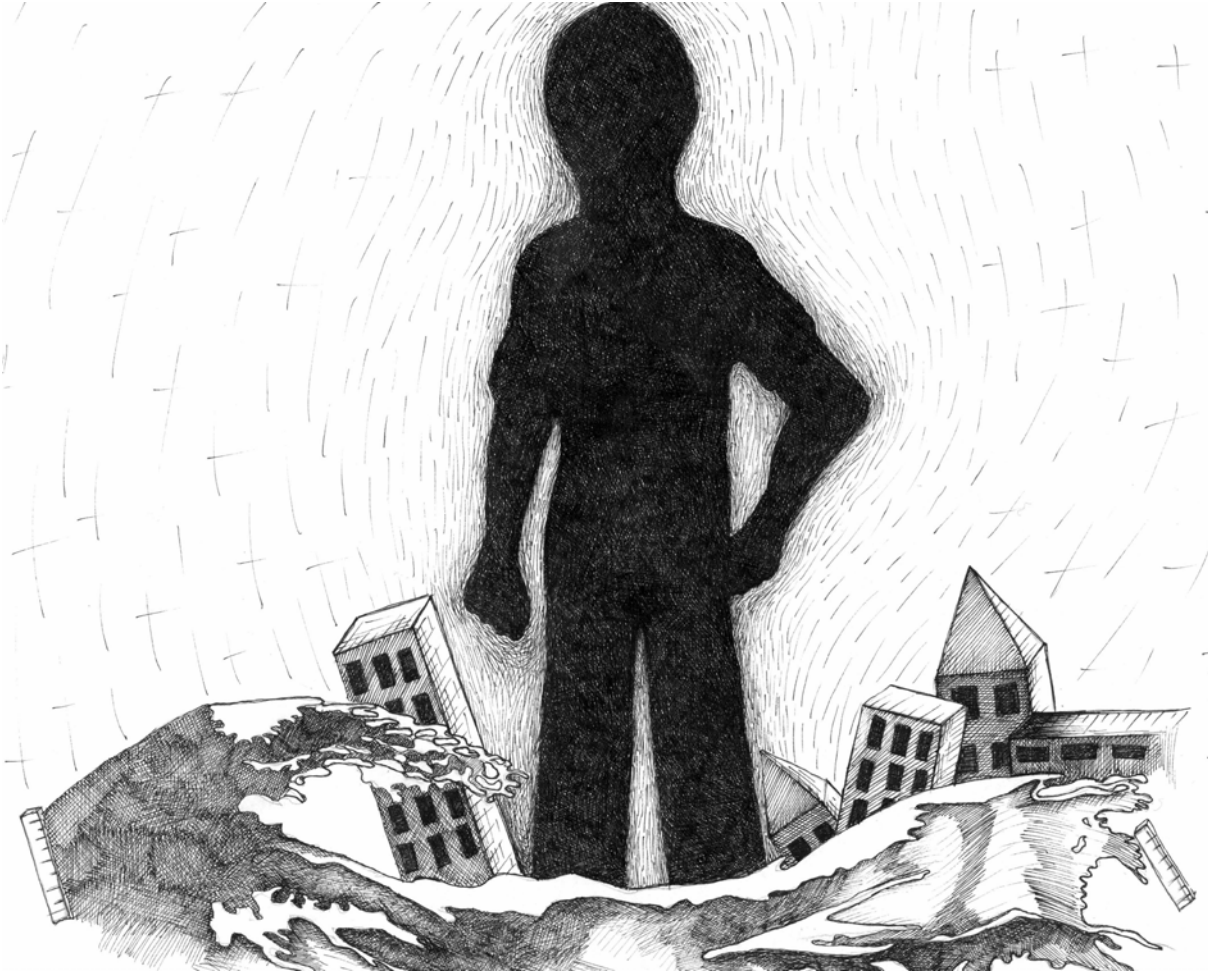


measuring the tides of violence



Current family violence data for the Western Region of Melbourne



Western Region Network Against Family Violence
Research Report October 2003

ACRONYMS

ABS	Australian Bureau of Statistics
CAD	Computer Aided Despatch
CALD	Culturally and Linguistically Diverse
CASA	Centre Against Sexual Assault
CBD	Central Business District
DHS	Department of Human Services
FVPP	Family Violence Prevention Program
IWDVS	Immigrant Women's Domestic Violence Service
LEAP	Law Enforcement Assistance Program
LGA	Local government area
NDCA	National Data Collection Agency
NESB	Non-English speaking background
SAAP	Supported Accommodation and Assistance Program
VCCAV	Victorian Community Council Against Violence
WDVCS	Women's Domestic Violence Crisis Service
WHO	World Health Organisation
WHW	Women's Health West
WHWDVOS	Women's Health West Domestic Violence Outreach Service
WWDA	Women with Disabilities Australia

Cover artwork by Gabrielle Alexander.



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Summary

Section 1 introduces the report and describes the aims and research methodology. There is a brief discussion of the current resources provided to women who are experiencing family violence and a discussion of the limitations of the study.

In Section 2 the theoretical framework for the study is briefly described and a look is taken at some of the legal definitions and language used in the field of family violence. Some key statistical findings on family violence in the international and Australian context are outlined in this section along with a description of some of the effects of criminal violence. Finally this section touches on some of the issues arising from differences in key definitions.

Section 3 provides a demographic overview of communities living in Western Region of Melbourne. This includes: the population across local government areas, the age distribution of residents, the household and family composition, the cultural and linguistic composition, a section looking specifically at the Indigenous population and a section examining the employment status of residents. Section Three closes with a discussion of some of the characteristics of urban fringe development, other differences within the region and how they might affect data on family violence.

Section 4 provides a brief overview of current data from organisations and programs that provide support to women and children who have been criminally assaulted by a male family member. There are sub-sections on the data from each organisation; the police, the court, the Women's Domestic Violence Crisis Service (WDVCS), the Supported Accommodation and Assistance Programme (SAAP), Women's Health West's Family and Domestic Violence Outreach Service, the Immigrant Women's Domestic Violence Service (IWDVS), community legal services, men's behaviour change programs, women's refuges and support groups for women.

Section 5 provides a 'snapshot' of particular groups whose members are especially vulnerable because of additional barriers and difficulties. These groups include: women with disabilities, pregnant women, women from diverse cultural and linguistic backgrounds, Aboriginal women, children and older women.

Section 6 provides a conclusion and briefly comments on a number of issues requiring further exploration.

Recommendations

1. That the Federal and State governments provide leadership and resources to challenge and change patriarchal beliefs that underpin men's choice to perpetrate criminal assault against women and children.
2. That the Federal and State governments provide leadership and resources to ensure the collection and critical analysis of quantitative and qualitative data relating to criminal assaults perpetrated in the home.
3. That comprehensive fields of data be collected to inform planning, service delivery and evaluation of family violence service delivery.
4. That the collection of family violence related data be consistent across the range of services that assist victims of crime.
5. That Federal and State governments support initiatives to improve the housing opportunities for women and children seeking to escape from a violent family member.
6. That further qualitative and quantitative research be undertaken to determine the most appropriate support services and programs for various high risk and/or special needs groups including women with disabilities, pregnant women, women from culturally and linguistically diverse backgrounds, Indigenous women, children and older women.
7. That further research be undertaken to explore the various factors which positively and negatively impact on women's and children's experiences of family violence, and which may act as motivators and/or barriers to reporting violence and seeking support.
8. That further research be undertaken to explore the relationship between child assaults and intimate partner violence in the family.
9. That local State and Federal government departments and family violence intervention services advocate for and support an integrated service response throughout the family violence sector.
10. That the allocation of resources to support women and children who are victims of family violence be reviewed to ensure that the necessary range, diversity, quantity and quality of services available in each region are consistent with the needs and demands of women and children.
11. That resources be allocated and available to services to enable workers to complete relevant needs analyses, evaluation and action research on women's experiences of family violence.

