



“Health Promotion and Preventing Violence Against Women. What Does It Really Mean?”

## Conference Report



**Women's Health West**

September 2006

# CONTENTS

## Section 1

1.1	<b>Executive Summary</b> .....	3
1.2	<b>Recommendations</b> .....	5
1.3	<b>Background</b> .....	7
1.4	Outline of Conference .....	13

## Section 2 – Community Consultations

2	Community Consultations .....	14
2.1	Brimbank/Melton PCP .....	16
2.2	Moonee Valley/Melbourne PCP .....	22
2.3	Westbay PCP .....	29

	<b>Appendix 1: VicHealth Mental Health Promotion Framework</b> .....	38
--	--	----

	<b>Appendix 2: A Public Health Model for the Prevention of Violence against Women</b> ...	39
--	---	----

	<b>Appendix 3: Initiatives by WHS to prevent violence against women</b> .....	41
--	---	----

	<b>Appendix 4: Summary of Workshops</b> .....	45
--	---	----

	<b>Appendix 5: Western Metropolitan Area Primary Care Partnerships</b> .....	48
--	--	----

	<b>Appendix 6: Recommendations for direct service agencies</b> .....	50
--	--	----

	<b>Appendix 7: Steering Committee Members</b> .....	51
--	---	----

	<b>Appendix 8: Thank You</b> .....	52
--	------------------------------------	----

	<b>Bibliography</b> .....	53
--	---------------------------	----

# EXECUTIVE SUMMARY

In January 2005 VicHealth proposed a framework to assist conceptual understanding of mental health promotion and develop a rigorous approach to evidence-based planning and implementation of activities across sectors (Walker et al, 2006). The framework identifies the key social and economic determinants of mental health and themes for action, looks at the population groups and action areas that could be targeted, considers settings for health promotion activities, identifies intermediate individual, organisational, community and society-wide outcomes, and encourages organisations to identify the long-term benefits of action taken. Importantly, the framework encourages connections between the actions considered. An outline of the VicHealth mental health promotion framework is presented in appendix 1.

In recognition of the impact of family violence on women's mental health and wellbeing, VicHealth have incorporated violence against women under the mental health promotion priority. This follows a 2005 study supported by VicHealth in partnership with the Department of Human Services, which measured the burden of disease caused by intimate partner violence. The study, which used an internationally accepted approach to estimating the impact of health problems including illness, disability and premature death, builds a solid evidence base for estimating the health costs of violence on individuals, families and communities. It found that intimate partner violence - also referred to as domestic or family violence - was prevalent, serious and *preventable*. VicHealth then used the mental health promotion framework to develop a public health model for the prevention of violence against women. This model is presented in appendix 2.

Following this work, Women's Health West (WHW), in collaboration with the three Primary Care Partnerships (PCPs) in the Western metropolitan region of Melbourne, worked to prioritise the prevention of violence against women on their health promotion agendas, with the goal of enabling the development of a region-wide strategy to prevent violence against women. The 'Health Promotion and Prevention of Violence against Women. What Does It Really Mean?' conference, held on 6 June 2006, was the result of further collaboration between WHW and the PCPs with two main aims. First, we planned to build the capacity of agencies to plan and implement health promotion actions that work towards the prevention of violence against women. Second, we used the conference to consult with member agencies of the PCPs about the sorts of health promotion actions they would like to see included in each of the PCP Integrated Health Promotion Plans for 2006-2009, as well as the actions they might consider including in their own agency plans. The conference was supported by health and community services organisations in other regions, including Women's Health in the North.

The steering committee that worked tirelessly to organise the conference (see appendix seven) used the mental health promotion framework to plan and structure the conference and it is used again in this report to present the information and ideas that arose out of the conference. To this end, we began the conference by identifying the key social and economic determinants of mental health, locating freedom from violence as one of the themes for action, and presenting an evidence-base for this stance. We then identified some of the population groups that might be targeted in a regional strategy and held workshops that identified the different health promotion actions that

might be taken to prevent violence against women. The workshops also identified settings for health promotion actions, including schools, workplaces, unions, private and public sector organisations. A list of workshops is included at appendix four.

Following the workshops, participants met in their designated PCP for a facilitated consultation. Those who did not belong to a particular PCP chose one that most closely resembled their catchment area and their ideas are included in the report where appropriate. Participants identified those activities that are already being undertaken in their agencies to prevent violence against women. These are presented in section 2 under the identified health promotion actions of research, direct participation, organisational development, community strengthening, social marketing, advocacy, and legislative and policy reform. We then recorded ideas and recommendations about the sorts of activities that might be considered in the future. Participants nominated a wide range of activities, some focused on the PCP itself, some on the role of WHW and some on the role of member agencies of the PCPs. There were also direct service actions identified that will be referred to appropriate agencies for consideration. These are recorded in appendix six.

The conference was primarily funded by VicHealth, with additional funding from the Family Violence Prevention Network and significant in-kind contributions from WHW and each of the PCPs. It was held at the Royal Women's Hospital, with one hundred and sixty-five people in attendance representing a range of health and community services. Although participants came mainly from the Western and Northern metropolitan regions, the conference attracted significant interest across other metropolitan and rural regions of Victoria, who identified their interest in developing a similar proposal in their own regions.

The recommendations presented in this report will be considered by each of the PCPs and member agencies, as well as by a subcommittee made up of relevant health promotion workers, for inclusion in the development of a Western region strategy for 2006-2009. In the first year the strategy will involve research, development and negotiations with relevant partner organisations. It is a work in progress and we expect to add to the tables in section two as new ideas arise and further information is identified.

Information and action identified by participants from the Northern Region has been forwarded to Women's Health in the North, who have committed to developing and disseminating these ideas in the year ahead.

**Robyn Gregory**

Manager Health Promotion, Research and Development  
Women's Health West

# SUMMARY OF RECOMMENDATIONS

The following recommendations arose from consultations with conference participants. They include recommendations for agencies and organisations and, where specified, for the Primary Care Partnership Health Promotion Coordinating Committees and Steering Committees. The role of the PCPs is predominantly one of capacity building and this is reflected in the recommendations. Specific ideas and recommendations for each of the subregional partnerships are located in tables in section two. The recommendations will be discussed by each PCP Health Promotion Coordinating Committee in the development of their Integrated Health Promotion Plans for 2006-2009, as well as considered by member agencies for inclusion in their own plans. Recommendations are set out using the health promotion actions identified in the VicHealth Mental Health Promotion Framework 2005-2007.

## **Research, Monitoring and Evaluation**

- Research, monitor and evaluate policies and practices that support the prevention of violence against women
- Engage in research activities aimed at establishing an evidence base of effective health promotion activities for prevention of violence against women
- PCPs to include research and development activities related to the prevention of violence against women in their 2006-2009 Integrated Health Promotion Plans

## **Direct Participation Programs**

- Agencies to support and develop a range of programs that are aimed at preventing violence against women
- Ensure that existing programs include policies, practices and, where appropriate, activities that work towards the prevention of violence against women

## **Organisational Development**

- Develop and implement a training module to assist organisations to develop their capacity to undertake health promotion activities that prevent violence against women
- PCPs to support the development of workforce activities that enhance the capacity and skills of workers to undertake health promotion actions to prevent violence against women
- PCP Health Promotion Coordinating Committees to contribute to a joint working group to actively engage in the planning and development of a Western Region Family Violence Prevention Strategy for 2006-2009

## **Community Strengthening**

- Work in partnership with targeted communities to identify specific factors that cause and maintain violence against women within those communities and coordinate efforts to redress those factors
- PCPs to strengthen networking and partnership opportunities for member agencies for the sharing of knowledge and resources

## **Communication and Social Marketing**

- Agencies to participate in conferences, forums and networking events that promote the prevention of violence against women and contribute to development and coordination of information and health promotion activities designed to prevent violence
- PCPs to develop a media strategy aimed at communicating regular information to communities about the prevalence and prevention of violence against women
- Agencies to participate in media campaigns that challenge attitudes, behaviours and values that maintain the practices of violence against women

## **Advocacy**

- PCPs and member agencies to advocate for the inclusion of health promotion activities aimed at prevention of violence against women in organisational health promotion plans, municipal public health plans and other related strategic plans
- PCPs and member agencies to advocate for funding to enhance the capacity of agencies to conduct research, projects and health promotion activities aimed at the prevention of violence against women

## **Legislative and Policy Reform**

- Agencies to develop and monitor organisational and public health policies that promote social and gender equity
- Agencies to develop mechanisms to include consumers in the development of program, policy and evaluation activities to support the prevention of violence against women
- PCPs to coordinate presentations of evidence-based submissions to local, state and federal governments about the need for policy and legislative reforms that focus on prevention of violence against women, including for priority setting to focus more clearly on redressing the structural inequities that lead to disadvantage

# BACKGROUND

*“The level of violence against women and children in a society is one indicator of that society’s commitment to equity and justice” (WHW Manager HPR&D, 2005)*

The *Declaration on the Elimination of Violence against Women* (1993) defines 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 in private life’. Family violence includes intentional violent, threatening, coercive or controlling behaviour that is adult to adult, parent to child, or child to child (VCCAV, 2000). Women and children are the most common victims of family violence. Around one in five Australian women report being subjected to violence at some time in their adult lives (ABS, 1996).

Women’s health services have a long history of contributing to the work of eliminating violence against women. Women’s Health West (WHW) are in the unique position of incorporating a Health Promotion, Research and Development (HPR&D) team and a Family and Domestic Violence (F&DV) service, allowing us to engage in strategies including direct service delivery, advocacy, research and health promotion. Our experience has shown that this range of strategies is necessary if we are to stop violence against women. Increased funding and the formation of regional partnerships to provide integrated family violence services over the last year has led to an expansion and restructuring of service delivery, increasing efforts to improve the quality of care and support to women and children who have suffered as a result of living in violent relationships.

Violence against women is a major public health crisis and significant health, welfare and housing sector resources are directed towards responding to the effects of this form of violence. Despite the work that has been done to provide services and change laws, women continue to suffer high rates of violence because there has not been a change to the social, political, cultural and economic factors that play a large part in both causing and maintaining the conditions under which violence against women occurs. The increasing shift towards conservative models of direct service delivery has contributed to the individualising and pathologising of public issues (McDonald, 2005: 275). This, and a shift towards individual, rather than human, rights responses, supported by neoconservative governments, has been at the expense of strategies to prevent violence against women. There is a wealth of evidence available about the problem of violence, suggesting that it is time to focus equally on strategies to prevent violence.

## **The impact of violence on women and on particular groups of women**

In June 2004 the Victorian Health Promotion Foundation (VicHealth) published a groundbreaking report into its study of violence against women, particularly that occurring in the context of an intimate relationship. The study found that intimate partner violence (IPV) is ‘responsible for more ill-health and premature death in Victorian women under the age of 45 than any other of the well-known risk factors, including high blood pressure, obesity and smoking’ (VicHealth, 2004). The report highlights the alarming prevalence of violence against women in Victoria, and points to the fact that greater efforts are needed to prevent violence from occurring. Those health outcomes described in the report include premature death and injury, increased incidence of mental health

problems, harmful tobacco, alcohol and illicit drug use, and negative consequences for reproductive health.

According to VicHealth research, IPV alone is responsible for 9 percent of the total burden of disease in women aged between 15 and 45 years (VicHealth 2004). This form of violence 'has severe and persistent effects on women's physical and mental health and carries with it an enormous cost in terms of premature death and disability' (VicHealth 2004: 8). While the most significant direct impact of IPV is on women, it also has a significant direct and indirect impact on children, family members and communities.

Other health promotion priorities proposed by the Department of Human Services (DHS) for 2007-2012 contribute 8 percent (obesity), 4.1 percent (physical inactivity), 10 percent (poor nutrition), 12 percent (mental ill health, which incorporates IPV), 8.2 percent (tobacco smoking), 1.5 percent (alcohol consumption) and 1.5 percent (drug use). There are no figures for the disease burden related to injury. Of course, if we teased out these figures further, we would find a disproportionate number of women who are victims of IPV who are overweight, suffer poor nutrition, have reduced opportunities for exercise, smoke, suffer extensive injuries and use alcohol, illicit and licit drugs to dull the effects of their experiences. Similarly, mental health practitioners would attest to the significant numbers of women suffering a range of mental illnesses as a result of violence including childhood sexual abuse and IPV.

The costs of violence against women are not restricted to individuals. The Access Economics report commissioned by the Office of the Status of Women in 2002 found that the costs of domestic violence to the Australian economy are enormous (Access Economics, 2004). The report estimated that the total annual cost of domestic violence is \$8.1 billion, with premature mortality contributing \$3.5 billion. In 2002-2003, around 408,100 Australians were victims of domestic violence, 87 percent of them women; a similar number were perpetrators, 98 percent of them men; and 263,800 children were estimated to be living with victims of domestic violence.

Violence against women is a symptom of a larger problem; namely, women's inequality and social, physical and economic powerlessness relative to men. Women working full time continue to earn only 84.7 cents in the male dollar - 65.3 cents when part time and casual workers are included (Goward, 2004). This affects their capacity to save money, accrue superannuation, purchase housing or lead healthy lifestyles. Without equal and sustainable access to resources and the means to generate resources - money, housing, superannuation, work and education - women are more likely to make decisions to stay with men who use violence against them. The impact of violence against women is therefore both direct - in terms of a greater burden of disease - and indirect, in terms of the circular impact on women's equality and autonomy.

