there is problem gambling.

Challenges

Whilst there is strong evidence regarding the link between family violence and problem gambling, the link is not well understood, nor comprehensively addressed at a response and prevention level. Little information exists about best practice in working with clients living in families with family violence and problem gambling. There are no formal referral pathways between the family violence and problem gambling services in Victoria.

What Works

Increasing the Odds for Safety and Respect is the only prevention project in Victoria which addresses the link between family violence and problem gambling. It aims to strengthen the relationship between the sectors, risk assessment mechanisms, referral pathways and service delivery. It is funded by the Victorian Responsible Gambling Foundation and is undertaken in partnership between WHIN, Women's Health East, North East PCP and Inner East PCP.

Action Needed

- Support for a greater level of integration between the family violence and problem gambling sectors.
- Problem gambling services commit to incorporating professional development on family violence into the annual training calendar of their therapeutic and financial counselling staff. This training should include how to work effectively and safely with women experiencing family violence and male perpetrators of violence.
- Family violence organisations, including men's behaviour change services, commit to incorporating problem gambling professional development into their annual training calendar.
- The Victorian Government legislates to make electronic gaming machines safer in Victoria.
- Resources be directed towards dev eloping an increased knowledge base about and addressing women's use of gambling venues as a 'safe space' away from family violence.
- A gendered perspective be applied to any future research into problem gambling funded by government, including the disproportionate effects of gambling on women.
- Problem gambling be included as a risk factor in the family violence Risk Assessment and Risk Management Framework (CRAF) and that family violence be included in problem gambling assessment tools.
- Problem gambling be listed as a contributing factor in the future models of the prevention of violence against women.

Case Study: Financial Abuse

> *He put everything in my name… the rent, credit cards, gas, electricity… and I'm the one still paying it off… At the time I didn't have a name for it. I didn't see it as a form of abuse.*

Research Participant, 2014

Context

Financial abuse is one of the least recognised and understood form of violence against women. It has only recently been recognised in Australian and Victorian law, yet is a critical factor in the experience of violence of many women.

By controlling and limiting women's access to financial resources, a perpetrator ensures that the victim will be financially deprived if she chooses to leave the relationship. As a result, victims of domestic violence are forced to choose between staying in an abusive relationships or facing economic hardship and possible poverty and homelessness.

Challenges

The key risk is that women will remain in abusive relationships due to lack of financial resources, or leave and become entrenched in a cycle of poverty.

What Works

Increased understanding of financial abuse as a form of violence against women, both at community level and by professionals (financial institutions, Centrelink, Child Support Agency, utility companies), is key, as is:

- increased access for women to legal support, representation and advice; and
- development of resources that address the lack of awareness of financial abuse, such as WHIN's *For Love or Money* educational film.

Action Needed

- Further development of educational resources and community education that identifies, names and unpacks the many ways in which financial abuse as a form of family violence is played out.
- Roll out of professional training on financial abuse with particular targeting of financial institutions.
- Increased funding for financial literacy programs for women including WHIN's Managing Money: Every Woman's Business.
- Support for organisations leading the way in research and advocacy on financial abuse, including Good Shepherd Youth and Family Service, Kildonan Uniting Care and WIRE.

Action Needed

- Continuation and enhancement of regional integration and coordination of both family violence response services and prevention of violence against women strategies.
- Continuation of resourcing of the NMR Counselling and Support Alliance as a coordinated regional framework for planning, delivering and evaluating family violence counselling and group work for women and children.
- Recognition of the role of women-centred specialist family violence services funding to adequately meet the increasing demand and population growth.
- Recognition of the specific needs of the populations and organisations in the growth corridors in relation to the differential access to specialist family violence services compared to Greater Melbourne.
- Establishment of cross-ministerial governance arrangements and improved mechanisms for a comprehensive whole-of-government and departmental response to family violence.
- Resourcing of local multi-agency meetings to increase the safety of women and children who have not been identified as high risk (via RAMPs), but still require an integrated service response at a local level.
- Resource drug and alcohol, homelessness, mental health and disability services to better engage with the family violence integrated system, in particular, via local multiagency networks and governance structures.
- Resource professionals from early childhood services and school settings so they can engage in prevention, early intervention and response to family violence.
- Ensuring universal service providers have access to training and skill development to identify and respond to family violence, including risk assessment and risk management.
- Articulating and strengthening links between Aboriginal organisations and family violence services ensuring that both Aboriginal and mainstream family violence services are adequately resourced.
- Recognition that family violence is the number one cause of women's homelessness. Increasing specific funding for safe, accessible and affordable housing options for women and children escaping violence. Increasing flexible funding to support women and children to stay safe and remain at home, if safe to do so.
- Fund specialist family violence organisations to provide co-located services in generalist service hubs, including legal, financial and relevant government departments.
- Refinement and improvement of current data collection systems to improve information sharing between service providers and, therefore, the safety of women and children.
- Coordination of databases across women's and men's intake services to improve information about, and understanding of, clients' access to the service system.