SECTION 1: INTRODUCTION

1.1 Aims and Research Methodology

The Western Region Network Against Family Violence initiated the research project as part of a broad strategy to raise community awareness about the nature and extent of family violence, and to contribute to improvements in the quality of support and intervention provided to women and children living in the Western Region who are experiencing family violence. There is an anecdotal view amongst the family violence service sector that family violence is increasing both in incidence and severity. This project has been an opportunity to explore, and to some extent quantify, this view. An extensive body of international and Australian research on family violence has documented that many women and children do not report criminal assaults perpetrated by their husband, partner, father or other adult family member (Dobash and Dobash, 1992; Herman, 1992; Scutt, 1995; Fawcett, Featherstone, Hearn and Toft, 1996; Cook and Bessant, 1997). The Australian Bureau of Statistics (1996) survey showed that the extent of violence against women is much greater than police and other figures indicate. Specifically it showed that over 80 percent of violence experienced by women is not reported to police or revealed to other services.

Whilst acknowledging this, the project has enabled us to gather current existing data for the Western Region, and to identify major areas for further research, along with recommendations for future actions within the service sector that respond to women and children who have been victims of violence.

The principal aims of the project were:

- to provide a comprehensive picture of the reported incidence and nature of violence perpetrated against women by their male partner in the family home in the Western Region;
- to raise awareness within the community and relevant organisations and systems about the incidence and serious nature of family violence;
- to highlight the importance of an integrated service system response to women and children who are victims of violence.

It is hoped that the collection and dissemination of the most recently available quantitative and some qualitative regional data will provide a more detailed picture of the extent and nature of family violence in the Western Region. In addition, that the research will be a valuable resource for workers, services providers, policy makers and funding bodies in strategic planning, implementation and the evaluation of current services to women and children affected by violence in their homes.

The research has sought to contribute to a major gap in the availability of statistical evidence of family violence in the Western Region. There is a large amount of international and Australian research on the incidence of family violence. However whilst many family violence services provide services and are funded on a regional or sub-regional basis, there is little regional data on the incidence and nature of violence. This gap creates difficulties for regional services when planning, implementing and evaluating service delivery to women living in their region and can create barriers in identifying emerging needs. In addition, it is difficult for services to advocate to funding bodies for additional resources to meet current service demands without current, accurate and detailed quantitative and qualitative evidence.

The research project has drawn on two key research methods. The first method was the collection and compilation of relevant statistical data on a range of key issues for women living in the Western Region who have experienced family violence. These issues include: the incidence and nature of family violence; how many women access services, the background of women accessing

services and the different types of services women commonly access after experiencing violence perpetrated by their intimate partner.

The second method was the collection and compilation of qualitative data presented by key practitioners and researchers on family violence. Presenters spoke at the Rising Tides Of Violence Forum, held in Maribrynong in October 2002. The program of speakers and service providers presenting at this forum is outlined in Appendix 1. The full transcript of each presentation has been included in Appendices Two – Nine, available on request as a separate document. Using a thematic analysis, WHW identified major issues for consideration from the presentations, paraphrased relevant points and illustrated them with short quotes. In addition, WHW has included extracts from the personal story of Judy Arnott, a victim/survivor of family violence (See Appendix Ten for a full copy, available on request). Although one woman's experience cannot be read as representative of all women who are victims of family violence, it is useful to make links between the qualitative evidence from a woman's personal experience, the practice wisdom of family violence workers, a theoretical analysis from family violence researchers and current statistics.

1.2 Western Region Network Against Family Violence

The Western Region Network Against Family Violence aims to contribute to the reduction of family violence by improving pathways for women and children entering the system and providing a more comprehensive service response system for women and children living with family violence. The Network provides an opportunity to share information and knowledge, work collaboratively on campaigns, facilitate referral processes, share information on relevant research, policy or legislative changes, undertake policy development and community awareness campaigns, distribute information to the general public and facilitate access to training. Free network forums are held quarterly across the Western Region.

1.3 Resource levels

Women and children who are victims of family violence may seek or gain information about support and intervention services via a range of different pathways. To illustrate this point, often women may access a generalist family support service, a community health centre, a school nurse, generalist counsellor or their local General Practitioner for a non-related issue. Women may not identify family violence issues until they have a trusting relationship with the worker and/or organisation.

In addition, often women may access services as a strategy to respond to the effects of family violence or secondary issues that may originate from experiences of family violence. Examples may include accessing the emergency department of their local hospital; drug and alcohol counselling services, adolescent psychiatric services, telephone counselling services or other family support services. An analysis of women's use of generalist services for issues relating to family violence is outside the scope of this report. However it is worth noting that women's access to generalist support services in relation to the immediate or secondary effects of family violence is not routinely considered when detailing the economic, social and familial costs of family violence in our community. Clearly, securing an adequate level of resources to allow services to respond in a timely, supportive, empowering and culturally sensitive way – and which both ensures the safety of women and children and maximises their choices – remains a constant challenge to the sector.

In 2000–2001 a recurrent allocation of \$7,994,000 was provided to the Supported Accommodation and Assistance Program (SAAP) services in the Western Region, distributed across 19 agencies and 43 programs. This amount does not include funding to state-wide organisations such as the Women's Domestic Violence Crisis Service, which provides support and referral to women across Victoria, including women living in the Western Metropolitan Region. The following table documents the SAAP funding allocation for 2002 across Victoria.



Table 1: DHS funding allocations as per SAAP funding base, January 2002

Regional allocations	Population	Refuges	DV Outreach	Total
Barwon / South West	311,744	\$611,431	\$225,914	\$837,345
E. Metropolitan	934,290	\$1,847,304	\$442,228	\$2,289,532
Gippsland	238,835	\$504,309	\$320,361	\$824,670
Grampians	201,291	\$273,856	\$295,303	\$569,159
Hume	237,062	\$589,947	\$258,326	\$848,273
Loddon/Mallee	269,191	\$671,222	\$283,942	\$955,164
N. Metropolitan	700,000	\$1,911,240	\$346,228	\$2,275,468
S. Metropolitan	1,042,909	\$1,207,170	\$521,108	\$1,728,278
W. Metropolitan	548,805	\$652,749	\$280,854	\$933,603
TOTAL	4,484,127	\$8,507,371	\$2,974,264	\$13,097,211

(DHS, 2002 b:9)

1.4 Limitations of the study

There are a number of limitations which have impacted on the study. These are explained in greater detail in the following discussions. A key factor is the reality that many women do not report their experiences of violence to the police or other organisations. As identified earlier, a detailed discussion of the reasons why women sometimes do not report family violence is outside the scope of this research report. However, it is worth briefly noting some key factors have been identified which include the impact of patriarchal beliefs, including the view that family violence is 'just a domestic'; that men own their wives and children; that victims are to blame for the violence; the nature of the relationship between the victim/survivor and the perpetrator; and legitimate fears of further violence on the part of victims. These factors may contribute to an individual woman's choice not to report. As a result, it is estimated that 80 percent of violence against women – and therefore an unknown amount of family violence more broadly – is unreported to the police or family violence services (ABS, 1996). As Judy Arnott commented:

We were all trained to keep secrets and the secrets we kept poisoned us.

I said to them [support workers] 'please don't tell me I have to leave him. He'll kill me. He'll kill everyone' (Arnott, Appendix 10).

This gap in information on the incidence of family violence – and therefore the difficulties in quantifying the level of need – is a problem that faces the international, Australian and Victorian family violence sectors. This research report acknowledges that the small proportion of women and children who do report family violence and/or seek support will mean that the statistical profile presented in this report will invariably be an under-representation of the 'true' level and nature of family violence in the Western Region of Melbourne. Many women chose not to report their experiences of violence.

For women and children living in situations of family violence there are a range of pathways which may be taken to seek help, and which may or may not result in referral to, or utilisation of, a service with a primary focus on family violence. Only a small proportion of women and children who experience family violence seek help, and of those who do, many may approach family or friends or agencies not primarily concerned with family violence, such as their local health service or family doctor, a neighbourhood house, a school teacher, or a Migrant Resource Centre. Data relating to family violence interventions or support is not available from most of these agencies, and is therefore not included in this report.