Recent research indicates that intimate partner violence has increased across Australia over the past ten years with females the majority of victims - 71.1 percent - and males the main offenders - 80.4 percent (Stewart, 2005). Most other crimes have decreased in the same period (BOSCAR, 2005). Police reports indicate that where resources are minimal, the incidence of violence against women increases, with a higher rate of reported assaults where there are a higher percentage of Indigenous residents, male unemployment, sole parents under 25 years, and public housing tenants (Vernon, 2006). The Western region scores lowest on the Australian Bureau of Statistics Index of Relative Socio-Economic Disadvantage (WHW, 2002: 51) with large proportions of women on low incomes and dependent on pensions and benefits. The region has a high

population of refugees, with a disproportionate number of sole parents, and is also home to increasing numbers of Indigenous Australians, with recent estimates that between 17 and 30 percent of Melbourne's Indigenous population now live in the Western region (ABS, 1996; Melbourne West Area Consultative Committee, 2001). Anecdotal evidence suggests that unemployment among African men is particularly high and similar evidence attests to a growing problem of family violence in newly-arrived communities.

While violence against women occurs across all socio-economic, cultural and other groupings, the poverty, isolation and discrimination some women face as a result of their culture, ability, age and sexuality, can place some women and children more at risk than others. This is because violence against women is a direct result of unequal power. It is no surprise then, that the less powerful the woman, the more vulnerable she is to violence, as the lower her ability to remove herself from intolerable domestic situations.

For instance, anecdotal evidence gathered from Maternal and Child Health nurses, antenatal clinics and child protection workers suggest that there are high rates of violence against women and children within the emerging communities of the Western region. WHW's Family Harmony research, undertaken with Somali and Muslim Eritrean women in response to this evidence, found cultural attitudes that were tolerant of violence, shaming of women who leave a violent partner, a lack of information available to recently-arrived refugees about their rights, and an inadequacy of culturally-sensitive support services (Gordon & Adam, 2005). This was coupled with the pressures of migration and re-settlement, including high unemployment.

In a survey of the gay, lesbian, bisexual, transgender and intersex (GLBTI) community, 33 percent of respondents reported having been in an abusive relationship (41 percent women, 28 percent men) with only 10 percent of those experiencing physical abuse having reported that to the police (Pitts et al, 2006: 12). Abuse and violence has a profound impact and has been shown to result in high levels of self-harm, especially suicide attempts and self-mutilation (Hillier et al, 2005:45) and non-disclosure of sexual identity, leading 'to a range of mental health problems, including social isolation and disconnectedness' (Leonard, 2002: 13).

A needs analysis conducted by WHW, *Beyond Symptoms*, reports that 'Regardless of age, race, ethnicity, sexual orientation or class, women with disabilities are assaulted, raped and abused at a rate at least two times greater than women without disabilities. They are often forced to live in situations in which they are vulnerable to violence and they are more likely to experience violence at work than other women, men with disabilities or the population as a whole. The more severe the disability, the higher the risk of abuse or violence' (WHW, 2002: 92; Frohmader, 2002; Sobsey, 1994; Sobsey and Doe, 1991).

Keran Howe has undertaken the most comprehensive analysis of Australian literature related to women with a disability, with her most striking finding the dearth of research in the area, including a lack of data collected by law enforcement agencies or violence support services. Howe found that the literature available here and internationally indicated that the nature of violence against women with disabilities incorporates an 'almost endless list of injustices and maltreatment' (Howe, 2000).

Women who experience male family violence have significantly more reproductive health problems. They are more at risk of sexually transmitted diseases, urinary tract infections, human papilloma virus (which leads to abnormal pap tests and is associated with cervical cancer), termination of pregnancy, and complications of pregnancy such as inadequate weight gain, infections during pregnancy, miscarriage, haemorrhage and low

birth weight (Irwin et al, 1995, Allanson & Astbury, 2001). Yet research overseas suggests that victims/survivors of sexual violence are less likely to undergo cervical screening within the recommended timeframes than the general population (Koss, 1991; Springs & Friedrich, 1992; Farley et al, 2002). It is not surprising, then, that Indigenous women are both disproportionately affected by violence and have substantially higher cervical cancer mortality rates than Anglo-Australian women (AIHW, 2003).

Further, the risk of experiencing male family violence is higher in pregnant women and in the period following the birth of a child (VicHealth, 2004: 21). Some 42 percent of all women responding to the Australian Women's Safety Survey who reported they had experienced violence at some time in their lives were pregnant at the time of the violence (VicHealth, 2004: 21).

Sexual violence is also central to the history of the imprisonment of women, including rape, strip-searching and sexual harassment. The 'overwhelming majority of women in prison have histories of abuse, particularly sexual assault and/or incest' (Kilroy, 2001). It is often behaviours arising from women trying to deal with or escape abuse, such as drug use, that leads to their incarceration. Women exiting prison are unlikely to trust authority, including service system responses, as violence is endemic to the 'justice' system. For example, 18,900 strip searches on women in Victorian prisons in 2001-2002 produced only one item of contraband, suggesting that sexual violence is used as a weapon for humiliation, degradation and punishment of women within the prison system (Hansen, 2005; Kilroy, 2001 in Fergus and Keel, 2005). This reduces women's willingness to accept visitors, as well as inhibiting their attempts to overcome drug addiction, past abuses and traumas (Fergus and Keel, 2005) and is also likely to reduce the rate of cervical screening.

### **Health promotion responses to violence against women**

The nature and extent of violence described in the literature, including the disproportionate numbers of people from oppressed groups experiencing violence, lends credence to the view that violence is systemic. This means that it must be redressed systemically by those in positions to enact change.

A growing body of evidence indicates that it is essential to engage with fundamental structural inequity, including the unequal distribution of wealth and political power, in order to ensure the relevance of health promotion to people suffering the consequences of poverty, and to practitioners and communities dealing with the worst burdens of disease. A comprehensive social model of health locates health in its broadest social context by identifying structural factors that cause and maintain inequality, such as poverty, education, age, sexuality, culture and geographic location. Women's lives have been shaped by their subordinate position relative to men and it is imperative to make visible the political, economic, cultural and social forces that affect women if we are to prevent family violence.

In 1978 a declaration was made at the International Primary Health Care Conference in Alma-Ata reaffirming health as a human right, illuminating the role of social and economic sectors in promoting health, and terming health inequalities politically, socially and economically unacceptable (Walker et al, 2006). This encouraged the development of a social model of health promotion that continues to inform contemporary health promotion practice and indicates that action is required from individual through to social, political, economic and environmental change (VicHealth, 2005a: OH-1-4: 8). Despite this, 'health promotion is still very much in its infancy' (VicHealth, 2005b: 3) and many

people struggle to identify the sorts of activities we might engage in if we are to use health promotion to redress social inequities.

The increasing expertise available in regards to health promotion, supported by Primary Care Partnerships and organisational structures within the health, welfare and local government sectors, means that a clear strategic decision to broaden the response to include prevention of violence against women is timely.

### **Western region response to evidence**

Following the release of the VicHealth report, WHW advocated for violence against women to appear on the health promotion agenda of agencies in the Western region to enable the development of a region-wide strategy to prevent violence against women. A significant outcome of discussions with local agencies was that family violence was prioritised in the health promotion plans of each of the PCPs. This corresponded with the inclusion of strategies to redress family violence in the health promotion plans and municipal public health plans of PCP member agencies:

- Brimbank City Council Municipal Public Health Plan
- Brimbank-Melton PCP Community Health Plan 2004-06
- *City Health, 2005-2009*, Melbourne City Council's Municipal Public Health Plan
- Djerriwarrh Health Service Health Promotion Plan 2004-2005
- Doutta Galla Community Health Service Health Promotion Plan 2006 -09
- Hobsons Bay City Council - Municipal Public Health Plan 2003-2006
- ISIS Primary Care Health Promotion Plans 2004-2005 and 2005-2006
- Maribyrnong City Council - Municipal Public Health Plan 2003-2006
- Maribyrnong Council Safer Communities, Policy and Action Plan 2003-2006
- Moonee Valley City Council Municipal Public Health Plan
- Moonee Valley-Melbourne PCP Community Health Plan 2004-06
- Shire of Melton Municipal Public Health Plan
- WestBay Alliance - Community Health Plan 2004-2006
- Westgate Division of General Practice - Strategic Plan
- Western Region Health Service Health Promotion Plan 2006-09
- Women's Health West 2004-2008 Strategic Plan and Organisational Health Promotion Plan 2004-2006 and 2006-2009
- Wyndham City Council - Municipal Public Health Plan 2003-2005

The extent to which organisations include violence against women in their plans of course varies in terms of the specificity of their strategies.

Meetings between agencies in the Western region showed that while a number of services exist for women who have experienced violence, little work was being done to prevent violence from occurring in the first place. While agencies recognised the community need for action to prevent violence, there was a gap in knowledge and skills about what constitutes a health promotion response to preventing family violence. Further, trying to work out how we go about affecting change on such a gendered, political, widespread and entrenched problem left many of us feeling daunted. Currently there is no available data or evidence of best-practice health promotion for our local communities. WHW and the PCPs responded by organising a forum for discussion about the role of health promotion in preventing violence. The conference presented as an important opportunity to galvanise efforts in identifying primary prevention interventions as well as building the capacity of member agencies of the PCPs to undertake activities appropriate to their own role and catchments.

The conference, titled '*Health Promotion and Preventing Violence Against Women. What Does It Really Mean*', was held on the 6 June 2006 at the Royal Women's Hospital, Melbourne. One hundred and sixty-five people attended, representing a range of health and community service agencies. Although participants came mainly from the Western and Northern metropolitan regions, the conference attracted significant interest across other metropolitan and rural regions of Victoria.

This document identifies current activities and proposed health promotion actions gathered in consultations with conference participants from each PCP in the Western region. The ideas and recommendations generated from the conference will be used to inform the development of a Western Region Strategy for the prevention of violence against women. The purpose of the strategy is to use a clear framework to identify our actions and integrate these with other organisations/agencies efforts. Information will be recorded in one central location, enabling us to learn from each other, easily locate what is being done across the region, support development of partnerships and see how each of our efforts builds on that of others. It is only through the consistent efforts of a range of organisations working in partnership within and across sectors that we will be able to effect change.

# Outline of Conference

The Honourable Joan Kirner, former Premier of Victoria, launched the conference, applauding our efforts and determination in tackling this major social problem. She was impressed to hear of the wide-ranging support from agencies across the region and stressed the absolute importance of working in partnership to effect change. Carolyn Briggs, a respected Elder of the Boonwurrung people – a clan of the greater Kulin nations – welcomed participants to the conference. She drew attention to the particular experiences of indigenous communities in dealing with violence and racial hatred.

Kim Webster from VicHealth, Wei Leng Kwok from Women's Health in the North (WHIN), and Robyn Gregory from WHW, presented a joint plenary session, identifying the key social and economic determinants of mental health, locating freedom from violence as one of the themes for action and presenting an evidence-base for this stance. They pointed to the economic, social and health costs of violence against women and noted the importance of organisations across a range of sectors working in partnership to tackle this public health crisis.

Kim presented the VicHealth public health model for the prevention of violence against women. This was handed out to all conference participants to assist them in planning health promotion responses in their own agencies (see appendix two). Robyn used a human rights framework to move from the broader story of violence against women to the more specific impact of that violence on particular groups of women. She reinforced the use of the VicHealth model to identify relevant, achievable and integrated actions to avoid becoming overwhelmed by the extent of the problem of violence. Wei Leng used the public health model presented by Kim to identify specific health promotion actions undertaken by women's health services in the prevention of violence against women (see appendix three).

After the plenary session participants attended two out of eleven workshops to hear ideas and engage in discussion about different health promotion actions. Sarah Crookes and Jacqui White from CASA House Melbourne; Michael Flood from the Australian Research Centre in Sex, Health and Society with Rodney Vlasis, a Men's Behaviour Change Group Facilitator; Sultan Cinar and Jaweria Khalid from Islamic Women's Welfare; Phil Cooper, Chair of the Indigenous Family Violence Action Group; Chris Jennings from the Domestic Violence and Incest Resource Centre; Eloise Bishop from the Body Shop; Wendy Bennett from Australian Polish Community Services; Monika Merkes from Darebin City Council; Ellen Kleimaker from the Victorian Trades Hall Council; Jacqui Croxon and Lucy Midolo from Wyndham City Council; and Omeima Sukkarieh from the Human Rights and Equal Opportunity Commission all presented stimulating and thought-provoking workshops (see appendix four for details).

After the workshops, participants met in their designated PCP for a facilitated consultation designed to elicit ideas and share information about current and proposed health promotion actions aimed at the prevention of violence against women. Dee Basinski from VicHealth, Bernie Marshall from Deakin University, Helen Keleher from Monash University and Rae Walker from La Trobe University facilitated these sessions.

In the final session for the day participants gathered to hear the ideas that were presented in the other consultative groups. Professor Helen Keleher, from Monash University, summarised common actions and, with the group, identified other actions that were not already listed. These are added to each of the tables in the following section.

## Section Two

# COMMUNITY CONSULTATIONS

The Western Metropolitan Primary Care Partnerships (PCPs) consist of Moonee Valley Melbourne, Brimbank Melton and WestBay Alliance (covering the cities of Hobsons Bay, Maribyrnong and Wyndham). There are 31 similar alliances funded by the Department of Human Services across Victoria, set up with the aim of facilitating partnerships with local communities and services to improve the health and well being of the community.