Focus Area #2: Region-Based Approach

In our view, it is essential that integrated approaches occur at a regional, as well as a statewide level. Regional approaches bring with them pre-existing and longstanding agency partnerships, a deep understanding of local needs and differences and the issues impacting on particular communities (e.g. particular ethnic or Indigenous communities, or women in rural settings), and greater ability to evaluate the impact of programs on population behaviour in specific geographic locations.

Feedback from the NMR Royal Commission consultation, held on 14 April 2015, confirmed that WHIN is widely considered to be a regional peak organisation that can lead and motivate organisational change and growth in the area of family violence response and prevention work. Participants noted that it has been extremely important and valuable to have an umbrella organisation pulling together a coordinated and integrated regional approach to family violence and prevention of violence against women.

In the north, there is a shared understanding of the issues of family violence, prevention of violence against women and gender equity and many examples of shared work to address these issues in our communities. There is an understanding of organisations, communities and their needs, which derives from longstanding relationships, connections and partnerships. These relationships have been forged in agreements, organisational strategies and commitments that have stood the test of time and changing government policy.

Regional approaches ensure that the needs of communities and particular population groups are understood and factored into the planning, development, delivery and evaluation of all response and prevention efforts. Harnessing the knowledge of local expert organisations who are working with these cultural and population groups is key to success, and a regional approach enhances this.

As noted, in the NMR, the NIFVS Regional Integration Committee and the Prevention of Violence against Women Committee oversee the implementation of the *NIFVS Regional Plan 2013-2017* and the prevention of violence against women strategy, and coordinate prevention work in the region. Other regional bodies, such as the Regional Management Forum (RMF) and the Regional Justice Reference Group, have adopted family violence and gender equity as priorities for their work. WHIN has been supporting and resourcing this work.

Flexibility and problem solving approaches are required to enable cross-regional and local action. Led by a regionally focussed organisation, regional and local effort can be consistent and cost effective, because practice is shared, there are similarities in the paths being taken, and there is reduced duplication by organisations undertaking action to address and/or prevent violence against women.

Outcomes of a Regional Strategy:

- Informs local government strategies
- Links layers of structure from local level to state
- Facilitates information sharing, resources, partnerships and relational coordination
- Promotes the use of consistent language and uniform shared understanding
- Results in a collective impact which becomes powerful and effective
- Achieves accountability and commitment to addressing prevention and gender equity

What Works?

The *NIFVS Regional Plan 2013-2017* and regional prevention strategy *Building a Respectful Community Strategy* guide family violence response and prevention integration. They provide the over-arching frameworks and context, promote evidence-based action and have the 'buy in' of regional partners. This approach offers commonly understood and agreed goals, vision and language which can be tailored and applied locally and in area-based settings.

Collective impact and reinforcement of consistent messages is powerful and more effective when regionally focussed. Through our work, including the development of the *NIFVS Regional Plan 2013-2017*, BRC Strategy, NMR Prevention of Violence against Women Committee, WHIN has created a community of practice. It has supported the work of individual organisations in which violence against women and gender equity are not core business. The community of practice has also led to the development and sharing of resources and the adaptation of these resources to suit particular settings or audiences.