The study acknowledges the limitations inherent in a research report which focuses primarily on quantitative data. In preparing this report, we have been aware of the limitation in providing a snapshot of women's experience of violence primarily through the provision of quantitative data and other statistics. We have sought to provide qualitative evidence through the inclusion of extracts

from the presentations at the Rising Tides of Violence Forum along with extracts of Judy Arnott's personal story.

In addition, the study acknowledges that the research has focused primarily on intimate partner violence perpetrated by men towards women, and to a lesser extent children. Whilst acknowledging that family violence also incorporates violence perpetrated towards elders, children, siblings and same-sex partners, our priority in this research project has been on women as victims/survivors of violence perpetrated by their male partners in the home.

The search for up-to-date, informative and reliable regional data relating to family violence for this project has met with a variety of challenges. A key difficulty within the data collection process was the reality that there is little consistency across the service sector in relation to the types of family violence data which is collected. To illustrate this point, individual agencies have agency-specific data collection needs and systems, often identified by the funding body. Support services also operate within different geographical boundaries, for example: by suburb or groups of suburbs, local government area, regional and/or state-wide. These boundaries affect the consistency of the data collected. In addition, services have differing fields for their data collection, which has made the correlation of data extremely difficult. Changes to data collection systems within many agencies – and in some cases the recent commencement of the collection of data – has limited the possibility of a longitudinal regional comparison. In addition, some service providers may use different systems to count the numbers of clients or family violence incidents. Also a number of state-wide services may not collect regional or sub-regional data.

A second key challenge is the reality that many family violence services are funded to provide crisis intervention and support to victims of violence. The need to respond immediately to a woman in crisis – and the high level of demand for direct crisis support – creates a tension between doing direct service and the time and resources required to collect data and analyse service usage data. This research project has highlighted the need for additional resources to enable agencies to respond to an increased demand for services, whilst also having the capacity to compile and rigorously analyse data.

Recent years have seen increased requirements placed on publicly funded services and programs to collect and present data and thereby demonstrate efficient and effective utilisation of public funds. This may create a tension between data collection for the purpose of accountability to funding bodies, and data collection for the purpose of needs identification and service planning. In the case of the former, the data collected tends to focus on the number of clients or the number of support periods. However other descriptors may be more useful for creating a more complex picture and deeper understanding, for example: age, ethnic background, numbers of accompanying children, or details on the nature of the violence. Yet these may not be regarded as a priority by the service provider or the funding body. In the search for data relevant to this project, much of the available statistical data was found to incorporate only minimal fields of information, ie numbers of clients during a particular time period. In many cases, other more descriptive fields have not been available.

Specific service data relevant to particular groups of women was often unavailable. These groups include: women with disabilities, pregnant women, women from culturally and linguistically diverse communities and Aboriginal women.

The nature of the client group necessitates a high level of confidentiality and this has resulted in some service data not being able to be provided for the research. A further issue has been the need for the client to give consent, particularly in relation to the SAAP National Data Collection Agency (NDCA). The NDCA form seeks information on matters such as referral source of client, country of birth, income and labour force status, presenting reasons for seeking assistance, geographical location and the range of support services provided. Some questions require client consent, for example the suburb where the person has been living prior to homelessness. Where consent is not granted, the data is not incorporated in NDCA analysis.

Finally, in the case of several data sources, delays in the provision of data and/or withholding of data has resulted in the data not being included in the research.



SECTION 2: THEORETICAL FRAMEWORK AND DEFINITIONS OF FAMILY VIOLENCE

2.1 Theoretical framework

A feminist analysis of family violence has emerged from the extensive body of international and Australian research on family violence (Herman, 1992; Scutt, 1995; Fawcett, Featherstone, Hearn and Toft, 1996; Cook and Bessant, 1997). This broad body of critical theory has examined key social and ideological beliefs and traditions that inform men's choice to perpetrate violence against their female partners and children. The key points of this analysis form the theoretical framework for this study, and include the following:

- A critical analysis of a patriarchal belief system that positions adult heterosexual men as superior to women, children and other men (eg gay men). It is this belief system which underpins the gendered nature of the power relations between men, women and children.
- An understanding that whilst sex is biologically determined, gender categories of masculinity and femininity are constructed by social norms, beliefs and social institutions (eg government, the family and organised religion).
- An analysis of the view that a dominant characteristic associated with masculinity is an 'innate' aggression which is linked to male hormones. In this form of constructed masculinity, men's violence is normalised. In contrast, the dominant characteristic for women is seen to be passivity.
- A critical examination of the historical and discursive link between a dominant form of constructed 'masculinity' and men's decision to perpetrate violence.
- An analysis of the view that physical, sexual, emotional and verbal violence are 'legitimate' strategies for men to use to maintain power and control over their partners and children.
- An examination of the belief that women are the property of their fathers and this ownership is transferred to husbands as part of the social contract of marriage. In addition, the belief that children are defined as the property of parents or primary care-givers.
- An analysis of the false dichotomy between the public and private realms. This dichotomy places the family home and family matters in the private realm, which historically has not been subject to public scrutiny. A common example of this belief system is the phrase 'it's just a domestic', which in the past was often used to describe criminal assault in the home.
- An analysis of a 'cycle of violence' theory which argued that if a man experienced or witnessed violence as a child, he would automatically perpetrate violence as an adult in his own family. This theory failed to critically challenge men in relation to their choice to perpetrate violence, and to be held responsible for their actions.
- The analysis that 'men' and 'women' are not homogenous groups. In other words due to the intersection of class, culture, age, sexuality, disability and geo/political location, different women and men have different levels of power and control within the community. Within this analysis, middle-class, Anglo-Saxon Western men and women have more power than for example: Indigenous men and women. As a consequence 'women' do not experience family violence in identical ways.

Key aspects of this analysis are generally accepted across the family violence sector and are reflected in the work of, for example, the World Health Organisation:



Violence against women is ...an abuse of power that occurs in a particular social and cultural context. The power imbalance between men and women in society contributes to violence against women (World Health Organisation, 2002).

As the Australian Bureau of Statistics Women's Safety Survey (1996) noted:

At the very heart of wife battering is the subordination of women and their subjugation to male control and authority. This subordination has been institutionalised in the structure of the patriarchal family and is supported by such societal institutions as economics, politics, religion, medicine, education and culture (ABS, 1996: 252).

The Victorian Government recognises that women are at far greater risk of family violence, sexual assault, sexual harassment and stalking than men, and that women's experience of violence is:

... significantly different to men's – it differs from the way violent crime is portrayed in the media. Women are more likely to experience violence from a current or previous partner than a stranger [the violence] usually occurs in the home rather than in public places [it] often involves a repeated pattern of abuse [and] may include psychological, emotional, or financial abuse and occurs in the context of a continuing power imbalance and inequality between men and women in society (Victorian Government, 2002: 20).

Therefore the definition of violence that underpins this report acknowledges that violence against women is embedded in the language, beliefs, history, institutions, systems and practices within our society that oppress marginalised groups and maintain the power of dominant groups (Cook and Bessant, 1997). Violence against women affects women and girls of all ages, cultures, abilities, backgrounds and life experiences. Each woman has distinct and individual needs and issues that must be taken into account when responding to their experience of violence.

The research acknowledges that definitions of various forms of family violence vary across cultural, linguistic, religious and organisational boundaries and that these variations impact on the collection and analysis of statistics on family violence. As MacDonald (1998) commented:

...it is important in the interests of accuracy and clarity that we understand what is included and what is excluded from the statistics upon which interpretative statements are based (1998: 8).