The PCP, at a steering committee level, focuses on Integrated Service Planning, Service Coordination and, most importantly in relation to this conference, Integrated Health Promotion. The role of the PCP is to facilitate coordinated action across programs, providers and community groups based on an agreed strategy. It does this by building the capacity of member agencies to improve health promotion service delivery, enhance consumer engagement and develop collaborations and partnerships. It is important to differentiate between the PCP as an entity (comprising a small number of part time staff) and the PCP as the sum of the member agencies that comprise the partnerships. This is particularly important when setting recommendations and outlining roles and responsibilities. Further information about the PCPs and a list of member agencies is located in appendix five.

The conference organisers were keen to use the forum to consult with member agencies from each of the PCPs, as well as provide ideas and information about prevention of violence against women. The method chosen for consultation was a facilitated discussion, with participants meeting in their designated PCP after the workshops. Those who did not belong to any of the PCPs chose to join a group that most closely resembled their own catchment. Their ideas are also included in the conference report where relevant.

Participants were asked to identify:

- Current and past activities undertaken in their region to promote the prevention of violence against women
- Actions their organisation could undertake in the future to work towards prevention of violence
- The role and responsibility of the PCP in supporting the work of member agencies and in facilitating the development of a regional plan for 2006-2009
- The role and responsibility of member agencies in identifying actions and facilitating the development of a regional plan for 2006-2009

Information about current and past activities are presented below for each PCP, under the identified health promotion actions of research, direct participation, organisational development, community strengthening, social marketing, advocacy, and/or legislative and policy reform. Ideas and recommendations about future activities are set out for each PCP as well, broken down into health promotion activities aimed at individual, organisational, community or society-wide outcomes. Participants nominated a wide range of activities, some focused on the PCP itself, some on the role of WHW and some on the role of member agencies of the PCPs. A number of participants attended the

conference who worked in direct service delivery, with limited experience of health promotion. Many of their recommendations were for actions designed to enhance the response to women victims of domestic violence. Those actions will be referred to appropriate agencies for consideration.

The following sections present information gathered during the consultation. Each group had a different approach to recording and developing their responses, yet there was substantial synergy in the ideas generated in each of the groups.

The information presented in the tables is not complete, as it is based on consultations with those workers who participated in the conference. Further information will be added to these tables as it becomes available.

## 2.1 Brimbank Melton PCP



### Mapping Current Activities

The following table lists current and past health promotion activities undertaken in the Brimbank Melton sub-region to promote prevention of violence against women, as identified by conference participants. This table is incomplete and information will be added on an ongoing basis as new information is identified or projects completed.

Table 1: Activities undertaken in the Brimbank Melton Sub-Region

Health Promotion Strategies	Activities Undertaken
Research, monitoring and evaluation	<p><b>Intimate Partner Violence and its Health Impacts Phase 1 (WHW)</b> Research and development program. Includes a regional conference showcasing health promotion efforts to eliminate violence against women</p> <p><b>Measuring the Tides of Violence (WHW)</b> Research report that includes family violence data for each LGA in the Western region. Available at <a href="http://www.whwest.org.au">www.whwest.org.au</a></p> <p><b>Melton Emotional Wellbeing Project Phase 2 (WHW)</b> Research project exploring young mothers' experiences of conflict and violence and service provider awareness/responsiveness</p> <p><b>Family Harmony Research Project (WHW)</b> Explores experiences of women from Somali and Muslim Eritrean backgrounds. Available at <a href="http://www.whw.org.au">www.whw.org.au</a></p> <p><b>Beyond Symptoms (WHW)</b> Needs analysis that includes data relating to violence against women</p> <p><b>Literature Review (ISIS)</b> Exploring the context of and frameworks for family violence prevention, including organisational recommendations</p> <p><b>ISMA – Listen (Various agencies)</b> Participated in national consultations on eliminating prejudice against Arab and Muslim Australians</p>
Direct participation programs	<p><b>Health Education Program (WHW)</b> Healthy relationships for young women including those at risk of violence</p> <p><b>Information Service (WHW)</b> Information and advice for women including those at risk of or experiencing violence in their lives</p> <p><b>Family &amp; Reproductive Rights Education Program (WHW)</b> Education and health information to improve the health and wellbeing of women from communities in which the practice of female genital mutilation is known to occur</p>

Organisational development	<p><b>Workforce Development Program (WHW)</b> For service providers, health planners, policy makers, and member agencies of primary care partnerships to undertake work in preventing intimate partner violence</p> <p><b>Family &amp; Reproductive Rights Education Program (WHW)</b> Program includes organisational development</p> <p><b>Workforce Development Program (ISIS)</b> For community health service providers regarding client referral pathways, raising the issue of family violence, existing support services, etc</p>
Community strengthening	<p><b>International Women’s Day (WHW)</b> Events that celebrate women’s lives and their achievements</p> <p><b>Week Without Violence</b> A state-wide coordinated campaign combined with a local and regional focus. Further information available at <a href="http://www.women.gov.au/content/story.asp?story_id=2394">www.women.gov.au/content/story.asp?story_id=2394</a> Activities include:</p> <p><b>Art and Story Exhibition (DjHS)</b> Developed and initiated along with survivors of family violence</p> <p><b>Family Violence Arts Project (Brimbank Community Centre)</b> Women prisoners from the Dame Phyllis Frost Centre painted their stories/feelings of having endured family violence</p> <p><b>Finding Common Ground - Interfaith Forum (WHW)</b> Forum of 15 religious leaders including Buddhist, Muslim, Orthodox and Christian who came together to discuss community perspectives and solutions to family violence</p> <p><b>Police Christmas Breakfast (FVPN)</b> Representatives of police family violence liaison officers, court staff and family violence workers throughout the Western region began conversations about how each of the sectors can work more closely with each other and engage in collaborative prevention strategies</p> <p><b>Reclaim the Night (Various agencies)</b> Night time marches to signify women’s right to live free from violence. See <a href="http://isis.aust.com/rtn/">isis.aust.com/rtn/</a></p> <p><b>You Don’t Have to Do it Alone (FVPN/WHW)</b> A training program to equip primary school teachers with the skills to identify and support students who are living in homes where family violence occurs</p> <p><b>Family Violence Prevention Network meetings (ISIS/DjHS/WHW/other agencies)</b> Attendance</p> <p><b>Moving Mountains (WHW/FVPP)</b> A Western region community event in 2002 involving survivors of family violence and workers committed to ending family violence, acknowledging women’s experience and looking at methods of achieving social change</p>
Communication and social marketing	<p><b>Health Promotion and Violence Against Women conference (WHW/PCPs)</b> Regional conference showcasing health promotion efforts to eliminate violence against women</p> <p><b>Newsletter Publications (WHW)</b> To raise awareness of family violence among consumers and services</p> <p><b>Racial Discrimination Project (WHW)</b> Identifies the nature of women’s experiences of racism. Includes a public education campaign regarding racial vilification</p> <p><b>Production of pamphlets, posters, stickers, drink coasters and help cards (FVPN)</b> Range of communication strategies employed over the years</p>
Advocacy	<p><b>Health Promotion Plan (Brimbank-Melton PCP/DjHS/ISIS/WHW)</b> Eliminating violence against women through advocacy and influencing broader health policy and planning</p> <p><b>Taskforces, Working Groups, Primary Care Partnerships, etc (WHW)</b> Representations at forums convened by local agencies to advocate for prioritising violence against women</p>

	<p><b>Municipal Public Health Plans (SM/BCC)</b> Eliminating violence against women through advocacy and influencing broader health policy and planning at the local government level</p>
Legislative and policy reform	<p><b>Submission to Victorian Government Community Consultation on Human Rights (WHW)</b> Called for a charter enshrining economic, social, civil and political rights by highlighting ways that violence against women curtails women's rights to freedom and equality</p> <p><b>The Release Heather Osland Campaign (Various agencies)</b> Campaign challenging the legal policy and laws regarding the plight of women who have endured long term abuse. See <a href="http://www.vicnet.net.au/~rhog/">http://www.vicnet.net.au/~rhog/</a></p>

#### Abbreviations and Contact Details

BCC – Brimbank City Council	<a href="http://www.brimbank.vic.gov.au">www.brimbank.vic.gov.au</a>
DjHS - Djerriwarrh Health Service	<a href="http://www.djhs.grampianshealth.org.au">www.djhs.grampianshealth.org.au</a>
FVPN - Family Violence Prevention Network	<a href="http://www.whwest.org.au">www.whwest.org.au</a>
ISIS – ISIS Primary Care	<a href="http://www.isispc.com.au">www.isispc.com.au</a>
PCP – Brimbank Melton:	
	<a href="http://www.health.vic.gov.au/pcps/webpages/brimbank_melton.htm">http://www.health.vic.gov.au/pcps/webpages/brimbank_melton.htm</a>
SM – Shire of Melton	<a href="http://www.melton.vic.gov.au">www.melton.vic.gov.au</a>
WHW – Women's Health West	<a href="http://www.whwest.org.au">www.whwest.org.au</a>

## Proposed Health Promotion Activities – Brimbank Melton

Health Promotion Strategies	Individual	Organisational	Community	Societal
<p>Research, monitoring and evaluation – to improve evidence base for our work</p>	<p>Using research actions to explore the experiences of women with a disability</p>	<p>Coordinated approach to the collection of data – including central point for the collation of information about actions</p> <p>Use gender inclusive program/project evaluation methods</p> <p>Agencies/organisations to record data systematically using a gender analysis</p> <p>Research/identification of population based health promotion strategies that are effective in enhancing protective factors and minimising risk factors associated with family violence: Literature review of local, state and national health promotion initiatives including identification of best practice health promotion</p> <p>Make recommendations for future implementation of health promotion to be undertaken by PCP members in relation to preventing family violence</p>	<p>Evaluate effectiveness of health promotion strategies for violence prevention</p>	

Direct participation programs – that allow individuals to participate in activities that promote violence prevention			Engage in whole-school activities that focus on building teacher's, parent's and student's knowledge of gender inequity and the impact of this on maintaining conditions under which violence against women occurs	
Organisational development –increase the capacity of organisations to undertake activities that prevent violence against women		<p>Respond to funding opportunities to enhance promotion of violence prevention activities</p> <p>Capacity building to be based on research that informs best practice identified in the development of health promotion actions</p> <p>Convene workforce development to skill staff from PCP member agencies to conduct health promotion initiatives arising out of the June 2006 conference</p> <p>PCP to facilitate opportunities between agencies to assist in health promotion planning and development of projects</p>	Implement the recommendations from previous research - 'Family Harmony Project' and 'Measuring the Tides of Violence'	
Community strengthening – working with communities to prevent violence or to identify ways of preventing violence		In partnership with GP division implement the Guidelines for General Practitioners in Victoria	Forging partnerships outside the structure of the PCP to promote and implement the recommendations of research	
		PCPs to disseminate information about activities	Agencies to develop media strategies around releasing	

<p>Communication and social marketing – communicating about violence prevention through media, meetings, forums, etc</p>		<p>undertaken across sub-region</p> <p>WHW to include a specific family violence prevention information base accessible from its website</p> <p>Disseminate criteria/key characteristics of effective health promotion in the area of violence against women</p> <p>Convene forum to share outcomes of health promotion initiatives</p> <p>PCP to support the Week Without Violence campaign by promoting and supporting activities/ events</p>	<p>information about the prevalence and prevention of violence against women to the media</p> <p>PCP to release media information on behalf of member agencies when relevant</p>	
<p>Advocacy – activities aimed to foster attitudes and practices that prevent violence against women</p>		<p>PCP to take a lead role in encouraging/facilitating agencies to include violence against women in their health promotion and similar plans</p>		<p>PCP and member agencies to advocate for health promotion funding to target prevention of violence against women</p>
<p>Legislative and policy reform – working to achieve reform of legislation, policies and programs that impact on prevention of violence</p>		<p>Agencies to develop a comprehensive policy that encompasses responses to clients and staff experiencing family violence eg reception staff trained in DV, safe exit and entries to services, safe play areas for children, separate waiting areas for women, family-friendly policies, etc</p>	<p>Making sure violence against women is in the Municipal Public Health Plans</p> <p>Developing policies that deal with violence in hospitals and other services</p>	<p>PCP to promote international treaties and laws that protect the rights of women and children</p>

## 2.2 Moonee Valley Melbourne PCP



### Mapping Current Activities

The following table lists current and past health promotion activities undertaken in the Moonee Valley Melbourne sub-region to promote prevention of violence against women, as identified by conference participants. This table is incomplete and information will be added on an ongoing basis as new information is identified or projects completed.