WHIN's independent and 'neutral' approach to leading and resourcing the work is appreciated by partners in both the funded family violence sector and the prevention sector. There is alignment of WHIN's regional plans with the plans of local government organisations, PCPs, the Regional Justice Reference Group and with the Regional Management Forum (RMF) in the NMR.

In a regional approach, front line, universal services play a vital role in providing multiple 'soft' entry points for women and children experiencing family violence. Services that are well known in the community, accessible and non-stigmatising — such as community health services, GPs, early years' service providers, like maternal and child health centres, kindergartens and child care centres — are well-placed to identify families where violence occurs, provide effective referrals to the appropriate services, and undertake preventative work. These vital service providers need to be supported, resourced and well-informed about identifying and responding to family violence and making appropriate referrals. WHIN provides a raft of training and resources to health and community service providers to assist them in identifying and responding appropriately to women and children.

Case Study: Family Violence Help Cards

> *These tiny cards will save women's lives and keep men out of prison.*
>
> Darebin City Council

Context

More than 422,000 cards have been distributed across the region since 2007. This was only possible through a one-off $33,000 grant provided by the Victorian Department of Planning and Community Development and voluntary donations from local government and community organisations across the region.

Challenges

The Help Cards are currently unfunded.

What Works

The Family Violence Help Cards inform community members, victims and perpetrators that family violence is a crime and provide information about support services that are available in the region. They are available in 14 community languages. Aboriginal-specific Help Cards are also available.

They increase help-seeking behaviours among both victims and perpetrators and contribute to women's safety, by providing a compact resource for women that can be hidden from the perpetrator. They also provide a quick reference guide for mainstream services that may not have experience in responding to family violence.

Action Needed

Provide a minimum three-year funding commitment which would enable the ongoing provision of women's, men's and Aboriginal help cards to the region.

Gaps and Challenges

- Resourcing and leading regional work in a large, complex and growing region like the NMR requires dedicated funding and resourcing and a 'back bone' organisation.
- The region needs the capacity to retain and build on the solid base that already exists and is working well. We must not lose the momentum and partnerships that have already been built.
- Government and other funders have shown a propensity to fund one-off projects and pilots by individual organisations and community groups who are not engaged in or committed to an integrated and coordinated approach to the work, which can have problematic outcomes.
- Inability to secure ongoing funding for essential resources including the regional family violence Help Cards. The Help Card project model and templates have the capacity to be used and replicated in other regions across the state.

Action Needed

- Continuation of funding and support of regionally based, coordinated, long-term approaches to preventing violence against women and to family violence service response coordination.
- Regional structures and systems that connect to a statewide structure of governance for family violence prevention and service response.
- Continuation of funding of women's health services, such as WHIN, already leading regional prevention of violence against women strategies, thereby building on their existing capacities and capabilities. Current governance and coordination structures are improving and enhancing the momentum of regional prevention work.
- Commit to the ongoing and required funding of the Family Violence Help Cards in the NMR.

We propose a reinvigoration of previous governance frameworks. Longitudinal change requires the enablers of a consistent authorising environment, a common framework and approach to these issues, and commitment to and investment in the drivers of integration. This structure provides a solid foundation from which to build upon. In recent years, direction and momentum have been lost, partly due to delays in establishing new governance processes and structures. We recommend utilising this previous foundation in order to re-establish vision, focus and direction.

Note – State-wide Advisory Committees should advise the Minister for Prevention of Family Violence and should invite membership from organisations representing women from diverse and particularly vulnerable population groups, and with specialist expertise in this area. Membership of the Primary Prevention state-wide committee will include state-wide women's health services - Women's Health Victoria, Multicultural Centre for Women's Health and Women with Disabilities Victoria.

Violence against Women & Children Governance & Advisory Structures

Instate Victorian Women's Safety Commissioner
This position holds the right of review policy & budgets, including veto powers.

Violence against Women & Children Ministers
Mechanism for shared leadership, accountability & funding commitment for women's safety and men's accountability including the Premier, Minister for Family Violence Prevention, the Attorney-General, Ministers for Community Services, Housing, Aboriginal Affairs, Multicultural Affairs, Equality and Minister for Police & Emergency Services *Women's Safety Commissioner, Child Safety Commissioner, OPA, & Victorian Equal Opportunity & Human Rights Commissioner.