2.2 Definitions and shared terminology

This research identified criminal violence as including behaviours which are identified in the *Crimes Act 1958* and the *Crimes (Family) Violence Act 1987*. These acts include a range of behaviours such as hitting, kicking, punching, slapping, biting, hair pulling, strangulation, the infliction of burns or fractures, throwing objects or using weapons such as knives or instruments to cut or beat the other person. It is important to note that sexual assault is also defined as a crime within the *Crimes (Sexual Offences) Act 1991* and is included in the research's definition of family violence. The ABS (1996) survey defined sexual assault as:

...acts of a sexual nature carried out against a woman's will through the use of physical force, intimidation or coercion. It includes attempts to force a woman into sexual activity. ... It includes rape, attempted rape, aggravated sexual assault (assault with a weapon), indecent assault, penetration by objects and forced sexual activity that did not end in penetration. It excludes unwanted sexual touching and incidents which occurred before the age of 15 (ABS, 1996).



Judy Arnott, a victim/survivor of family violence, commented that she didn't know that rape within marriage was a crime:

I didn't know that ... I thought if they were married to you they could do what they liked (Arnott, Appendix 10).

The report also acknowledges other forms of harms which include psychological and emotional violence.

The term 'violence against women' means any act of gender based violence that results in, or is likely to result in, physical, sexual or psychological harm or suffering to women, including threats of such acts, coercion, or arbitrary deprivation of liberty, whether occurring in public or private life (Victorian Government, 2002: 19).

In Victoria, violent assaults against children are also identified as crimes under the following legislation including the *Crimes Act 1958* and the *Children and Young Person's Act 1989*. Under the *Crimes (Sexual Offences) Act 1991*, the sexual assault of children by family members is defined as incest, which is:

... an act of sexual penetration with a person whom he or she knows to be his or her child or other linear descendant or his or her step-child (8B, Section 44(1): 7) or the step child of his or her defacto spouse (Crimes Sexual Offences) Act, Section 44(2): 7).

The Victorian Government 'Indigenous Family Violence Strategy' (2002) acknowledges that family violence in an Indigenous community context is more broadly defined than violence perpetrated by an intimate partner. This broader definition encompasses a range of violent behaviours that can occur within families, extended families, kinship networks and communities. As a result, the definition of family violence in an Indigenous context extends to fighting between people of the same gender; inter-group fighting; self harm; injury and suicide. It also includes other forms of violence which are often referred to as 'elder abuse' and 'child abuse' in the non-Indigenous anti-violence literature and research.

2.3 International and Australian statistics on the incidence of family violence

Whilst acknowledging the impact of different definitions of family violence, there is broad agreement amongst family violence researchers as to the general nature and statistical incidence of men's violence against women (Carmody and Breckenridge, 1992; Dobash and Dobash, 1992; Herman, 1992; Stubbs, 1994). Population-based surveys in a range of countries suggest that anywhere between 10 and 69 percent of women reported being physically assaulted by an intimate male partner at some point in their lives; that most victims of physical aggression are subjected to multiple acts of violence over extended periods of time; that physical violence in intimate relationships is often accompanied by psychological abuse and in a third to half of the cases of sexual violence; and that women are particularly vulnerable to abuse by their partners in societies where there are marked inequalities between men and women, rigid gender roles, cultural norms that support a man's right to inflict violence on his intimate partner and weak sanctions against such behaviour (WHO, 2002). In addition, international studies demonstrate that 40 to 70 percent of female murder victims were killed by their husband or boyfriend, often within the context of a long-term family violence.

As this research focused on the Western Metropolitan Region of Melbourne, it is useful to present a few key findings from the Australian Bureau of Statistics 'Women's Safety in Australia' Survey (1996), auspiced by the Office of Status of Women.

- 38 percent of women had experienced at least one incidence of violence since the age of 15.
- More women experienced physical violence from a current or previous partner than from a stranger or another man known to them.
- 8 percent of married women reported an incidence of violence during their current relationship.
- 42 percent of women who had been in a previous relationship reported an incidence of violence by a previous partner.
- Almost one in five Australian women have been sexually assaulted or threatened since turning the age of 15.
- The majority of victims (9 out of 10) did not report the incident to police or seek the assistance of services (4 out of 5).
- The majority of victims who reported sexual assault to the police were women (approx 83 percent) and the majority knew the offender (approx 72 percent).
- Most sexual assault offences (64 percent) occur in a residential location and most do not involve a weapon. Around 18 percent are committed by a boyfriend or a date.
- Only a small proportion of victims (around 15 percent) report sexual assault to the police. Women from non-English speaking backgrounds and women from high socio-economic status are less likely to report sexual assault than women generally.

2.4 The effects of criminal violence

The immediate and long-term health consequences of intimate partner violence have been well documented (Carmody and Breckenridge, 1992; Dobash and Dobash, 1992; Herman, 1992; Stubbs, 1994). A detailed discussion of such effects is outside the scope of this report. However, it is worth briefly identifying a few effects to assist in locating the incidence of violence in a context which acknowledges the severe and wide-ranging effects of violence. Well-known effects include: physical injury, death, gastrointestinal disorders, chronic pain syndromes, psychological disabilities including isolation, low self-esteem, depression and anxiety, suicidal behaviour, substance abuse, eating disorders and other self-harming behaviours, gynaecological disorders, unwanted pregnancy, premature labour and birth, miscarriage, injuries against unborn and newborn babies, sexually transmitted diseases and HIV/AIDS. On average, victims of partner violence experience more operative surgeries, visits to doctors and hospital stays throughout their lives than those without a history of abuse. The violence also affects women's relationships with family and friends, women's access to shelter and consequent homelessness (WHO, 2002). Women who have experienced and/or are currently experiencing unemployment, casual or part time employment can suffer the resulting difficulty of limited financial resources. Difficulties in accessing financial resources will have a major negative impact on women's opportunity to make informed and healthy choices for herself and her children.

Judy Arnott described her life living with a 'violent sadist' and commented that:

I lived with my husband for 43 years and I lived in fear everyday ... My bones will heal, but what he has done to my mind and my sexuality will always be with me (Arnott, Appendix 10).

2.5 The impact of different definitions of family violence

A key difficulty for the study has been the impact of varying definitions of family violence on the collection of statistics. A recent survey of domestic violence prevalence studies found that estimates of partner abuse in Australia 'varied from 2.1 percent to 28 percent, depending mainly on the definition of domestic violence used in each study' (Hegarty and Roberts cited in MacDonald, 1998: 8).

Researcher Deborah Walsh raised a number of these issues in her presentation to the [Rising Tides of Violence](#) forum (2002). See Appendix 2 for a full transcript of the presentation.

Researchers, practitioners and the community do not share a common understanding of what domestic violence or intimate partner violence might look like, each holding different ideas and philosophies about causation and incidence resulting in distinct and often different social and political implications---much of our system's response has been shaped by our understandings and definitions of what we think constitutes domestic violence (2002: Appendix 2).

Walsh suggested that the various words which describe family violence – including wife abuse, domestic violence, family violence and intimate partner violence – 'when put under scrutiny, don't all interrelate' (2002: Appendix 2).

Walsh suggested that debates about the meanings and usage of different words are more than simply linguistic debates. Instead, different words often contain different assumptions, perspectives and experiences, which lead to different responses to violence against women, and to confusion about what is being measured or discussed. She reflected on Hegarty and Robert's (1998) study and concluded that:

The difference between all of those (13) studies was the difference in definition – what they were actually measuring. So the variation in the definition can vary in the outcomes of what you might find in a research report and this is problematic (Walsh, 2002: Appendix 2).

Walsh spoke of the divide within the research field:

On the one hand there are researchers who define violence as a pattern of intimidation, coercive control and oppression, contending that physical assault is sometimes used but is often only used to consolidate a pattern of domination that is always necessary to maintain control over the other person. This view tends to take into account context and is considered to be the broad definition of violence against women and mostly linking violence against women and children as a violation of human rights. On the other hand the narrow view is one that is considered by us as a de contextualised view of violence seeing physical assault as the definition, espousing that gender neutrality as a central theme (2002: Appendix 2).