Table 2: Activities undertaken in the Moonee Valley Melbourne Sub-Region

Health Promotion Strategies	Activities Undertaken
Research, monitoring and evaluation – to improve evidence base for our work	<p><b>Intimate Partner Violence &amp; its Health Impacts Phase 1 (WHW)</b> Research and development program. Includes a regional conference showcasing health promotion efforts to eliminate violence against women</p> <p><b>Measuring the Tides of Violence (WHW)</b> Research report that includes family violence data for each LGA in the Western region. Available at <a href="http://www.whwest.org.au">www.whwest.org.au</a></p> <p><b>Family Harmony Research Project (WHW)</b> Explores experiences of women from Somali and Muslim Eritrean backgrounds. Available at <a href="http://www.whw.org.au">www.whw.org.au</a></p> <p><b>Beyond Symptoms (WHW)</b> Needs analysis that includes data relating to violence against women</p>
Direct participation programs – individual activities	<p><b>Health Education Program (WHW)</b> Healthy relationships for young women including those at risk of violence</p> <p><b>Information Services (WHW)</b> Information and advice for women including those at risk of or experiencing violence in their lives</p> <p><b>Family &amp; Reproductive Rights Education Program (WHW/WRHC)</b> Education and health information to improve the health and wellbeing of women from communities in which the practice of female genital mutilation is known to occur</p> <p><b>Somali Women’s Group (WHW)</b> Flemington-based women’s group focused on women’s rights and health and wellbeing</p>
Organisational development –increase the capacity of organisations to respond to women’s needs	<p><b>Workforce Development Program (WHW)</b> For service providers, health planners, policy makers, and member agencies of primary care partnerships to undertake work in preventing intimate partner violence</p> <p><b>Family &amp; Reproductive Rights Education Program (WHW)</b> Program includes organisational development</p>

Community strengthening	<p><b>International Women’s Day (WHW)</b> Events that celebrate women’s lives and their achievements</p> <p><b>Family Violence Prevention Network meetings (MbCC/MVCC/WHW/other agencies)</b> Attendance</p> <p><b>Week Without Violence</b> A state-wide coordinated campaign combined with a local and regional focus. Further information available at <a href="http://www.women.gov.au/content/story.asp?story_id=2394">www.women.gov.au/content/story.asp?story_id=2394</a> Activities include:</p> <p><b>Week Without Violence (2006, MbCC/others)</b> Performance of Yarramundi puppets with a family violence prevention theme including a professional development component for workers</p> <p><b>Finding Common Ground - Interfaith Forum (WHW)</b> Forum of 15 religious leaders including Buddhist, Muslim, Orthodox and Christian who came together to discuss community perspectives and solutions to family violence</p> <p><b>Police Christmas Breakfast (FVPN)</b> Representatives of police family violence liaison officers, court staff and family violence workers throughout the Western region began conversations about how each of the sectors can work more closely with each other and engage in collaborative prevention strategies</p> <p><b>You Don’t Have to Do it Alone (FVPN/WHW)</b> A training program to equip primary school teachers with the skills to identify and support students who are living in homes where family violence occurs</p> <p><b>Moving Mountains (WHW/FVPP)</b> A Western region community event in 2002 involving survivors of family violence and workers committed to ending family violence, acknowledging women’s experience and looking at methods of achieving social change</p>
Communication and social marketing	<p><b>Health Promotion and Violence Against Women Conference (WHW/PCPs)</b> Regional conference showcasing health promotion efforts to eliminate violence against women</p> <p><b>Newsletter Publications (WHW)</b> To raise awareness of family violence among consumers and services</p> <p><b>Racial Discrimination Project (WHW)</b> Identifies the nature of women’s experiences of racism. Includes a public education campaign regarding racial vilification</p> <p><b>Coaster Project (MVCC/WHW)</b> Awareness-raising coasters in pubs and gaming venues throughout Moonee Valley - ‘When you hurt your partner you will hurt your kids too’</p> <p><b>Media strategies for Week Without Violence campaign (FVPN)</b></p> <ul style="list-style-type: none"> <li>- Production of CD’s in 5 different languages for community service announcements on radio stations about where to get help for family violence</li> <li>- Media training for workers and survivors of family violence interviewed on radio</li> <li>- Stories of survivors documented and distributed to local media outlets</li> </ul> <p><b>Production of pamphlets, posters, stickers, drink coasters and help cards (FVPN)</b> Range of communication strategies employed over the years</p>
Advocacy	<p><b>Health Promotion Plans (WHW/DGCH/PCP)</b> Eliminating violence against women through advocacy and influencing broader health policy and planning</p> <p><b>Taskforces, Working Groups, Primary Care Partnerships, etc (WHW)</b> Representations at forums convened by local agencies to advocate for prioritising violence against women</p> <p><b>Municipal Public Health Plans (MbCC/MVCC)</b> Eliminating violence against women through advocacy and influencing broader health policy and planning at the local government level</p>

	<p><b>Reclaim the Night (Various agencies)</b> night time marches to signify women's right to live free from violence. See <a href="http://isis.aust.com/rtn/">isis.aust.com/rtn/</a></p>
Legislative and policy reform	<p><b>Submission to Victorian Government Community Consultation on Human Rights (WHW)</b> Called for a charter enshrining economic, social, civil and political rights by highlighting ways that violence against women curtails women's rights to freedom and equality</p> <p><b>The Release Heather Osland Campaign (Various agencies)</b> Campaign challenging the legal policy and laws regarding the plight of women who have endured long term abuse. See <a href="http://www.vicnet.net.au/~rhog/">http://www.vicnet.net.au/~rhog/</a></p> <p><b>Agency Policies/Procedures (WHW)</b> Targeting bullying and harassment, Family Violence Practice, Safety of Workers</p>

### Abbreviations and Contact Details

DGCH – Dousta Galla Community Health Service	<a href="http://www.dgchs.com.au">www.dgchs.com.au</a>
FVPN - Family Violence Prevention Network	<a href="http://www.whwest.org.au">www.whwest.org.au</a>
MbCC – Melbourne City Council	<a href="http://www.melbourne.vic.gov.au">www.melbourne.vic.gov.au</a>
MVCC – Moonee Valley City Council	<a href="http://www.mvcc.vic.gov.au">www.mvcc.vic.gov.au</a>
PCP – Moonee Valley Melbourne:	<a href="http://www.health.vic.gov.au/pcps/webpages/moonee_valley.htm">http://www.health.vic.gov.au/pcps/webpages/moonee_valley.htm</a>
WHW – Women's Health West	<a href="http://www.whwest.org.au">www.whwest.org.au</a>
WRHC – Western Region Health Centre	<a href="http://www.wrhc.com.au">www.wrhc.com.au</a>

## Proposed Health Promotion Activities – Moonee Valley Melbourne

Health Promotion Strategies	Individual	Organisational	Community	Societal
<p>Research, monitoring and evaluation – to improve evidence base for our work</p>	<p>Using research actions to explore the experiences of women with a disability</p>	<p>Strengthen collaborative efforts through sharing data and expertise, developing focus groups for research actions and assisting the partnership approaches of local governments and other key stakeholders</p> <p>Coordinated approach to the collection of data – including central point for the collation of information about actions</p> <p>Use gender inclusive program/project evaluation methods</p> <p>Agencies/organisations to record data systematically using a gender analysis</p> <p>Research/identification of effective health promotion strategies to prevent family violence</p>	<p>In partnership with universities develop criteria for evaluating the effectiveness of violence prevention programs</p> <p>Initiate research actions with universities to explore women's experiences of workplace violence</p> <p>Initiate research that explores gay men's and lesbian's experiences of violence and discrimination in the workplace</p> <p>Work in partnership with men's services and universities to explore ways of supporting men from newly-arrived communities where violence against women is reported to be high</p> <p>Establish a scoping study to explore other successful health promotion activities aimed at prevention of violence against women (eg Loddon Campaspe)</p> <p>Work in partnership with universities to develop criteria for evaluating the effectiveness of violence prevention activities</p>	

Direct participation programs – that allow individuals to participate in activities that promote violence prevention			Building relationships within the school sector to develop violence prevention programs	
Organisational development –increase the capacity of organisations to undertake activities that prevent violence against women		<p>Organisations to conduct an audit and review of workplace policies, processes and interventions that promote social and gender equality and equity</p> <p>Services to develop organisational goals and actions that include the ‘prevention of violence against women’</p> <p>Implementation of a specific training module aimed at building the capacity of workers/agencies to undertake health promotion activities to prevent violence against women</p> <p>PCP’s to facilitate partnerships between member agencies (and others) to develop co-operative relationships and collaborate on projects and planning relating to prevention of violence against women</p>	Maternal and Child Health Nurses, who are often the first point of contact and potential disclosure for many women, be targeted for training and support	
Community strengthening – working with communities to prevent violence or to identify ways of preventing violence	Dissemination of knowledge about violence in different community languages	Challenge traditionally male dominated environments to include violence against women as ‘men’s business’ – such as working with sporting clubs to develop policies that work towards prevention of violence against women	<p>Liaison with religious leaders in the development of culturally and religiously appropriate responses to prevention of violence</p> <p>Strengthening connections and partnerships with teachers, parents and GP’s to support</p>	

		In partnership with GP division implement the Guidelines for General Practitioners in Victoria	the development of primary prevention strategies  Organise special events for men who support non-violence against women, such as community walks	
Communication and social marketing – communicating about violence prevention through media, meetings, forums, etc	Coordinate campaigns targeting CALD and emerging communities through ethnic radio and newspapers to inform the community about women's rights, laws in Australia and services available to women and children	PCP to disseminate data and information about activities undertaken across the region  PCP to support Week Without Violence campaign by promoting and supporting activities/ events  WHW to include a specific family violence prevention information base accessible from its website	Prevention to focus on vulnerable communities, such as women with disabilities, elderly women, recently-arrived refugees  Agencies to develop media strategies around releasing information about the prevalence and prevention of violence against women to the media  PCP to release media information on behalf of member agencies when relevant	
Advocacy – activities aimed to foster attitudes and practices that prevent violence against women		PCP Health Promotion Coordinating Committees to prioritise family violence as part of their plans and future directions  PCP Health Promotion Coordinating Committees to advocate for funding to carry out nominated prevention projects, research, projects and activities  PCP Health Promotion Coordinating Committees to establish working groups concentrating on violence		

		<p>prevention including non-traditional PCP member agencies</p> <p>PCP Health Promotion Coordinating Committees to actively engage in the planning for the Western Region Family Violence Prevention Strategy</p> <p>PCP Health Promotion Coordinating Committees to develop plans, goals and objectives to reflect gender inequality and diversity</p>		
<p>Legislative and policy reform – working to achieve reform of legislation, policies and programs that impact on prevention of violence</p>		<p>Develop processes for consumer participation that ensure that survivors of family violence are able to participate in the planning and monitoring of policies and programs that will affect them</p> <p>Agencies to develop a comprehensive policy that encompasses responses to clients and staff experiencing family violence eg reception staff trained in DV, safe exit and entries to services, safe play areas for children, separate waiting areas for women, family-friendly policies, etc</p>	<p>Making sure violence against women is in the Municipal Public Health Plans</p> <p>Developing policies that deal with violence in hospitals and other services</p>	<p>PCP to advocate for policies that reduce social and gender inequalities</p> <p>PCP to promote international treaties and laws that protect the rights of women and children</p>

## 2.3 WestBay Alliance



### Mapping Current Activities

The following table lists current and past health promotion activities undertaken in the WestBay sub-region to promote prevention of violence against women. This table is incomplete and information will be added on an ongoing basis as new information is identified or projects completed.

Table 3: Activities for the WestBay Sub-Region

Health Promotion Strategies	Activities Undertaken
<p>Research, monitoring and evaluation – to improve evidence base for our work</p>	<p><b>Intimate Partner Violence &amp; its Health Impacts Phase 1 (WHW)</b> Research and development program. Includes a regional conference showcasing health promotion efforts to eliminate violence against women</p> <p><b>Family Harmony Research Project (WHW)</b> Explores experiences of women from Somali and Muslim Eritrean backgrounds. Available at <a href="http://www.whw.org.au">www.whw.org.au</a>.</p> <p><b>Measuring the Tides of Violence (WHW)</b> Research report that includes family violence data for each LGA in the Western region. Available at <a href="http://www.whwest.org.au">www.whwest.org.au</a></p> <p><b>Beyond Symptoms (WHW)</b> Needs analysis that includes data relating to violence against women</p> <p><b>Before It's Too Late, Domestic Violence in the Polish Community (APCS)</b> An analytical approach to defining the nature and prevalence of domestic violence in the Polish community</p> <p><b>Mapping Exercise (ISIS)</b> Recording local family violence incidence rates and established prevention programs</p> <p><b>Gender Local Government and Violence Prevention (MCC)</b> State government research project run by Melbourne University engaging local governments to take a leadership role in violence prevention initiatives</p> <p><b>Community Safety Survey (WCC)</b> Two year study including violence against women</p>
<p>Direct participation programs – individual activities</p>	<p><b>Health Education Program (WHW)</b> Healthy relationships for young women including those at risk of violence</p> <p><b>Information Services (WHW)</b> Information and advice for women including those at risk of or experiencing violence in their lives</p> <p><b>Family &amp; Reproductive Rights Education Program (WHW/WRHC)</b> Education and health information to improve the health and wellbeing of women from communities in which the practice of female genital mutilation is known to</p>