Violence against Women & Children Interdepartmental Committee
Regular meeting of executive officers from state government departments: Health & Human Services, Justice, Education and Early Childhood & Victoria Police.

Meeting chaired by DPC.

Violence against Women & Children State-wide Advisory Committee
Quarterly meeting of key government, sector & state-wide representatives to advise on reform progress.

Meeting co-chaired by DPC & Domestic Violence Victoria

Primary Prevention State-Wide Advisory Committee
Quarterly meeting of key government, sector & state-wide representatives to advise on primary prevention progress.

Meeting co-chaired by DPC & Women's Health Association Victoria

Violence against Women & Children Round Table
Bi-annual meeting of all stakeholders chaired by the Interdepartmental Committee.

(*These meetings may be called more frequently, or be supplemented with topic specific consultations, for example children, interventions, women with disabilities).

Indigenous Family Violence Partnership Forum
Bi-annual meeting between government representatives & Indigenous Regional Action Groups Chairs & relevant community & stakeholder representatives.

Family Violence Regional Integrated Steering Committees
Comprised of all regional & sub-regional partners & agencies involved in addressing family violence, with strong links to Regional Primary Prevention Leadership & Indigenous Family Violence Regional Action Groups.

Primary Prevention Regional Leadership
Comprised of Women's Health Services and all regional & sub-regional partners & agencies involved in primary prevention.

Indigenous Family Violence Regional Action Groups (RAGs)
Comprised of elders, women, men, young people & community leaders, organisations & service providers.

All place based initiatives that work with women and children in regions consider linkages with CRAF & regional bodies

Adapted from A Right to Safety & Justice and A Right to Respect

Focus Area #3: Prevention and Gender Equity

In late 2011, WHIN launched the regional prevention strategy *Building a Respectful Community Strategy*. In May 2013, 50 organisations endorsed the vision and goals of the strategy, including seven councils, nine community health services, three PCPs, three hospitals, and 29 community organisations, including family violence services and Victoria Police.

Since then, the momentum and strength of commitment to the regional strategy has grown dramatically. There is region-wide acceptance in the NMR that gender inequities lie at the core of violence against women.

Since the adoption of the regional strategy, three local councils have developed and adopted gender equity strategies. Three have adopted specific family violence policies and strategies. All seven local councils in the NMR have identified violence against women, gender equity and family violence in key organisational strategies and plans (Community Safety Action Plans and Municipal Public Health Plans (MPHPs)).

WHIN has delivered professional development in Gender Equity and Gender Analysis to five councils in the NMR and is currently developing plans with two other councils to deliver this training. Three Community Health Services have adopted whole of organisation approaches to responding to and identifying family violence, with WHIN's assistance. WHIN has provided training and resources such as Identifying Family Violence training, a PVAW Organisational Assessment Tool, Gender Equity training, a film about financial abuse and Violence Against Women Fact Sheets.

This work is supported by the NMR Prevention of Violence against Women Committee, which WHIN convenes and resources.

WHIN's work with the Northern Regional Management Forum (RMF), made up of senior leaders in state and local government, is an example of prevention work that seeks to effect systematic and structural change, as well as behaviour and attitudinal change. The RMF have recently prioritised violence against women for their work in the future.

As part of this commitment, the RMF, in conjunction with the Regional Justice Reference Group and WHIN, held a half-day forum on violence against women and gender equity at the end of April 2015. Hosted by the City of Moreland and attended by over forty participants from local government and regional state government departments, including the emergency service organisations in the region, the forum focussed attention on the volume of family violence reports to police, the gendered nature of the issue and the seriousness and costs to individuals, families, communities and the service system. The Executive Director, Department of Justice, who led the forum, facilitated a discussion about the raft of actions that local government and state government departments can take to address and prevent violence against women and gender inequity. The RMF will develop and confirm priorities for action at its next meeting to be held in early June 2015.

The RMF has drawn upon WHIN's knowledge and expertise. It has recognised the importance of having an organisation like WHIN taking the lead on this work in the region and providing guidance on evidence-based prevention strategies.