Walsh also spoke of the need for both quantitative and qualitative research, the need to be aware of the context in which women and the perpetrators live, and the impact of gendered power relationships when analysing data relating to family violence. She concluded that:

Research will often inform practice and in the main physical assault occasioning actual injury is what's been measured, what is often being policed and what is most often understood by the general community as domestic violence. In the main most women would consider themselves victims only if they were repeatedly assaulted. If the assaults were infrequent, and it's the psychological torture that is overwhelming in their experience, often they will not consider themselves to be experiencing violence and that is a problem. As a result many, many women do not consider themselves to be experiencing violence as their experience sits outside the narrow physical assault view (2002: Appendix 2).



Walsh challenged the myth that violence is an expression of 'out of control' anger and argued that this myth negates other threatening and violent behaviours experienced by women. She summarised a key problem with research into domestic violence as the following:

...the meaning is assumed; the definitions are not consistent across research or practice; they often reflect and reinforce mythology; and will often focus on the more serious assaults ignoring and silencing other damaging forms of assault or violence. So the impact of current research, in the main, focuses on physical assault rates; most of the research does not measure the range of tactics that the perpetrator uses to coercively control their partners; most do not measure context or intent; most focus on the number of incidents of physical acts perpetrated, directing the attention away from the experience of women and the resulting impact (Walsh, 2002: Appendix 2).



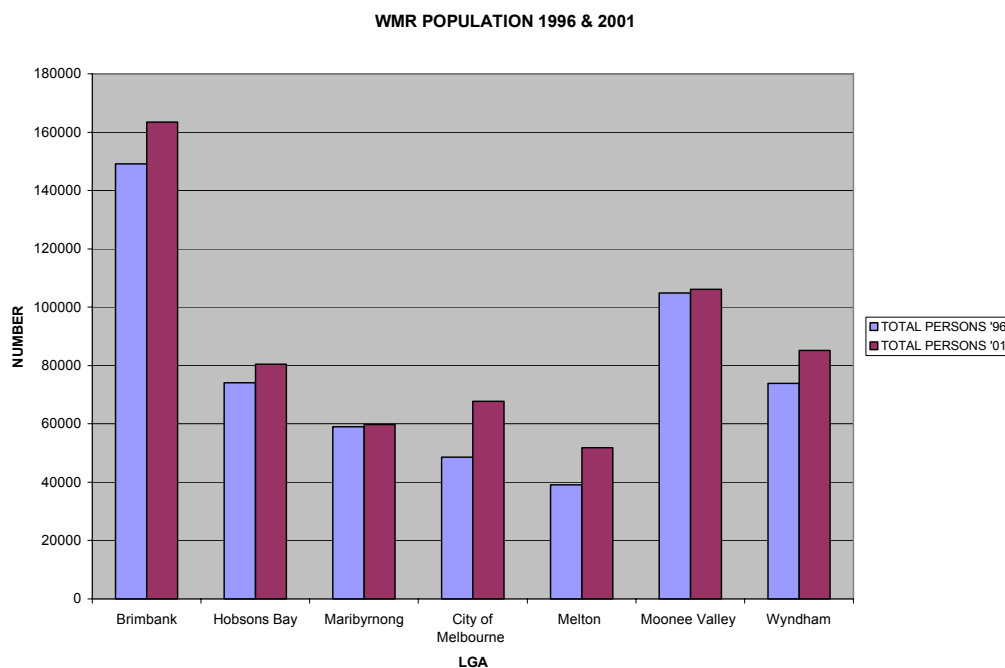
SECTION 3: DEMOGRAPHIC OVERVIEW OF THE WESTERN REGION

3.1 Population

Seventy-two percent of Victoria's population live in metropolitan Melbourne. Of the four metropolitan regions, the Western Region has the smallest population. The population in the Western Region is 18 percent of the metropolitan population, compared to 22 percent in the North, 28 percent in the East, and 32 percent in the South. The Western Region comprises 13.2 percent of the state's population. The population of the Western Metropolitan Region has increased by nearly 12 percent in five years to 614,573 people (ABS, 2001).

Table 2 compares population numbers for each of the local government areas in the region between 1996 and 2001. Brimbank has the largest population comprising 163,472 (26.6 percent of the region), followed by Moonee Valley at 106,116 (17.27 percent); Wyndham at 85,176 (13.86 percent); Hobson's Bay at 80,432 (13.09 percent); Melbourne at 67,784 (11.03 percent); Maribyrnong at 59,770 (9.73 percent). Melton has the smallest population at 51,823 (8.43 percent). Whilst the population in all seven local government areas of the West has increased during the five year period from 1996 to 2001, the increase has been most marked at both the inner and outer boundaries of the region: an increase of 39.5 percent in the inner West local government area of Melbourne, and an increase of 32.3 percent and 15.2 percent respectively in outer fringe local government areas of Melton and Wyndham. Brimbank and Hobson's Bay experienced moderate population increases of 9.6 percent and 8.4 percent respectively, while the inner West areas of Maribyrnong and Moonee Valley each increased only marginally, by 1.2 percent.

Table 2: Western Metropolitan Region population 1996 and 2001



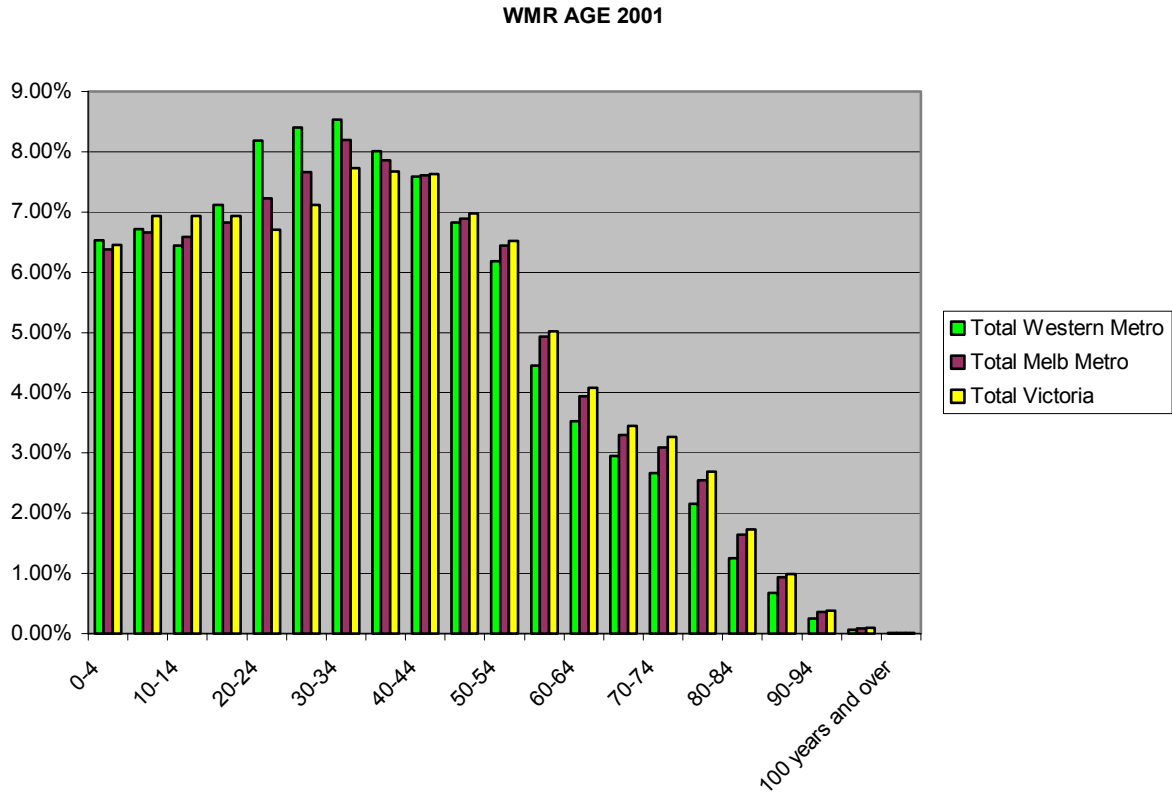
(Source: ABS, 1996 and 2001)

3.2 Age distribution

Compared to Victoria and the Melbourne metropolitan region, the population of the Western Metropolitan Region is young. Table three shows that where as the Victorian age distribution peaks between 30 and 44 years, the peak for the Western Metropolitan Region is 10 years earlier, between 20 and 34 years.