	<p>occur</p> <p><b>Heathdale Neighbourhood Renewal Project (HNA/ISIS/WHW)</b> Support, information provision and consultations with the Heathdale women's group with the aim of developing a violence prevention strategy with the women</p> <p><b>Say No to Violence Arts project (ISIS/WCC/WFVS/WHW)</b> Project that supports secondary schools in the development of 'Say No to Violence' canvases, which are displayed around Wyndham</p>
Organisational development – increase the capacity of organisations to respond to women's needs	<p><b>Workforce Development Program (WHW)</b> For service providers, health planners, policy makers, and member agencies of primary care partnerships to undertake work in preventing intimate partner violence</p> <p>Family &amp; Reproductive Rights Education Program (WHW/WRHC) Program includes organisational development</p> <p><b>Wyndham Family Violence Sub-Committee (ISIS/WCC/others)</b> To raise awareness and understanding of the incidence of family violence in Wyndham and how to plan for and implement early intervention strategies</p> <p><b>Western Region Local Government Initiative (MCC)</b> Aims to provide professional development for council staff</p>
Community strengthening	<p><b>Urban Angel Project (WHW/SDT)</b> Arts, music and drama workshops involving young women in Secure Welfare at risk of self-harm resulting from sexual and physical violence at home. More information available at <a href="http://www.somebodysdaughtertheatre.com">www.somebodysdaughtertheatre.com</a></p> <p><b>International Women's Day (WHW)</b> Events that celebrate women's lives and their achievements</p> <p><b>Week Without Violence</b> A state-wide coordinated campaign combined with a local and regional focus. Further information available at <a href="http://www.women.gov.au/content/story.asp?story_id=2394">www.women.gov.au/content/story.asp?story_id=2394</a> Activities include:</p> <p><b>Week Without Violence (2006, MCC/WCC/others)</b> Performance of Yarramundi puppets with a family violence prevention theme including a professional development component for workers</p> <p><b>Finding Common Ground - Interfaith Forum (WHW)</b> Forum of 15 religious leaders including Buddhist, Muslim, Orthodox and Christian who came together to discuss community perspectives and solutions to family violence</p> <p><b>Police Christmas Breakfast (FVPN)</b> Representatives of police family violence liaison officers, court staff and family violence workers throughout the Western region began conversations about how each of the sectors can work more closely with each other and engage in collaborative prevention strategies</p> <p><b>You Don't Have to Do it Alone (FVPN/WHW)</b> A training program to equip primary school teachers with the skills to identify and support students who are living in homes where family violence occurs</p> <p><b>Say No to Violence Arts project (ISIS/WFVS/WHW)</b> Project that supports secondary schools in the development of 'Say No to Violence' canvases, which are displayed around Wyndham</p> <p><b>Family Violence Prevention Network meetings (ISIS/HBCC/WCC/ WHW/ other agencies)</b> Attendance</p> <p><b>Moving Mountains (WHW/FVPP)</b> A Western region community event in 2002 committed to ending family violence, acknowledging women's experience and looking at methods of achieving social change</p>
Communication and social marketing	<p><b>Public Toilet Sticker Project (WCC/WHW)</b> Included crisis support, police and ambulance telephone numbers</p> <p><b>Health Promotion and Violence Against Women conference (WHW/PCPs)</b> Regional conference showcasing health promotion efforts to eliminate violence against women</p>

	<p><b>Newsletter Publications (WHW)</b> To raise awareness of family violence among consumers and services</p> <p><b>Racial Discrimination Project (WHW)</b> Identifies the nature of women's experiences of racism. Includes a public education campaign regarding racial vilification</p> <p><b>Production of pamphlets, posters, stickers, drink coasters and help cards (FVPN)</b> Range of communication strategies employed over the years</p>
Advocacy	<p><b>Health Promotion Plan (WHW/PCP/WDGP/ISIS/WRHS)</b> Eliminating violence against women through advocacy and influencing broader health policy and planning</p> <p><b>Maribyrnong Council Safer Communities, Policy and Action Plan 2003 – 2006 (MCC)</b> Violence against women given priority</p> <p><b>Taskforces, Working Groups, Primary Care Partnerships, etc (WHW)</b> Representations at forums convened by local agencies to advocate for prioritising violence against women</p> <p><b>Municipal Public Health Plan (HBCC/MCC/WCC) and Safer Communities, Policy and Action Plan (MCC)</b> Eliminating violence against women through advocacy and influencing broader health policy and planning at the local government level</p> <p><b>Reclaim the Night (Various agencies)</b> night time marches to signify women's right to live free from violence. See <a href="http://isis.aust.com/rtn/">isis.aust.com/rtn/</a></p> <p><b>Wyndham Safety Committee (WCC/others)</b> Attended by representatives of the family violence sector</p> <p><b>Maribyrnong Safety Taskforce (MCC/WHW/WRHC/PCP/VP/others)</b> Local safety committee supporting a coordinated approach to addressing family violence in the City of Maribyrnong</p>
Legislative and policy reform	<p><b>Submission to Victorian Government Community Consultation on Human Rights (WHW)</b> Called for a charter enshrining economic, social, civil and political rights by highlighting ways that violence against women curtails women's rights to freedom and equality</p> <p><b>The Release Heather Osland Campaign (Various agencies)</b> Campaign challenging the legal policy and laws regarding the plight of women who have endured long term abuse. See <a href="http://www.vicnet.net.au/~rhog/">http://www.vicnet.net.au/~rhog/</a></p>

#### Abbreviations and Contact Details

APCS - Australian Polish Community Services Inc	<a href="http://www.apcs.org.au">www.apcs.org.au</a>
FVPN - Family Violence Prevention Network	<a href="http://www.whwest.org.au">www.whwest.org.au</a>
HBCC - Hobson's Bay City Council	<a href="http://www.hobsonsabay.vic.gov.au">www.hobsonsabay.vic.gov.au</a>
HNA - Heathdale Neighbourhood Association	<a href="http://www.heathdale.grassroots.org.au">www.heathdale.grassroots.org.au</a>
ISIS - ISIS Primary Care	<a href="http://www.isispc.com.au">www.isispc.com.au</a>
MCC – Maribyrnong City Council	<a href="http://www.maribyrnong.vic.gov.au">www.maribyrnong.vic.gov.au</a>
PCP - WestBay Alliance	<a href="http://www.health.vic.gov.au/pcps/webpages/westbay.htm">http://www.health.vic.gov.au/pcps/webpages/westbay.htm</a>
SDT – Somebody's Daughter Theatre Company	<a href="http://www.somebodysdaughtertheatre.com">www.somebodysdaughtertheatre.com</a>
VP – Victoria Police	<a href="http://www.police.vic.gov.au">www.police.vic.gov.au</a>
WCC - Wyndham City Council	<a href="http://www.wyndham.vic.gov.au">www.wyndham.vic.gov.au</a>
WDGP - Westgate Division of General Practice	<a href="http://www.westgategp.com">www.westgategp.com</a>
WFVS - Wyndham Family Violence subcommittee	<a href="http://www.wyndham.vic.gov.au">www.wyndham.vic.gov.au</a>
WHW – Women's Health West	<a href="http://www.whwest.org.au">www.whwest.org.au</a>
WRHC – Western Region Health Centre	<a href="http://www.wrhc.com.au">www.wrhc.com.au</a>

## Proposed Health Promotion Activities - Westbay

Health Promotion Strategies	Individual	Organisational	Community	Societal
<p>Research, monitoring and evaluation – to improve evidence base for our work</p>	<p>Using research actions to explore the experiences of women with a disability</p>	<p>Strengthen collaborative efforts through sharing data and expertise, developing focus groups for research actions and assisting the partnership approaches of local governments and other key stakeholders</p> <p>Coordinated approach to the collection of data – including central point for the collation of information about actions</p> <p>Use gender inclusive program/project evaluation methods</p> <p>Agencies/organisations to record data systematically using a gender analysis</p> <p>Develop a profile of municipal health plans and policies that include 'the prevention of violence against women'</p> <p>PCP to fund research into/identification of effective health promotion strategies to prevent family violence</p>	<p>Work in partnership with universities to develop research actions that explore women's experiences of workplace violence</p> <p>Gender Local Government and Violence Prevention - State government research project run by Melbourne University engaging local governments to take a leadership role in violence prevention initiatives 2006 – 2009</p> <p>In partnership with universities develop criteria for evaluating the effectiveness of violence prevention programs</p> <p>Initiate research that explores the experiences of gay men and lesbians of violence and discrimination in the workplace</p>	
	<p>Develop and implement leadership programs for women that aim to increase</p>			

<p>Direct participation programs – that allow individuals to participate in activities that promote violence prevention</p>	<p>women's strength, resilience and participation</p> <p>Special mentoring and educational programs for young people, including young mothers, to support them to develop positive and non-violent relationships</p>			
<p>Organisational development –increase the capacity of organisations to undertake activities that prevent violence against women</p>		<p>The implementation of a training module to assist organisations in the building of skills and support for staff to work in the area of violence prevention</p> <p>Organisations to provide training and education to staff to build their knowledge and skills in relation to health promotion and the prevention of violence</p> <p>PCP's to facilitate partnerships between member agencies (and others) to develop co-operative relationships and collaborate on projects and planning relating to prevention of violence against women</p> <p>PCP to encourage collaboration between member agencies on projects and planning</p>	<p>Agencies to work in partnership with their local councils in the development of programs and research actions</p>	
<p>Community strengthening – working with communities to prevent violence or to identify ways of preventing violence</p>	<p>Establish campaigns targeting men to change their behaviours</p>	<p>Develop mentoring programs with other services and agencies eg sporting clubs (due to the prevalence of violence in these settings)</p>	<p>Coordinate efforts to raise the profile and increase the understanding of the impact of violence against women in the workplace and community</p>	

		<p>PCP to facilitate partnerships between agencies with similar goals in the development of joint projects</p> <p>In partnership with GP division of Health implement the Guidelines for General Practitioners in Victoria</p>		
<p>Communication and social marketing – communicating about violence prevention through media, meetings, forums, etc</p>	<p>Organisations to run workshops on t-shirt and poster making to promote awareness and knowledge of violence against women</p>	<p>Agencies to use community radio and other forms of media support in the development and implementation of educational campaigns</p> <p>Organisations to distribute online resources on men’s role in stopping violence against women</p> <p>Utilise the School Focused Youth Service to support organisations in disseminating and generating information to the community</p> <p>PCP to convene community forum to share outcomes of health promotion initiatives and to enable workers to learn about projects and share resources, knowledge and expertise</p>	<p>Agencies to work in partnership with their council to hold special information forums and consultations on violence prevention</p>	
<p>Advocacy – activities aimed to foster attitudes and practices that prevent violence against women</p>		<p>Provide support to organisations wanting to develop violence prevention projects</p> <p>PCP to drive advocacy efforts in</p>	<p>Advocate for increased funding for health promotion activities that prevent violence against women</p> <p>Develop a local NO to</p>	<p>Target advocacy efforts to policies that redress poverty and inequality</p>

		<p>securing funding for projects</p> <p>PCP Health Promotion Coordinating Committees to prioritise family violence as part of their plans and future directions</p> <p>PCP Health Promotion Coordinating Committees to establish working groups concentrating on family violence prevention including non-traditional PCP member agencies</p> <p>PCP Health Promotion Coordinating Committees to actively engage in the planning for the Western Region Family Violence Prevention Strategy</p> <p>PCP to support collaborative work between member agencies on projects and planning</p>	<p>Violence Against Women Campaign</p> <p>Produce and distribute posters, stickers and pub coasters</p> <p>Promoting 'pop up' windows for computers</p> <p>Develop and monitor appropriate internet sites and printed material</p>	
Legislative and policy reform – working to achieve reform of legislation, policies and programs that impact on prevention of violence	Opportunities for service users to voice their ideas in the development of program, policy and evaluation activities to support the prevention of violence against women	<p>Organisations to conduct an audit and review of workplace policies, processes and interventions that promote social and gender equality and equity</p> <p>Services to nominate organisational goals and actions that include the 'prevention of violence against women'</p>	<p>Organisations to focus on policies that address poverty and inequality</p> <p>Develop policies that support women to be connected to and supported by their communities</p> <p>Making sure violence against women is in the Municipal Public Health Plans</p>	<p>PCP to advocate for effective social and gender policies</p> <p>PCP to promote international treaties and laws that protect the rights of women and children</p> <p>Organisations to monitor the implementation of government reforms and policies</p>

		<p>PCP and member agencies to align their objectives to assist in the implementation of actions for the prevention of violence against women and children</p> <p>Agencies to develop workplace policies that acknowledge and respond to staff members personal experiences of intimate partner violence</p> <p>Organisations review/develop policies and procedures for working with women and children living in violent relationships eg reception staff trained in DV, safe exit and entries to services, safe play areas for children, separate waiting areas for women, family-friendly policies, etc</p> <p>PCP to have key role in feeding back to government local needs and recommendations for reform</p> <p>Develop processes for consumer participation that ensure that survivors of family violence are able to participate in the planning and monitoring of policies and programs that will affect them</p>	<p>Developing policies that deal with violence in hospitals and other services</p>	
--	--	---	--	--

# Appendices

<b>Appendix 1: VicHealth Mental Health Promotion Framework .....</b>	<b>38</b>
<b>Appendix 2: A Public Health Model for the Prevention of Violence against Women ...</b>	<b>39</b>
<b>Appendix 3: Initiatives by WHS to prevent violence against women .....</b>	<b>41</b>
<b>Appendix 4: Summary of Workshops .....</b>	<b>45</b>
<b>Appendix 5: Western Metropolitan Area Primary Care Partnerships .....</b>	<b>48</b>
<b>Appendix 6: Recommendations for direct service agencies .....</b>	<b>50</b>
<b>Appendix 7: Steering Committee Members .....</b>	<b>51</b>
<b>Appendix 8: Thank You .....</b>	<b>52</b>

# Appendix One

## Mental Health Promotion Framework 2005–2007

### Key Social & Economic Determinants of Mental Health & Themes for Action

#### Social inclusion

- Supportive relationships
- Involvement in community & group activities
- Civic engagement

#### Freedom from discrimination & violence

- Valuing of diversity
- Physical security
- Self determination & control of one's life

#### Access to economic resources

- Work
- Education
- Housing
- Money



### Population Groups & Action Areas

#### Population groups

- Children
- Young people
- Women & men
- Older people
- Indigenous communities
- Culturally diverse communities
- Rural communities

#### Health promotion action

- Research, monitoring & evaluation
- Direct participation programs
- Organisational development (including workforce development)
- Community strengthening
- Communication & social marketing
- Advocacy
- Legislative & policy reform