In addition to the organisation's role in leading the integration and coordination of family violence services in the northern region of Melbourne, and driving of a regional strategy in prevention, WHIN undertakes research and evaluation which informs the development of resources and tools for the sector and for the community, and conducts community and professional education and training.

What Works?

Gender Equity is Key to Prevention

Women's health services in Victoria have long advocated for the inclusion of considerations of gender by policy makers and service providers when addressing the health, wellbeing and safety needs of women (WHV, 2012).

Underpinning our primary prevention work relating to violence against women is the understanding that the root causes of violence against women are the unequal distribution of power and resources between women and men, and adherence to rigidly defined gender roles and identities (True 2012; Landvogt 2013). Change is required at a personal level, i.e. in attitudes and behaviour, as well as at a structural level. Commitment to the promotion of gender equity must therefore be at the heart of work to prevent violence against women, including family violence.

Factors that may contribute to family violence include financial stress, use of alcohol and drugs, gambling, social isolation, natural disasters, unemployment, mental health, disability, exposure to violence as a child and the impact of colonisation on Aboriginal people (Humphreys & Thiara, 2003; Parkinson & Zara 2013; Mitchell, 2011). Whilst these factors may contribute to the violence, they are not 'necessary or sufficient to cause violence in themselves. They become relevant when coupled with support for gender inequality and rigid gender roles' (City of Whittlesea, 2014). We must be careful not to blame contributing factors for high rates of family violence —we must, instead, develop strategies that address root causes of family violence and the contributing factors.

Case Study: Disaster and Increased Family Violence

> *So much has been justified as a result of the fires… So much has been fobbed off. So many women have gone to police and been told by police, 'Things will settle down again'.*

Case Manager cited in Parkinson & Zara, 2012, p. 140

Context

After the 2009 Black Saturday bushfires, research with 30 women and 47 workers in Victoria indicated that family violence increased following this catastrophic disaster, but women's voices about this violence were silenced. This was evidenced by the lack of statistics about violent incidents, the neglect of this issue in recovery and reconstruction operations, and inadequate responses to women by legal, community and health professionals. Women's right to live free from violence was conditional upon the level of suffering men faced post-disaster.

Challenges

The risk is that women will be suffering increased or new violence by their male partner, and will not receive the family violence support available at other times due to misplaced sensitivity to 'good men' and 'heroes'. The lack of support leaves women alone, subject to both violence and the censure of others for speaking about it. Drug and alcohol abuse and suicide increase.

What Works

Increased understanding by emergency service personnel (including police) and community of the likelihood that family violence will increase after disaster; that women will be silenced and men protected; and that disaster is no excuse for violence.

Action Needed

- Education that there will be no significant increase in reported domestic violence until we – as individuals, communities, professionals and emergency leaders – are willing to hear from women about the violence against them.
- Require post-disaster recovery workers to undertake CRAF or Family Violence and Natural Disaster Training and to collect statistics on family violence.
- In planning, in operations and in disaster literature disseminated to affected communities, name it: say the word 'violent' and not 'stressed' and 'angry', and give options for referral and support, e.g. postcards.
- Ensure post disaster information sessions and community recovery committees include regular family violence agenda item and presentations by family violence professionals.

Long-term, Coordinated Action and Evidence-based Strategies across a Range of Settings

Effective prevention requires a range of mutually reinforcing, evidence-based strategies reaching out to the whole of the community and delivered in a range of settings. We need both structural and cultural change which results in gender equity in our:

- personal relationships – partners, family and friends;
- community – at school, at work, in community groups, faith-based groups, sporting clubs; and

  society – in the media, advertising and popular culture, in those holding positions of leadership/ power, including in our governments, and in regulatory or legislative frameworks.

In order for this to occur, active engagement of a range of sectors is required, e.g. local government, health, community, education, workplaces, sports, media, early years' service providers, primary and secondary schools, and youth service providers.

Local government is well-placed to lead prevention and gender equity strategies, plans and action at the local level. Universal services and organisations are well-placed to undertake prevention action that reaches into communities and families.

Action needs to be planned and coordinated to ensure that the whole-of-community is being reached, strategies are evidence-informed, evaluation is occurring and learnings are being documented and shared.