Table 3 shows that in the Western Region there are relatively high percentages of women in the 25 to 44 years of age range, as well as children 14 years and younger.

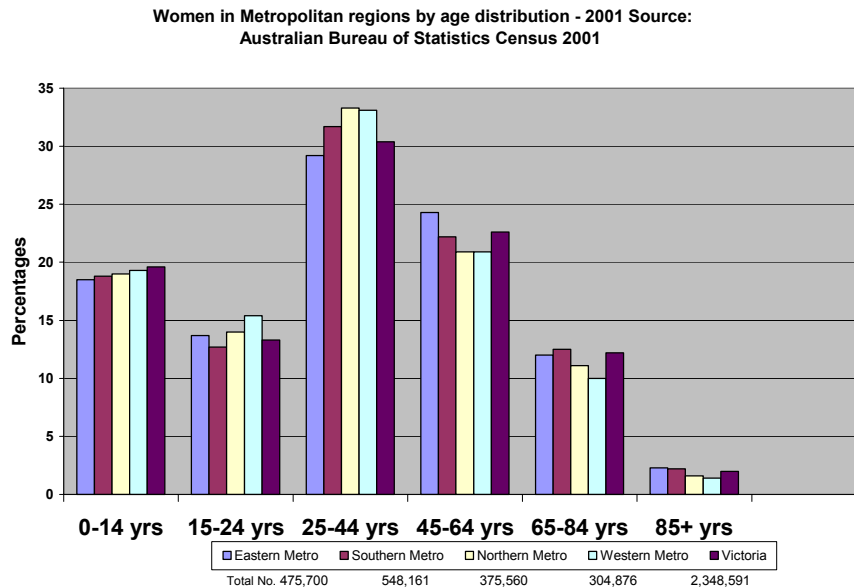
Table 3: Age distribution – Western Region, metropolitan Melbourne and Victoria



(Source: ABS, 2001)

Table 4 compares age distribution of women across Metropolitan regions and Victoria. There are similar percentages across all regions in the 0 to 14 age group; between 18.5 percent and 19.6 percent. In the 15 to 24 year age group the West has the highest percentage of the Metropolitan regions at 15.4 percent, and higher than the state average of 13.3 percent. In the 25 to 44 year age group the percentage for the West also remains high at 33.1 percent compared to 30.4 percent for the state.

Table 4: Metropolitan variations in women's age



(Source: ABS, 2001)

3.3 Household and family composition

Table 5 demonstrates that three quarters of households living in the Western Metropolitan Region (74.5 percent) comprise of families of various descriptions. This proportion is similar across the Melbourne metropolitan area and Victoria (73 percent each). However three local government areas within the region have significantly higher percentages when compared to Melbourne metropolitan and Victoria: Brimbank (85.6 percent) Melton (85.2 percent) and Wyndham (84.5 percent). There are also significant variations within the region.

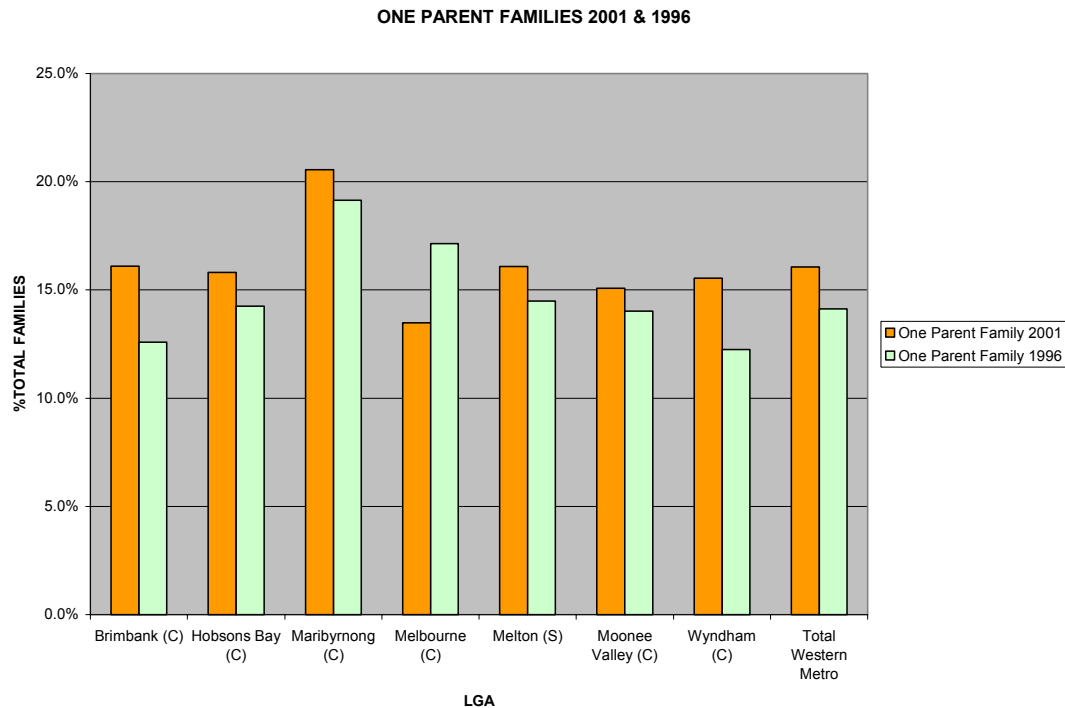
Table 5: Household composition, metropolitan regions and Victoria

LGA	Lone person house-hold		Group Household		Total Family Households		Total Non-family Households		Total
	Number	Percent	Number	Percent	Number	Percent	Number	Percent	
Brimbank	5772	12.7	747	1.6	38781	85.6	6519	14.4	45300
Hobsons Bay	6234	23.1	869	3.2	19922	73.7	7103	26.3	27025
Maribyrnong	6703	30.2	1152	5.2	14357	64.6	7855	35.4	22212
Melbourne	5574	38.6	2375	16.5	6476	44.9	7949	55.1	14425
Melton	1520	12.4	286	2.3	10413	85.2	1806	14.8	12219
Moonee Valley	10220	26.0	1795	4.6	27330	69.5	12015	30.5	39345
Wyndham	3058	13.3	509	2.2	19381	84.5	3567	15.5	22948
WMR Total	39081	21.3	7733	4.2	136660	74.5	46814	25.5	183474
EMR Total	62300	20.0	11610	3.7	236853	76.2	73910	23.8	310763
NMR Total	52045	21.4	11832	4.9	179878	73.8	63877	26.2	243755
SMR Total	97408	26.1	17610	4.7	257493	69.1	115018	30.9	372511
Melb. Metropolitan Total	250834	22.6	48785	4.4	810884	73.0	299619	27.0	1110503
Victoria Total	356364	22.9	62804	4.0	1135288	73.0	419168	27.0	1554456

(Source: ABS, 2001).

Table 6 highlights a noticeable change in family composition within the region; that is, the increase in single parent families and the concomitant decrease in two parent families. In 1996, 53.9 percent of the region's population comprised two parent families with children. This reduced to 51.0 percent in 2001. One parent families increased from 14.1 percent in 96 to 16.1 percent in the same five year period.

Table 6: Change in numbers of one parent families, 1996 to 2001.



(Source: ABS, 2001)

3.4 Cultural and linguistic diversity

The Western Region is characterised by a high proportion of people from culturally and linguistically diverse communities. Nearly 40 percent of the Western Metropolitan Region's population were born overseas. By comparison 28.9 percent of the Victorian population were born overseas. The overseas-born include those from English speaking parts of the world such as the United Kingdom. The population from non-English speaking countries makes up 28 percent of the Western Region, compared to 23 percent of the state.

In terms of service user data, information on country of birth is generally more readily available than language spoken. In terms of service planning, a number of indicators are essential to build up a comprehensive picture of the client group and their needs, including country of birth, language spoken, age, religion and gender.