### Settings for Action

HOUSING TRANSPORT	COMMUNITY SERVICES CORPORATE	EDUCATION PUBLIC	WORKPLACE ARTS	SPORT & RECREATION LOCAL GOVT	HEALTH JUSTICE	ACADEMIC
----------------------	---------------------------------	---------------------	-------------------	----------------------------------	-------------------	----------



### Intermediate Outcomes

#### Individual

Projects & programs which facilitate:

- Involvement in community & group activities
- Access to supportive relationships
- Self esteem & self efficacy
- Access to education & employment
- Self determination & control
- Mental health literacy

#### Organisational

Organisations which are:

- Inclusive, responsive, safe, supportive & sustainable
- Working in partnerships across sectors
- Implementing evidence-informed approaches to their work

#### Community

Environments which:

- Are inclusive, responsive, safe, supportive & sustainable
- Value civic engagement
- Are cohesive
- Reflect awareness of mental health & wellbeing issues

#### Societal

A society with:

- Integrated, sustained & supportive policy & programs
- Strong legislative platforms for mental health & wellbeing
- Appropriate resource allocation
- Responsive & inclusive governance structures



### Long-term Benefits

- Increased sense of belonging
- Improved physical health
- Less stress, anxiety & depression
- Less substance misuse
- Enhanced skill levels
- Resources & activities integrated across organisations, sectors & settings
- Community valuing of diversity & actively disowning discrimination
- Less violence & crime
- Improved productivity
- Reduced social & health inequalities
- Improved quality of life & life expectancy

# Appendix Two

## **A Public Health Model for the Prevention of Violence Against Women**

*This model was developed by VicHealth. You are granted permission to reprint this information providing appropriate acknowledgment is given and the integrity of the source document is maintained.*

### **Primary Prevention – preventing violence before it occurs**

Primary prevention interventions are those that seek to prevent violence *before it occurs*. Interventions can be targeted to the whole population or to particular groups that may be at higher risk of being the perpetrators or victims of violence. Some primary prevention interventions (such as social marketing campaigns) focus on changing behaviour or building the knowledge and skills of individuals. However, primary prevention can also focus on changing environments so that they are safer for women. Interventions that do not have a particular focus on violence, but address its underlying causes (such as gender inequality and poverty), are also primary prevention interventions.

### **Early intervention – taking action on early signs of violence**

Early intervention is targeted to individuals and groups who exhibit *early signs* of perpetrating violent behaviour or of being subject to violence. They can be aimed at changing behaviours or increasing the skills of individuals and groups. Early intervention may also be targeted to environments in which there are strong signs that violence may occur or has begun to occur (eg subcultures, such as peer groups or sporting clubs in which there is a strong culture of disrespect of women).

### **Intervention – providing support and treatment to victims of violence and adopting measures to prevent re-offending and repeat victimization**

Intervention strategies are implemented *after* violence occurs. They aim to deal with the violence, prevent its consequences (such as mental health problems) and to ensure that violence does not occur again or escalate. Intervention includes things such as crisis accommodation and social support for victims of violence and criminal justice and therapeutic interventions for perpetrators. It is not always possible to make a clear distinction between these strategies. For example a policy reform, such as a police code of practice mandating arrest of perpetrators of domestic violence, is clearly designed to facilitate intervention after violence has occurred. However it can also have a primary preventative effect (by communicating to the wider community that violence against women is a serious issue) and an impact on early intervention by deterring potential perpetrators.

## A Public Health Model for the Prevention of Violence Against Women

Public Health Strategies	Primary Prevention	Early intervention	Intervention
<b>Research, monitoring and evaluation</b>	A study explores whether there is a relationship between gender related income inequality and the prevalence of domestic violence ☹️	A long term study of young women at risk of domestic violence explores whether there is a link between unemployment and vulnerability to violence. ☹️	An intensive job search assistance program to survivors of domestic violence is evaluated to determine whether it reduces their risk of further victimisation.
<b>Direct participation</b>	A school based program is offered to young people exploring healthy and respectful relationships ☹️	Following evidence of forced sexual contact, a school nurse delivers a program targeted to young women focussing on their right to respect in relationships. ☹️	A support group is established for young women who have been subject to sexual assault
<b>Organisational development</b>	A sporting club develops policies and procedures to ensure female participants and spectators have equal access to club resources and facilities and a safe and welcoming environment. ☹️	The club develops a training program for its coaches to assist them in identifying and responding to player behaviour which is disrespectful of women ☹️	The club introduces and enforces penalties for players found to vilify or harass women.
<b>Community strengthening</b>	A local council works with its community to develop a women's safety strategy covering a range of council activities from land- use planning to community services ☹️	Local men develop a mentoring program targeted to young boys who have been identified as behaving disrespectfully toward women and girls. ☹️	The community attracts additional resources to provide emergency accommodation for local women and children fleeing family violence.
<b>Communications and social marketing</b>	Radio and television advertisements are developed advocating respectful relationships between men and women ☹️	After incidents of sexual assault, including sexual harassment and date rape, come to light local clubs develop a campaign warning male patrons of the legal consequences of their behaviour. ☹️	The campaign urges young women to contact the police if they are subject to sexual assault.
<b>Advocacy</b>	Women's groups lobby government to introduce a family violence policy asserting that this violence will be treated as any other criminal assault. ☹️	This includes lobbying for a police code of practice which seeks to deter domestic violence by mandating police to arrest perpetrators. ☹️	Women's refuges meet with senior police to urge them to adopt measures to ensure that the code is enforced so that perpetrators of violence are removed from the family home
<b>Legislative and policy reform</b>	Legislation is introduced making rape in marriage a crime. The law communicates a message to the community that violence against women is unacceptable regardless of the relationship ☹️	The legislation communicates to potential perpetrators that such behaviour is not acceptable and will be treated as would other violent crimes. ☹️	The legislation improves protection for victims of rape in marriage

# Appendix Three

## Current & Recent Initiatives by WHS to Prevent Violence Against Women <sup>1</sup>

	Primary prevention (universal)	Early intervention (at risk)	Intervention (victims/survivors)
Research, monitoring, evaluation	<p><b>Intimate Partner Violence &amp; its Health Impacts Phase 1 (WHW)</b> Research and development program. Includes a regional conference showcasing health promotion efforts to eliminate violence against women.</p> <p><b>Measuring the Tides of Violence (WHW)</b> Research report that includes family violence data for the western metropolitan region. Available at <a href="http://www.whwest.org.au">www.whwest.org.au</a>.</p> <p><b>A Powerful Journey (WHGNE)</b> Two volume research report documenting stories of women experiencing family violence and what helped them to leave. Available at <a href="http://www.whealth.com.au">www.whealth.com.au</a>.</p> <p><b>Safe at Work (WWH)</b> Research on immigrant women’s experiences of violence in the workplace.</p>	<p><b>Melton Emotional Wellbeing Project Phase 2 (WHW)</b> Research project exploring young mothers’ experiences of conflict and violence and service provider awareness/responsiveness.</p> <p><b>Family Harmony Research Project (WHW)</b> Explores experiences of women from Somali and Muslim Eritrean backgrounds. Available at <a href="http://www.whw.org.au">www.whw.org.au</a>.</p>	
Direct participation	<p><b>Family Violence Prevention &amp; Support Program (WHISE)</b> Workforce development and community education on issues related to family violence.</p> <p><b>Safety Starts at Home Project (WHISE)</b> Group training for women to promote a community response to the impacts of violence on mental health.</p> <p><b>Workplace-based Bilingual Education Program (WWH)</b> Culturally and linguistically appropriate health education for immigrant women workers on domestic violence.</p>		<p><b>Standing your Ground (BSW)</b> For women dealing with bullying and abuse.</p> <p><b>Family &amp; Reproductive Rights Education Program (several WHS)</b> Education and health information to improve the health and wellbeing of women from communities in which the practice of female genital mutilation is known to occur. Program includes organisational development (workforce training).</p>

<sup>1</sup> This table is based on a model published by VicHealth, ‘Public Health Model for the Prevention of Violence against Women’. See the model for further explanation of levels of interventions and examples of strategies. (Available at [www.vichealth.vic.gov.au](http://www.vichealth.vic.gov.au).)

	<p><b>Health Education Program (WHW)</b> Healthy relationships for young women including those at risk of violence.</p> <p><b>Respect, Protect &amp; Connect (WHISE)</b> School-based program on healthy relationships for young women including those at risk of violence. Facilitated by peer educators.</p>		
	<p><b>Information Services (several WHS)</b> Information and advice for women including those at risk of or experiencing violence in their lives.</p>		
	<p><b>Sowing the Seeds of Hope (WHLM)</b> Based in Mallee Track of NW Vic, this program sits across the primary prevention, early intervention and intervention spectrum to raise awareness of family violence and improve service responsiveness for women at risk. Includes social marketing and health information strategies, and support for women experiencing family violence.</p>		
	<p><b>Primary prevention (universal)</b></p>	<p><b>Early intervention (at risk)</b></p>	<p><b>Intervention (victims/survivors)</b></p>
<p><b>Organisational development</b></p>	<p><b>Family Violence Training (WHISE)</b> Training program for Centrelink staff.</p> <p><b>Workforce Development Program (WHW)</b> For service providers, health planners, policy makers, and member agencies of primary care partnerships to undertake work in preventing intimate partner violence.</p> <p><b>Secondary School Audit (GWHS)</b> Led to the development of a professional development program to improve awareness of family violence.</p> <p><b>Training Resource (BSW)</b> For those in community and welfare services to increase knowledge of incidence, prevalence and referral options.</p> <p><b>Stop Family Violence Conference (GWHS)</b> For professionals in community and welfare sectors to raise awareness of issues and improve partnerships.</p> <p><b>Voices Against Violence Conference (WHIN)</b> For professionals in community and welfare sectors to raise awareness of issues and improve partnerships. Transcript available at <a href="http://www.whin.org.au">www.whin.org.au</a>.</p>	<p><b>BreastScreen Project (GWHS)</b> Enhancing the capacity of health care practitioners to identify signs of violence and abuse and make effective referrals.</p> <p><b>Clinical Practice Guidelines: Violence Against Women (RWH)</b> To assist hospital staff to respond in sensitive way to women experiencing violence. Available at <a href="http://www.rwh.org.au">www.rwh.org.au</a>.</p> <p><b>Family Violence Assessment &amp; Referral Package Project (BSW)</b> Family violence assessment and referral package for those in primary care.</p>	<p><b>Integrated Services Partnership (BSW)</b> Developed a common response framework for referrals from police and courts to DV service.</p>

	<b>Primary prevention (universal)</b>	<b>Early intervention (at risk)</b>	<b>Intervention (victims/survivors)</b>
<b>Community strengthening</b>	<p><b>Stop Violence; Healing Arts; Good Bloke Better Bloke (BSW)</b> Three projects driven by working parties of community members and health/welfare agencies. The projects work with schools and use community arts and media campaigns to raise awareness. Includes involvement in Reclaim the Night march.</p> <p><b>International Women’s Day (several WHS)</b> Events that celebrate women’s lives and their achievements.</p>		<p><b>Survival Across the Ages Project (WHISE)</b> Creative art project for women exposed to family violence. The project became a travelling exhibition around the City of Casey.</p> <p><b>Metamorphosis (BSW)</b> Community musical theatre project for women who have experienced violence. DVD available through BSW tel. 5232 5147.</p> <p><b>Women on the Wall (WHIN)</b> Permanent art space that included ‘Women Together’, a powerful collection of wall hangings by women of a family violence support group.</p> <p><b>Urban Angel Project (WHW)</b> Arts, music and drama workshops involving young women at risk of self-harm resulting from sexual and physical violence at home.</p>
	<b>Community Building Forum (BSW)</b> Involving women from Sudanese communities, local police, and health/community services.		
<b>Communications/ social marketing</b>	<p><b>Coaster Project (WHISE)</b> Awareness-raising coasters in pubs throughout St Kilda.</p> <p><b>Family Violence Display (BSW)</b> In foyer of major regional hospital.</p> <p><b>Public Toilet Sticker Project (WHW)</b> Included crisis support, police and ambulance telephone numbers.</p> <p><b>Newsletter Publications (several WHS)</b> To raise awareness of family violence issues amongst consumers and services.</p> <p><b>Sexual Harassment – Not Part of my Job (WHW)</b> Development and distribution of postcards on sexual harassment in Chinese, Vietnamese, Arabic and Turkish languages.</p>	<p><b>Racial Discrimination Project (WHW)</b> Identifies the nature of women’s experiences of racism. Includes a public education campaign regarding racial vilification.</p>	

<b>Advocacy</b>	<p><b>Violence Against Women Resource Kit (WHV)</b> For health professionals, policy makers and planners to build knowledge and inform policy and program development. Available at <a href="http://www.whv.org.au">www.whv.org.au</a>.</p> <p><b>Reclaim the Night Marches (several WHS)</b></p> <p><b>Health Promotion Plans (several WHS)</b> Eliminating violence against women through advocacy and influencing broader health policy and planning.</p> <p><b>Taskforces, Working Groups, Primary Care Partnerships, etc (several WHS)</b> Representations at forums convened by local agencies to advocate for prioritising violence against women.</p>		
	<b>Primary prevention (universal)</b>	<b>Early intervention (at risk)</b>	<b>Intervention (victims/survivors)</b>
<b>Legislative &amp; policy reform</b>	<p><b>Submission to Victorian Government Community Consultation on Human Rights (WHW)</b> Called for a charter enshrining economic, social, civil and political rights by highlighting ways that violence against women curtails women's rights to freedom and equality.</p> <p><b>10 point plan (WHA V)</b> Vision for women's health in Victoria over the next five years. Seeking endorsement from health sector and pre-election commitment from major Victorian political parties. Overarching values include women's human rights, specifically the right to live safely and free from violence and fear.</p>		

#### Abbreviations & Contact Details

BSW Barwon South West Regional Women's Health Resource Services [www.wholewoman.org.au](http://www.wholewoman.org.au)

GWHS Gippsland Women's Health Service [www.gwhealth.asn.au](http://www.gwhealth.asn.au)

RWH Royal Women's Hospital (associate member WHAV) [www.rwh.org.au](http://www.rwh.org.au)

WHA V Women's Health Association Victoria [jennifer.alden@whlm.net](mailto:jennifer.alden@whlm.net) or [whv@whv.org.au](mailto:whv@whv.org.au)

WHGNE Women's Health Goulburn North East [www.whealth.com.au](http://www.whealth.com.au)

WHIN Women's Health In the North [www.whin.org.au](http://www.whin.org.au)

WHISE Women's Health In the South East [www.vicnet.net.au/~whise](http://www.vicnet.net.au/~whise)

WHLM Women's Health Loddon Mallee [www.lmwh.net](http://www.lmwh.net)  
[www.workingwomenshealth.asn.au](http://www.workingwomenshealth.asn.au)

WHW Women's Health West [www.whwest.org.au](http://www.whwest.org.au)

WHV Women's Health Victoria [www.whv.org.au](http://www.whv.org.au)

WWH Working Women's Health

# Appendix Four: Summary of Workshops

Eleven workshops were offered to conference participants each identifying different health promotion actions that could be undertaken with different population groups within private as well as public sector organisations. These included presentations from local government, community health, union, business and federal government representatives. All workshops offered are listed below.