Prevention of violence against women is a long-term undertaking. Family violence will only stop when community norms and societal structures that perpetuate unequal relations between men and women are changed. As evidenced in other population health campaigns, such as SunSmart, smoking cessation, and road safety initiatives, changes to attitudes and behaviours require long-term, coordinated government commitment and action.

One-off funding cycles for short-term projects make achieving long-term change difficult. Short-term approaches to violence prevention that don't address violence supportive attitudes and beliefs will not prevent family violence from continuing to occur.

Government must recognise violence against women as a serious and preventable health issue and employ a public health approach to the issue (Ahnquist 2007; Keleher 2013). It is critical that government takes a long-term view of the issue, and recognises that prevention requires planning and development of a supporting evidence base and policy with long-term vision.

Recognised, evidence-based prevention strategies are currently being implemented in regions in Victoria through women's health services. These strategies need to be consolidated and resourced appropriately. It is essential that we build on the base that already exists and that the evaluation of these projects and strategies are taken into consideration in the development of any new prevention work.

An Integrated Approach to Prevention

Integrated approaches, involving partnerships and accountable leadership structures across government and non-government agencies are just as important in achieving sustainable prevention work as they are in improving the service response to victims.

Phase one of an evaluation of the northern metropolitan region's collaborative approach to preventing violence against women was conducted in 2013 by Dr Deborah Western from Monash University's Gender Leadership and Social Sustainability Research Unit. The evaluation found that the integrated partnership approach is 'an effective method for engaging diverse sectors and

organisations to commit to and to undertake prevention of violence against women work throughout the northern metropolitan region'. Over nineteen organisations and 650 individual staff members participated in this evaluation, titled *Evaluation of the Northern Region Prevention of Violence against Women Strategy*.

The following changes as a result of the Strategy were noted in the evaluation:

- a greater awareness of preventing violence against women and the Strategy across different services;
- improved coordination and collaboration between organisations to facilitate a regional approach; and
- a higher priority being given to preventing violence against women activities through the delivery of training and the inclusion in organisational strategic directions.

Case Study: *Building a Respectful Community Strategy*

Preventing Violence against Women – A Strategy for the Northern Metropolitan Region of Melbourne 2011-2016

> *"A primary prevention strategy that works to prevent violence against women by addressing gender inequity and violent normative social structures."*
>
> *Evaluation of the Northern Region Prevention of Violence against Women Strategy, 2013, p. 80*

Context

The BRC strategy provides opportunities for partnerships and sharing of information and resources. It also:

- Informs local government strategies and plans
- Links layers of structure from the local level to state
- Facilitates partnerships and regional coordination
- Ensures everyone is speaking the same language and has a shared understanding
- Creates collective impact which becomes powerful and more effective

Challenges

Initiating, consolidating and sustaining attitudinal and behavioural change in relation to the acceptance and tolerance of violence against women is long-term and complex work.

It is also essential that prevention work does not lose sight of gender inequity as the key driver of violence against women.

Without a regional strategy and a lead organisation, such as WHIN, there is a risk that there will be uncoordinated effort to address the issue, resulting in duplication of activities and resources.

What Works

The importance of a strong, knowledgeable and respected lead regional organisation in prevention of violence against women work is critical. WHIN's leadership and coordination has contributed to the development of a regional understanding of prevention of violence against women, the development, implementation and evaluation of the *Building a Respectful Community Strategy* and a regional prevention of violence against women committee.

Action Needed

- Women's health services recognised and funded appropriately to continue to lead integrated prevention of violence against women strategies in the regions.
- Long-term vision, government commitment and investment in prevention of violence against women beyond political terms.

Recognising the Intersection of Different Forms of Discrimination Faced by Women

Factors such as Aboriginality, class, age, sexuality, ethnicity and disability intersect with gender to shape women's experience of and risk of family violence, as well as their access to appropriate responses and support (Mishra, *et al.,* 2014; Mouzos & Makkai, 2004;). Women's diverse backgrounds and life experiences demand a sophisticated and developed understanding of the complex nature of culture and intersecting forms of discrimination they face. It is critical that communities are involved in prevention and response strategies that are culturally appropriate. This collaborative approach to involving communities is currently being demonstrated by the OurWatch funded Hamdel project managed by Whittlesea Community Connections (WHIN is a partner in the delivery of this project). This project is drawing on the knowledge of the local Iranian community to inform the development and delivery of prevention activities that are tailored to meet the needs of this community.