The following table compares the top 24 overseas countries of birth in the Western Region with Victoria. The top population group in the region are people who were born in Vietnam, comprising 4.26 percent of the total regional population, where as for Victoria the top overseas born group are from England, and comprising 3.55 percent. A regional and state-wide comparison between the proportion of people from the top 24 overseas-born countries shows that the West has higher proportions from almost all of the top countries listed compared to the state, highlighting the relatively high concentrations of overseas born people residing in the region.

Table 7: Top 24 countries of birth, Western Metropolitan Region

Western Metropolitan	Number	Percent of total regional population
Vietnam	25,526	4.26
Italy	17,510	2.92
England	15,579	2.60
Malta	12,079	2.01
Philippines	7,943	1.32
Greece	7,865	1.31
New Zealand	7,363	1.23
Former Yugoslav Republic of Macedonia (FYROM)	6,981	1.16
Croatia	6,146	1.02
Yugoslavia, Federal Republic of	5,779	0.96
China (excl. SARS and Taiwan Province)	4,915	0.82
India	4,824	0.80
Poland	4,072	0.68
Malaysia	3,992	0.67
Scotland	3,984	0.66
Germany	3,824	0.64
Lebanon	2,513	0.42
Egypt	2,360	0.39
Sri Lanka	2,309	0.39
Hong Kong (SAR of China)	2,289	0.38
Turkey	1,591	0.27
Ireland	1,427	0.24
Netherlands	1,421	0.24
South Africa	1,040	0.17
Other countries	43,354	7.23
Supplementary	41,811	6.97
Australia	361,234	60.23
Total born overseas	238,497	39.77

(Source: ABS, 2001)

The Western Metropolitan Region has 25,526 people born in Vietnam, comprising close to half (45 percent) of the Vietnamese population in the state. The spread of the Vietnamese born population in the region shows particular concentrations in Brimbank (13,437 people) and Maribyrnong (6795 people). In terms of Italian born, the region has 17510 people, concentrated predominantly in Moonee Valley (6615 people) and Brimbank (4448). The Italian born population comprises 2.92 percent of the regions population, compared to 1.95 percent of the states population. The Western Region has over one third (35 percent) of the State's Philippines born population (7943), concentrated predominantly in Brimbank (3656 people), Wyndham (1235) and Hobson's Bay (1022). Over one half (54 percent) of the state's Maltese population is located in the West with the highest numbers living in Brimbank (7089 people). In Hobson's Bay, Melton and Wyndham, people who were born in England comprise the largest percentages.

3.5 Indigenous population

The ABS 2001 Census indicates that the total number of Indigenous people living in the Western Metropolitan Region is 2283. Some studies estimate that the Western Region has more than 30 percent of the Indigenous Melbourne metropolitan population (Melbourne Area West Consultative Committee, 2001).

Nearly one quarter (24 percent) are located in Wyndham and 21 percent live in Brimbank. The smallest number, eight percent, are living in the local government area of Melbourne. More than 30 percent of the Aboriginal population in the Western Region are less than 15 years of age, compared to 22 percent of the general population. This is also the case for the Indigenous population in the West. 58 percent of the West's Indigenous population are 18 years and over, as compared to a rate of 75 percent for that age cohort of non Indigenous community members across Victoria.

Table 8: Indigenous population numbers

LGA Name	Male	Female	Total	Male >18 yrs	Female > 18 yrs	Total > 18
Brimbank	224	266	490	108	137	245
Hobsons Bay	136	126	262	96	76	172
Maribyrnong	124	115	239	76	71	147
Melbourne	115	71	186	96	62	158
Melton	145	147	292	69	84	153
Moonee Valley	159	114	273	105	79	184
Wyndham	280	261	541	160	114	274
Total Western Metropolitan	1183	1100	2283	710	623	1333
Total Victoria	12367	12711	25078	6637	7081	13718

(Source: ABS, 2001)

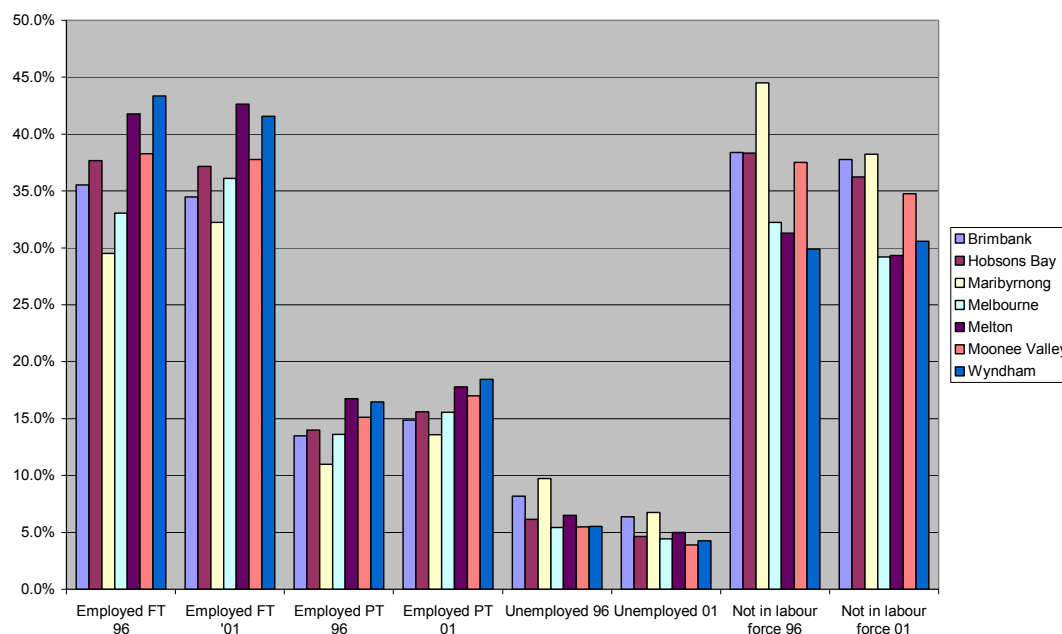
3.6 Employment participation rates

Table 9 compares labour force participation of men and women in 1996 and 2001. Full time employment in the region has remained at roughly the same level between 1996 (36.8 percent) and 2001 (37.0 percent). Variations, however, do exist within the region. Melton has the highest percentage of full time workers at 42.6 percent and Maribyrnong at 32.2 percent. Part time workers in the region have increased slightly from 14.2 percent in 1996 to 16.0 percent in 2001.

Unemployed people make up 5.1 percent of the region's population, a decrease from 6.8 percent in 1996. Maribyrnong and Brimbank have the highest percentages of unemployed at 6.8 percent and 6.4 percent respectively. Those not in the labour force comprise 34.5 percent of the region's population, a slight decrease from 36.8 percent in 96. Maribyrnong and Brimbank again have the highest proportions of the population not in the labour force at 38.2 percent and 37.8 percent respectively, while Melbourne and Melton have the lowest percentages at 29.2 percent and 29.3 percent respectively.

19.23 percent of the work force in the West is employed in manufacturing, 13.07 percent in retail trade and 10.45 percent in property and business services.

Table 9: Labour force status, 1996 and 2001



(Source: ABS, 2001)

3.7 Intra regional differences

There are some marked demographic differences within the different communities in the Western Metropolitan Region. Broadly speaking the region can be broken up into three areas: the inner local government area of Melbourne which incorporates dwellings within the central business district as well as suburbs on the Western fringe of the inner city; the central and relatively established Western suburbs areas of Moonee Valley, Maribyrnong and Hobson’s Bay; and the expanding outer West growth areas of Brimbank, Melton and Wyndham. It is not within the scope of this report to go into detail in relation to some of the significant intra regional demographic differences except to note that features predominant in one or several areas are likely mask features of different nature in another area. For example household composition data outlined in Table five shows the wide discrepancies between different parts of the region: Brimbank (85.6 percent) Melton (85.2 percent) and Wyndham (84.5 percent) have higher rates of family households than the Melbourne Metropolitan area and the state (73 percent each), where as the Melbourne LGA has almost half that proportion at 44.9 percent. So the regional average of 74.5 percent effectively masks these two polarities.