## ***Violence prevention and health promotion; how women who aren't part of the problem can be part of the solution.***

Sarah Crookes and Jacqui White, CASA House Melbourne

*Jacqui* is a qualified social worker who has been working in the field of violence against women for ten years. She has worked as a Counsellor/Advocate in both regional and metropolitan Centres Against Sexual Assault in addition to several years working with traumatised women seeking asylum in the United Kingdom. Jacqui is currently employed at CASA House in Melbourne, and has recently completed a Master's in Women's Health. Jacqui has a keen interest in health promotion and the health effects of violence against women.

*Sarah* has worked at CASA House for the past 10 years, initially in the role of Counsellor/Advocate and for the past 6 years as the Direct Service Coordinator of the service. Sarah has a commitment to working in the area of violence against women and children and has a background in Child Protection, working predominantly with adolescent survivors of trauma. Sarah is a qualified social worker and recently completed a Masters of Social Work at the University of Melbourne.

## ***Encouraging Men to Take Action on Men's Violence Against Women***

Dr Michael Flood, Australian Research Centre in Sex, Health and Society (ARCSHS) La Trobe University, and Rodney Vlasis, Psychologist, Men's Behaviour Change Group Facilitator and social change worker

*Michael* is a Postdoctoral Fellow at the Australian Research Centre in Sex, Health and Society at La Trobe University. He has also held positions as a research fellow at the Australia Institute (a public interest think-tank) and a lecturer in gender studies at the Australian National University. His postdoctoral research is an examination of the sexual cultures of young heterosexual men. Michael also has had a variety of involvements as a pro-feminist educator, speaker, writer and activist on issues of men and gender. In particular, he is involved in community advocacy and education work focused on men's violence against women.

*Rodney* is a psychologist and men's behaviour change program facilitator who works at various levels in the male family violence prevention field. He is also an experienced social change worker through environmental and social justice organisations such as Friends of the Earth. He believes that men need to take significantly more individual and collective responsibility to challenge family violence, and male power and privilege more generally.

## ***Islam Opposes Violence Against Women***

Sultan Cinar and Jaweria Khalid, Islamic Women's Welfare

*Sultan* migrated from Turkey to Australia 26 years ago. She has studied Social Science in RMIT and Health Science at La Trobe University. Sultan has been working in the public welfare sector for the last 20 years. She has worked with Community Health Centres, Neighbourhood Houses, Skill Share, Anti-Cancer Council, Local Councils and Hospitals. Her main work components are community development, community education, programs, case work and consultation. Sultan joined the Islamic Women's Welfare Centre of Victoria in 2003 as a Team Leader and Citizenship/Anti Violence worker.

*Jaweria* has been working at the Islamic Women's Welfare Centre of Victoria since early 2003. She is the coordinator of the Homework support program, 'Building Futures' which is held in the Western region of Melbourne. She also works on the 'Diversity, Choices & Communications

Program' as a community development worker. She is involved in the development of the group work programs for young women in secondary schools, and through intensive casework supports their successful settlement in Australia. Before joining IWWCV she worked with Project Respect, Immigrant Women's Coalition and Footscray Community Legal Aid centre. She has been involved in women's development training, research projects and publication work.

### ***Healing the Community – Working with Indigenous Communities to Prevent Family Violence***

Phil Cooper, Chair of the Indigenous Family Violence Action Group

*Phil* is acting Executive Officer at the Aborigines Advancement League on leave from his permanent position at the Victorian Aboriginal Community Services Association as their Community Development Officer. He holds a number of positions, including co-chair of NAIDOC, co-chair City of Yarra Aboriginal Advisory Group, on the Yorta Yorta Elders Council, and chair of the Indigenous Family Violence Action Group. *Phil* was a founding member of organisations including the National Aboriginal and Islander Legal Service, the National Aboriginal and Islander Child Care Service, the community Justice Panels and the Victorian Aboriginal Education Association. He is a member of a number of committees, including the National Aboriginal Deaths in Custody Committee, the National Native Title Committee and the National Aboriginal Education Association.

### ***The Health Impact of Violence: a Disability Perspective***

Chris Jennings, Violence against Women with Disabilities Project, Domestic Violence and Incest Resource Centre

*Chris* is a project worker on the Violence and Women with Disabilities Project, auspiced by the Domestic Violence and Incest Resource Centre (DVIRC).

*Chris* has a background in direct service provision; management of community based residential options, consumer participation, systemic advocacy, Quality Assurance and women with disabilities health and wellbeing. She is interested in and passionately committed to promoting service user autonomy, and service user involvement in all areas of organisational development.

### ***Using Retail Super Powers for Good Rather than Evil***

Eloise Bishop, the Body Shop

*Eloise* currently works for the Body Shop Australia as their social affairs manager. She looks after their national public awareness campaigns, relationships with various social and environmental groups, their staff volunteering program, donations program and their 'social change' projects in the South Pacific and in East Timor.

Over the past three years the Body Shop has had a strong focus on domestic and family violence through its campaigning, volunteering and donations program.

Her background is in the not-for-profit sector working in the area of media and communications, and she has been involved as a volunteer for a range of organisations, including being on the Board for the refugee support agency the Fitzroy Learning Network.

### ***Before it's too late***

Wendy Bennett, Polish Women's Group, Australian Polish Community Services Inc.

*Wendy* is the Sustainability Manager at the Australian Polish Community Service. She has twenty years of experience in the community sector, predominantly in the areas of disability, domestic violence and sexual assault.

Current priority areas for responding to the needs of the Polish community in Victoria include: mental health, health promotion and domestic violence. As a result the Australian Polish Community Service has undertaken a number of initiatives to begin the process of responding to these areas. This includes internally funded research into domestic violence in the Polish community, raising the profile of the mental health needs of the community and developing a Five Year Health Promotion Plan to enable the organisation to explore partnerships in key geographic and health areas. *Wendy* has been active in a number of community organisations and activities on a voluntary basis over the years.

***The Darebin Family Violence Working Group - Addressing family violence at the local level***

Dr Monika Merkes, Darebin City Council

Over the last 15 years, *Monika* has worked in the health and human services area, mostly in policy development, research and project management roles. She has been with Darebin City Council for some four and a half years as a Senior Social Planning and Policy Officer.

In 2002, *Monika* initiated the Darebin Family Violence Working Group, a local partnership of service providers, police and the court who came together to address family violence issues in Darebin.

***Workplace Violence and Health Promotion: What does it mean and could it work?***

Ellen Kleimaker, Victorian Trades Hall Council

*Ellen* has worked with the Victorian Trades Hall Council as the Women's and Equity Officer for the past seven years.

Her work to date includes representing Trades Hall on a number of committees, including the State Committee on Workplace Violence Against Women, part of the Women's Safety Strategy; researching 'Women and Work' in the context of changing workplace laws over the last 20 years; chairing and organising the Trades Hall Women's Committee; conducting training programs for union women; convening the 'Workplace Ambassador Program' a program of community/union activists fighting back the Industrial Relations changes and convener of the Victorian Trades Hall Council campaign on 'violence against women in the workplace'.

In Germany she worked in the trade union movement but after her arrival in Australia in 1983 she started working in the area of domestic violence and women's health with a particular focus on women from non-English speaking backgrounds.

***Local students Say "NO" to Violence: Raising awareness of family violence issues among local students through creative arts.***

Jacqui Croxon, and Lucy Midolo, Wyndham City Council

*Jacqui* is the Team Leader - Health Development at Wyndham City Council. *Jacqui's* main responsibility in this role is to coordinate the development, implementation and evaluation of Wyndham's Municipal Public Health Plan. *Jacqui* also has responsibility for convening, and coordinating activities of, the Wyndham Family Violence Committee.

*Jacqui* has completed a Bachelor of Science (Nutrition) with Honours through La Trobe University and has a Post-Graduate Certificate in Health Sciences (Human Nutrition) through Deakin University. *Jacqui* has been in her current position for 18 months and prior to this worked for two years in Wyndham City Council's Research Unit. *Jacqui* has also spent some time in volunteer positions at both VicHealth and Nutrition Australia.

*Lucy* is the Team Leader – Community Safety at Wyndham City Council. *Lucy's* main responsibility in this role is to coordinate the development, implementation and evaluation Wyndham's Community Safety Plan.

*Lucy* has completed a Bachelor of Arts (Social Sciences) through La Trobe University and a Bachelor of Social Work through Melbourne University. *Lucy* has been a Social Worker for 16 years, and has worked in the area of family violence for many years in both direct practice and group work. Prior to taking up her current position, she was an active member of the Wyndham Family Violence Committee.

***Isma:Listen: National consultations on eliminating prejudice against Arab and Muslim Australians***

Omeima Sukkarieh, Human Rights and Equal Opportunity Commission

# Appendix Five: Western Metropolitan Area Primary Care Partnerships



## Who are we?

The Western Metropolitan (WM) Primary Care Partnerships (PCPs) consist of Moonee Valley Melbourne, Brimbank Melton and WestBay Alliance (covering the cities of Hobsons Bay, Maribyrnong and Wyndham).

The WM PCPs are three of thirty-one similar alliances across Victoria that work in partnership with local communities, local services and the Department of Human Services to improve the health and well being of the local community.

The PCP member agencies work collaboratively on a number of projects aimed at coordinating efforts in relation to service planning, coordination and delivery. The three main areas that PCPs are directing their efforts include;

## Integrated Service Planning

Integrated Service Planning between agencies aims to ensure that services consider the population health needs of their catchment and plan services in response to these needs in a coordinated and collaborative manner with each other. This includes improving the care continuum between hospitals, general practitioners and primary care health care agencies.

## Service Coordination

The Service Coordination reform strategy aims to integrate the way in which consumers and carers come into contact with the service system, how their needs are screened and the way in which care is planned and managed across various service providers. To progress this work, the Department of Human Services has introduced a set of standardized forms to be used by agencies on intake and screening. One of these forms involves gaining consent from clients to transfer details onto other services to make the delivery of services from different agencies a smoother process for consumers.

## Integrated Health Promotion

The Integrated Health Promotion strategy aims to develop an integrated health promotion system that incorporates coordinated action across programs, providers and community groups based on an agreed strategy. It includes ensuring:

- Improved health promotion service delivery
- Enhanced consumer engagement
- The development of collaborations and partnerships

Some of the priority areas the Western Metropolitan PCPs are working on include Physical Activity, Mental Wellbeing and Social Connectedness and Food and Nutrition. A focus on such activities is designed to be a systemic approach to the prevention of chronic diseases such as diabetes, respiratory illness, cardiovascular and neurological illness, and cancers utilising a model that acknowledges the broad determinants of health.