Recognition of Specific Population Groups Who Are Most at Risk of Family Violence

Some women are particularly at risk of family violence including women who are pregnant and women who have recently decided to separate from their partners (Humphreys & Thiara, 2003; Parkinson & Zara 2013; Mitchell, 2011), refugee and immigrant women, Aboriginal women, women living in rural areas, women who have experienced natural disasters, women with disabilities and complex needs, and women on immigration and spousal visas. Understanding these women and listening to their experiences, including how they seek information and support, assists with targeting prevention efforts that are tailored to these women's specific needs.

Gaps and Challenges

- Prevention responses need to be long-term and this means that they must be funded for longer than one term of government. If long-term change is to be achieved, all parties need to commit to sustained, evaluated efforts that are not driven by political agendas. One-off funding cycles for short-term projects make achieving long-term attitude change difficult. There are challenges when programs have limited time and funding. Innovative project development, which can be achieved through one-off pilot projects, is important but so is long-term, sustainable funding.
- Government must recognise violence against women as a serious and preventable health issue and employ a public health approach (VicHealth, 2004; Walden & Wall 2014). A whole of government long-term commitment is required. A coordinated statewide response needs to be underpinned by a state wide prevention policy framework and strategy that makes use of established plans, networks and infrastructure at the regional and local level. Women's health services in every region of Victoria are leading and coordinating regional violence prevention. This role is resource intensive and requires funding support.
- While there is evidence to support the need for action to address the key determinants of violence (gender inequality and adherence to rigid gender roles) and while much is known about specific interventions, there are still gaps in our knowledge (Laing, 2003; VicHealth, 2004). In particular, the evidence and knowledge base would benefit from greater investigation of what works with specific population groups and in particular settings. One area where evidence is missing relates to the impacts of undertaking a range of mutually-reinforcing activities at a population level. Well-evaluated regional action plans have the capacity to address this gap in evidence.

- There is a current gap in the evidence base about effective and culturally relevant prevention approaches for culturally and linguistically diverse communities and other women most at risk of violence in Victoria. This is an area that needs more attention
- We need to invest in developing an evidence base that captures whether prevention strategies are resulting in changes to community knowledge, attitudes and beliefs regarding family violence and, consequently, to the reduction of family violence. Funding must be committed to evaluation and the building of an evidence base.
- Prevention of violence against women is not recognised as a health issue in the current Victorian Health and Wellbeing Plan. Organisations responding to the issue are required to represent their work under the mental health priority area.

Action Needed

- Recognition and funding of women's health services to continue to lead the integrated prevention of violence against women strategies and actions in the regions and at a statewide level.
- Underpinning of a coordinated, statewide prevention policy framework and strategy that makes use of established plans, networks and infrastructure at the regional and local level.
- Evidence based prevention approaches are being implemented by women's health services in regions across Victoria. These must be consolidated and resourced appropriately. We must build on existing work and momentum.
- Recognition by Government that violence against women is a serious and preventable health issue. Employment of a public health approach to prevention with a long-term vision and bi-partisan, whole-of-government commitment and investment beyond political terms.
- Investment needs to occur in both innovative project development as well as long-term sustainable funding for regional prevention approaches.
- Planned and coordinated action to ensure that the whole of the community is being reached, prevention strategies are evidence-informed, evaluation is occurring and learnings are being documented and shared.
- Recognition of the need for prevention strategies to be inclusive of the needs of specific population groups. Community members and community-based organisations are included in the development of proven methods and strategies.
- Recognition that local government is well-placed to undertake prevention and gender equity strategies, plans and action at the local level. Universal services and organisations are well-placed to undertake prevention action that reaches into communities and families.
- Violence against women should be recognised as a standalone health priority in the next iteration of the Victorian Health and Wellbeing Plan.
- Investment in progressing the findings from the ground-breaking research conducted by WHIN and WHGNE, about the increase in family violence after natural disasters. Funding of the Statewide Gender and Disaster Taskforce and WHIN, Women's Health Goulburn North East and Monash University's Injury Research Institute who lead this work with state government departments and emergency service organisations.