## Who are our members?

- Community Health
- Local Government
- Psych Disability Rehabilitation Support
- Ethno specific agencies

- Royal District Nursing Service
- Aged Care Services
- Women's Health West

- Mental Health Services
- Acute & Sub-acute Services
- General Practice

- Dental Health
- Housing sector
- Consumers
- Carer Services

## Contact us

<b><u>Moonee Valley Melbourne</u></b>	<b><u>WestBay Alliance</u></b>	<b><u>Brimbank Melton</u></b>
<p>115 Melrose Street North Melbourne Victoria 3051 Phone: 8325 1851 Fax: 9326 6163</p> <p><b>Manager:</b> Joan Nankervis <a href="mailto:joan.nankervis@mvcc.vic.gov.au">@mvcc.vic.gov.au</a></p> <p><b>Health Promotion Officer:</b> Angela Vindigni <a href="mailto:avindigni@mvcc.vic.gov.au">avindigni@mvcc.vic.gov.au</a></p> <p>CALD Community Development Officer: Gulsun Besim <a href="mailto:gbesim@mvcc.vic.gov.au">gbesim@mvcc.vic.gov.au</a></p> <p><b>Administration Assistant:</b> Linda Emmanuel <a href="mailto:lemmanuel@mvcc.vic.gov.au">lemmanuel@mvcc.vic.gov.au</a></p>	<p>13-15 Mason St Newport VIC 3015 Phone: 9398 0718 Fax: 9398 0761</p> <p><b>Manager:</b> Lee Kennedy <a href="mailto:lee.westbaypcp@isispc.com.au">lee.westbaypcp@isispc.com.au</a></p> <p><b>Early Intervention in Chronic Disease Team Project Manager:</b> Jenny Wilkins <a href="mailto:jenny.westbaypcp@isispc.com.au">jenny.westbaypcp@isispc.com.au</a></p> <p><b>Health Promotion Officer:</b> To be advised <a href="mailto:westbaypcp@isispc.com.au">.westbaypcp@isispc.com.au</a></p> <p><b>e-Referral Officer:</b> Laurence Carter <a href="mailto:laurence.wmrpcp@isispc.com.au">laurence.wmrpcp@isispc.com.au</a></p> <p><b>Office Manager:</b> Susan Fayad <a href="mailto:administration.westbaypcp@isispc.com.au">administration.westbaypcp@isispc.com.au</a></p> <p>HARP Diabetes Project Manager: Fiona Symington <a href="mailto:fiona.westbaypcp@isispc.com.au">fiona.westbaypcp@isispc.com.au</a></p> <p><b>HARP Diabetes Project Officer:</b> <b>Naomi Kubina</b> <a href="mailto:naomi.westbaypcp@isispc.com.au">naomi.westbaypcp@isispc.com.au</a></p> <p><b>HARP Diabetes Administration Assistant:</b> <b>Joanne Lee</b> <a href="mailto:temp.westbaypcp@isispc.com.au">temp.westbaypcp@isispc.com.au</a></p> <p><b>Falls Prevention Officer:</b> Colin Brown <a href="mailto:colin.westbaypcp@isispc.com.au">colin.westbaypcp@isispc.com.au</a></p>	<p>Level 1 Brookside Central Business Centre Federation Way Caroline Springs Phone: 9361 9303 Fax: 9361 9399</p> <p><b>Manager:</b> Bruce Watson <a href="mailto:brucew@djhs.org.au">brucew@djhs.org.au</a></p> <p><b>Health Promotion Officer:</b> Erin Bonavia <a href="mailto:erinb@djhs.org.au">erinb@djhs.org.au</a></p> <p><b>Administration Assistant:</b> Leanne Lucas <a href="mailto:leannelu@djhs.org.au">leannelu@djhs.org.au</a></p>

# Appendix Six: Recommendations for direct service agencies

## **Recommendations from Brimbank Melton PCP:**

The location of a central point for the collection of police reports and health, welfare and generalist services activities.

## **Recommendations from Moonee Valley Melbourne PCP:**

To improve services to women it was recommended that staff across all sectors receive education and training to help them identify signs of 'abuse' and how to respond appropriately to women requiring support. Staff should also be encouraged to open up dialogue and link more closely with existing services providing shelter and support to women who are living in or leaving violent relationships. It was recommended that Maternal and Child Health Nurses, who are often the first point of contact and potential disclosure for many women, be targeted for training and support.

Liaison with religious leaders in the development of culturally and religiously appropriate support service provision.

Strengthen the networking and partnership opportunities for organisations to improve the linkages to services and programs across the region.

Development and sharing of protocols between agencies and regular meetings to share resources and information.

Specialist training and support to GP's in the development of guidelines and implementation of sensitive practices.

Support and assistance in the further development of men's behaviour change programs.

Develop culturally appropriate 'safe' practices for working with women and children from different CALD backgrounds

Build relationships with men's services to build the capacity of organisations to develop services for men who perpetrate violence

## **Recommendations from WestBay Alliance:**

Organisations were encouraged to engage in training and educational initiatives to improve the knowledge and expertise of staff to respond to women appropriately and to increase their knowledge of referral and support options.

General practitioners and other health professionals were considered key targets for any training and/or education to ensure that wherever women enter the service system they are able to access appropriate care and support.

# Appendix Seven: Steering Committee

The conference was organised by a dedicated steering committee comprising:

Chair, Administration and Publicity

Jane Howard then Theresa Lynch  
Health Promotion, Research and Development team  
Women's Health West

Chair

and Lee Kennedy  
Executive Officer  
WestBay Alliance

Members

Dee Basinski  
Senior Project Officer  
Mental Health and Wellbeing Unit  
VicHealth

Amanda Cox then Erin Bonavia - catering  
Health Promotion Officer  
Brimbank Melton PCP/Djerriwarrh Health Services

Kerryn Lewis - entertainment  
Health Promotion  
Women's Health in the North

Kirsten Campbell - entertainment  
Family Violence Networker  
Women's Health West

Marg D'Arcy - venue  
Program Manager  
CASA, Cancer, Advocacy, Diversity and Social Support  
Royal Women's Hospital

Yvonne Sumner - venue  
Women's Health Information Centre  
Royal Women's Hospital

Tim Bryar then Angela Vindigni  
Health Promotion Officer  
Moonee Valley Melbourne Primary Care Partnership

Di Couch  
Executive Officer  
Moonee Valley Melbourne Primary Care Partnership

Kate Nicolazzo (nee Halasa) - venue  
Health Promotion Coordinator  
WestBay Alliance

Cate Newcomen then Karen Ditty  
Social Work Counsellor  
Doutta Galla Community Health Service

# Appendix Eight: Thank you to -

*Event Manager:* Susie Wickes, Consultant

*Conference Coordinator:* Theresa Lynch, Women's Health West (WHW)

*Venue Coordinators:* Marg D'Arcy and Yvonne Sumner, Royal Women's Hospital (RWH)

*Flier design and publicity:* Sarah Lowe, WHW

*Registration and Administration:* Veronica Garcia and Luise Tartaglia, WHW

*Technical and Information Technology Support:* Fiona Gil, RWH

*General Support to Event Manager:* Zeynep Sahin, WHW

*Auditorium, Registration and Catering Setup and Coordination:* Sol and Rosanna, RWH

*Information area/signage:* Kirsten Campbell, WHW; Sol, RWH

*Stage setup:* Erin Bonavia, Brimbank Melton PCP/Djerriwarrh Health Services

*Registration Desk:* Angela Vindigni, Moonee Valley Melbourne PCP; Karen Ditty, Doutta Galla Community Health Service

*On site general help:* Kerryn Lewis, Women's Health in the North (WHIN); Dee Basinski, VicHealth; Sally Camilleri and Lucy Forwood, WHW

*Mistress of Ceremonies (MC):* Joy Free, WHW

*Workshop Setup:* Rosanna, Sol, RWH; Karen Ditty, Doutta Galla Community Health Service

*Workshop support (Chairs, scribes):* Kirsten Campbell, WHW; Lee Kennedy, WestBay Alliance; Karen Goltz, DHS North West Region; Kerryn Lewis, WHIN; Sally Camilleri, WHW; Marg D'Arcy, RWH

*Consultation support:* Kirsten Campbell, WHW; Kerryn Lewis, WHIN; Sally Camilleri, WHW; Marg D'Arcy, RWH; Lee Kennedy, Westbay Alliance

*Facilitators:* Dee Basinski, VicHealth; Bernie Marshall, Deakin University; Rae Walker, La Trobe University; Helen Keleher, Monash University

*Scribe Final session:* Lucy Forwood, WHW

*Entertainment:* Sunga Duo and the Stiletto Sisters

*Photography:* Marg Vandeleur, WHW

*Collation of Evaluation forms:* Luise Tartaglia and Veronica Garcia, WHW

*Conference report:* Robyn Gregory, Theresa Lynch and Lucy Forwood, WHW

*with assistance from:* Nicola Harte and Chantal Boorman, WHW

As well as to the Honourable Joan Kirner for launching the conference, Carolyn Briggs and Melissa Afentoulis for welcoming participants to the conference, and to our plenary speakers, workshop presenters and steering committee members, all named in the report.

## Bibliography

Australian Bureau of Statistics, 1996, Women's Safety Australia, Catalogue No. 4128.0, ABS, Canberra.

Access Economics Pty Ltd, 2004, *The Cost of Domestic Violence to the Australian Economy: Part 1*, Office of the Status of Women, Canberra.

Allanson, S. and Astbury, J., 2001, 'Attachment style and broken attachments: Violence, pregnancy and abortion', *Australian Journal of Psychiatry*, 53, pp. 146-151.

Australian Institute of Health and Welfare, 2003, *Bulletin 11*, AIHW, Canberra.

BOSCAR, NSW Bureau of Crime Statistics and Research, October 2005.

Farley, M. et al, 2002, 'Is a history of trauma associated with a reduced likelihood of cervical cancer screening?', *Journal of Family Practice* (48), pp. 1509-1514.

Fergus, L. and Keel, M., 2005, 'Is Prison Obsolete?: Conference Review', Australian Centre for the Study of Sexual Assault, *Aware Newsletter* (9), November.

Frohman, C., 2002, *There is no justice – Just Us! – The status of women with disabilities in Australia*, Women with Disabilities Australia, Tasmania.

Gordon, R. and Adam, M., 2005, 'Family Harmony: Understanding family violence in Somali and Eritrean communities in the Western Region of Melbourne', WHW, Melbourne.

Goward, P., 2004, *Women Work and Equity – An overview*, cited online at [http://www.hreoc.gov.au/sex\\_discrimination/20thanniversary/women\\_work\\_equity/speeches/goward.html](http://www.hreoc.gov.au/sex_discrimination/20thanniversary/women_work_equity/speeches/goward.html)

Hillier, L., Turner, A. and Mitchell, A., 2005, *Writing Themselves in Again: 6 years on. The 2<sup>nd</sup> national report on the sexuality, health and well-being of same sex attracted young people in Australia*, Australian Research Centre in Sex, Health and Society, Melbourne.

Howe, K., 2000, Violence Against Women with Disabilities – An Overview of the Literature, at <http://www.wwda.org.au/keran.htm>

Irwin, K.L., Edlin, B.R., Wong, L., 1995, 'Urban rape survivors: Characteristics and prevalence of human immunodeficiency virus and other sexually transmitted infections', *Obstetrics and Gynaecology*, 85, pp. 330-336.

Koss, M.P., Koss, P.G. and Woodruff, J., 1991, 'Deleterious effects of criminal victimization on women's health and medical utilization', *Arch Int Med*, 151, pp. 342-347.

Kvam, M., 2000, 'Is sexual abuse of children with disabilities disclosed? A retrospective analysis of child disability and the likelihood of sexual abuse among those attending Norwegian Hospitals', *Child Abuse and Neglect*, 24 (8), pp. 1073-84.

Leonard, W., ed, 2002, *What's the difference?: Health issues of major concern to gay, lesbian, bisexual, transgender and intersex Victorians*, Ministerial Advisory Committee on Gay and Lesbian Health, Rural and Regional Health and Aged Care Services Division, Department of Human Services, Melbourne.

McDonald, J., 2005, 'Neo-liberalism and the pathologising of public issues: The displacement of feminist service models in domestic violence support services', *Australian Social Work*, 58 (3), pp. 275-284.

Melbourne West Area Consultative committee, 2001, 'Indigenous Employment Opportunities in the West', A Pilot Project, Melbourne.

METRAC, 2001, *Women's Safety Audit Kit Guidebook*, Metro Action Committee on Public Violence Against Women and Children, Ontario.

Pitts, M., Smith, A., Mitchell, A. and Patel, S., 2006, *Private Lives: A report on the health and wellbeing of GLBTI Australians*, Australian Research Centre in Sex, Health and Society, Melbourne.

Razack, S., 1994, 'From Consent to Responsibility, from Pity to Respect: Subtexts in Cases of Sexual Violence involving Girls and Women with Developmental Disabilities', *Law and Social Inquiry*, 19 (4), pp. 891-922.

Sobsey, D., 1994, *Violence and Abuse in the Lives of People with Disabilities: The End of Silent Acceptance*, Paul H Brookes, Baltimore.

Sobsey, D. and Doe, T., 1991, 'Patterns of Sexual Abuse and Assault', *Sexuality and Disability*, 9 (3), pp. 243-59.

Stimpson, L. and Best, M., 1991, *Courage Above All: Sexual Assault against Women with Disabilities* in Metropolitan Action Committee on Violence Against Women and Children, 2001, *Statistics Sheet: Sexual Assault*, Toronto, at [www.metrac.org/new/stat\\_sex.htm](http://www.metrac.org/new/stat_sex.htm)

Springs, F.E. and Friedrich, W.N., 1992, 'Health risk behaviours and medical sequelae of childhood sexual abuse', *Mayo Clin Proc*, 67, pp. 527-532.

Stewart, J., 2005, Issues Paper No. 10, Australian Domestic and Family Violence Clearinghouse.

Vernon, K., 2006, 'Domestic Violence on the Rise', Coorabin, 286 – 6 March 2006.

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

VicHealth, 2005, *A Plan for Action 2005-2007: Promoting Mental Health and Wellbeing*, Victorian Health Promotion Foundation, Melbourne.

Victorian Community Council Against Violence, 2000, Understanding family violence (info sheet).

Walker, L., Verins, I., Moodie, R. and Webster, K., 2006, 'Responding to the Social and Economic Determinants of Mental Health: a conceptual framework for action', in World Health Organisation, *Promoting Mental Health: Concepts, emerging evidence and practice*, WHO Press, Geneva.

Women's Health West, 2002, *Beyond Symptoms: Women's health needs analysis for the Western Region of Melbourne*, WHW, Melbourne.

Women's Health West, 2004, 'Organisational Health promotion Plan 2004-2006', WHW, Melbourne.