- Governments at state, regional and local levels need to apply a gendered lens to program planning, data collection and analysis, and ensure gender equitable delivery of funded programs.
- The National Community Attitudes Survey needs to be structured in such a way that that the data can be interrogated at a state and local government level and allows analysis at a local level.
- State government prevention frameworks and policy need to draw on the forthcoming National Framework to Prevent Violence against Women and their Children.
- Government commitment and leadership to achieve gender equity across society, structures and systems in order to effect the eradication of violence against women and children.

Recommendations

Focus Area #1: Integration and Coordination

1. Continuation and enhancement of regional integration and coordination of both family violence response services and prevention of violence against women strategies.
2. Continuation of resourcing of the NMR Counselling and Support Alliance as a coordinated regional framework for planning, delivering and evaluating family violence counselling and group work for women and children.
3. Recognition of the role of women-centred specialist family violence services funding to adequately meet the increasing demand and population growth.
4. Recognition of the specific needs of the populations and organisations in the growth corridors in relation to the differential access to specialist family violence services compared to Greater Melbourne.
5. Establishment of cross-ministerial governance arrangements and improved mechanisms for a comprehensive whole-of-government and departmental response to family violence.
6. Resourcing of local multi-agency meetings to increase the safety of women and children who have not been identified as high risk (via RAMPs), but still require an integrated service response at a local level.
7. Ensuring universal service providers have access to training and skill development to identify and respond to family violence, including risk assessment and risk management.
8. Articulating and strengthening links between Aboriginal organisations and family violence services ensuring that both Aboriginal and mainstream family violence services are adequately resourced.
9. Recognition that family violence is the number one cause of women's homelessness. Increasing specific funding for safe, accessible and affordable housing options for women and children escaping violence. Increasing flexible funding to support women and children to stay safe and remain at home, if safe to do so.
10. Refinement and improvement of current data collection systems to improve information sharing between service providers and, therefore, the safety of women and children.
11. Coordination of databases across women's and men's intake services to improve information about, and understanding of, clients' access to the service system.

Focus Area #2: Region-Based Approach

12. Continuation of funding and support of regionally based, coordinated, long-term approaches to preventing violence against women and to family violence service response coordination.
13. Regional structures and systems that connect to a statewide structure of governance for family violence prevention and service response.
14. Continuation of funding of women's health services, such as WHIN, already leading regional prevention of violence against women strategies, thereby building on their existing capacities and capabilities. Current governance and coordination structures are improving and enhancing the momentum of regional prevention work.

Focus Area #3: Prevention and Gender Equity

15. Recognition and funding of women's health services to continue to lead the integrated prevention of violence against women strategies and actions in the regions and at a statewide level.
16. Underpinning of a coordinated, statewide prevention policy framework and strategy that makes use of established plans, networks and infrastructure at the regional and local level.
17. Recognition by Government that violence against women is a serious and preventable health issue. Employment of a public health approach to prevention with a long-term vision and bi-partisan, whole-of-government commitment and investment beyond political terms.
18. Planned and coordinated action to ensure that the whole of the community is being reached, prevention strategies are evidence-informed, evaluation is occurring and learnings are being documented and shared.
19. Recognition of the need for prevention strategies to be inclusive of the needs of specific population groups. Community members and community-based organisations are included in the development of proven methods and strategies.
20. Recognition that local government is well-placed to undertake prevention and gender equity strategies, plans and action at the local level. Universal services and organisations are well-placed to undertake prevention action that reaches into communities and families.
21. Investment in progressing the findings from the ground-breaking research conducted by WHIN and WHGNE, about the increase in family violence after natural disasters. Funding of the Statewide Gender and Disaster Taskforce and WHIN, Women's Health Goulburn North East and Monash University's Injury Research Institute who lead this work with state government departments and emergency service organisations.
22. Government commitment and leadership to achieve gender equity across society, structures and systems in order to effect the eradication of violence against women and children.

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