SECTION 4: WESTERN REGION

FAMILY VIOLENCE DATA

The following section presents current data from organisations that provide support to women living in the Western Region who have been victims of violence perpetrated by their male partner. The section provides data from the Victorian Police, the Magistrate Court, the Victorian Women's Domestic Violence Crisis Service, Supported Accommodation and Assistance services, the Victorian Immigrant Women's Domestic Violence Service, West CASA and CASA House, Community Legal Services, men's behavioural change programs, women's refuges and women's support groups.

4.1 Police data

The police data is drawn from Victoria Police Family Violence Incidence Reports for the two financial year periods of 1999–2000 and 2000–2001 that have been compiled into the Victorian Family Violence Database. Additional data relating to homicides in the Western Metropolitan Region has been provided by the Statistical Services, which is entered in the general police data system, called the Law Enforcement Assistance Program (LEAP). Emergency Communications Victoria (ie 000) also records data when they take the initial call, which is recorded in the Computer Aided Data (CAD) system.

Longitudinal comparisons are not possible given that the data covers only a two year period, and caution should be used when interpreting the data or comparing differences across regions. There is also the potential for double-counting in police data which may result in an over-estimation of numbers.

Table 10: Number of aggrieved family members, police family violence incidents reports, Western Metropolitan Region and Victoria

	Numbers 1999/ 2000	Numbers 2000– 2001	percent increase or decrease	# women Victims 1999–2000	# women Victims 2000–2001	percent increase or decrease
Western Metropolitan	2505	2725	8.8 percent increase	1965	2085	6.1 percent increase
Eastern Metropolitan	3145	3230	2.7 percent increase	2370	2435	2.7 percent increase
Northern Metropolitan	3045	3300	8.4 percent increase	2345	2520	7.4 percent increase
Southern Metropolitan	4770	5430	13.8 percent increase	3655	4120	12.7 percent increase
State-wide	19597	21618	10.3 percent increase			

(Source: Victorian Police, 2002)

Table 10 shows that across Victoria there were 19,597 incidents of family violence recorded by Victoria Police in 1999–2000, which increased by 10.3 percent in 2000–2001 to 21,618 incidents. These figures include approximately 700 children as aggrieved family members across Victoria each year. Family violence incidents in the Western Region increased by 8.8 percent from 2505 in 1999–2000 to 2725 in 2000–2001.

Sargent Dagmar Andersen, Family Violence Liaison Officer at Sunshine Police Station presented the police data at the Rising Tides of Violence Forum (See Appendix 4 for a full transcript).

Sgt Anderson explained that the police generally respond to situations of family violence that have reached an extreme or crisis level.

Sargent Anderson identified that both LEAP and CAD are useful sources of information about the numbers and kinds of family and domestic violence incidents attended by police but there is often a quite marked variation between the two sources of data. Sargent Anderson's explanation for this was that, for a variety of reasons the police may under report incidents of family violence.

When it is immediately clear that a criminal offence has occurred involving an offence against a person, police are then bound to head down a course of action which includes completing reports, arresting a perpetrator of violence, processing that person, charging and bailing them, taking out a Complaint Warrant for an Intervention Order and again bailing them with the conditions of the Intervention Order¹ until the next available court date. In some circumstances whilst that is an excellent bench mark course of action to be taken, it is not a course of action which is welcomed or desired by any of the parties involved in the family violence incident, and so police then start heading down a track of attempting to compromise or minimise the incident or go about it in a different way and try to find another solution.

There is of course the alternative explanation that police are sometimes loathe to do the job or the duties for their own personal reasons. In an organisation with about 10,000 members we are never going to be able to move away from that very readily. We have undergone huge cultural change over the last few years which will continue but there may still be some personal cultural reasons that will lead to reservations (Anderson 2000; Appendix 4).

Sargent Anderson made a number of specific points in relation to the experience of children living in homes where the adult male may be assaulting their mother, siblings or themselves.

- The numbers of children listed as aggrieved family members is 700, this figure doesn't include a Department of Human Service (DHS) protective response which may already be in place.
- The number of children present as witnesses (see Table 10) across the state seems high as compared with the number of incidents of family violence but it needs to be kept in mind that many of the families will have a number of children who witness one incident.
- The percentage of incidents of family violence where children are present is 45 percent.
- It is mandatory that police inform DHS when children witness family violence. Although police will generally discuss the issue with people they do not require their permission to pass on information (2002: Appendix 4).

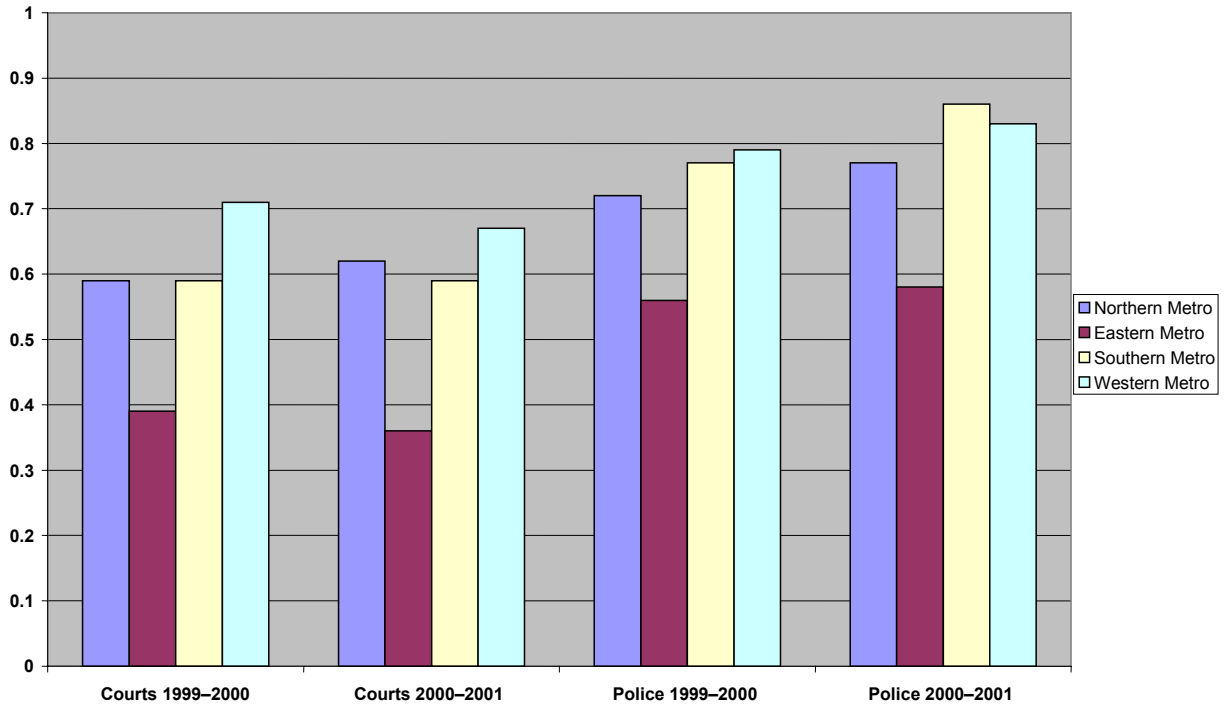
Table 11: Children Present at Family Violence Incidents, Western Metropolitan Region and Victoria

	Numbers for 1999–2000	Numbers for 2000–2001	Percentage increase or decrease
Western Metro. region	1120	1090	2.6 percent decrease
State-wide	18541	19993	7.8 percent increase

(Source: Victorian Police, 2002)

¹ An intervention order, when approved, is an order by the Magistrates Court that an individual will not have contact or come within a certain distance of the house or work place of the applicant. The specifics of the order will vary depending on individual circumstances.

Table 12: Adult Female Victims as a Percentage of Victorian Adult Female Population



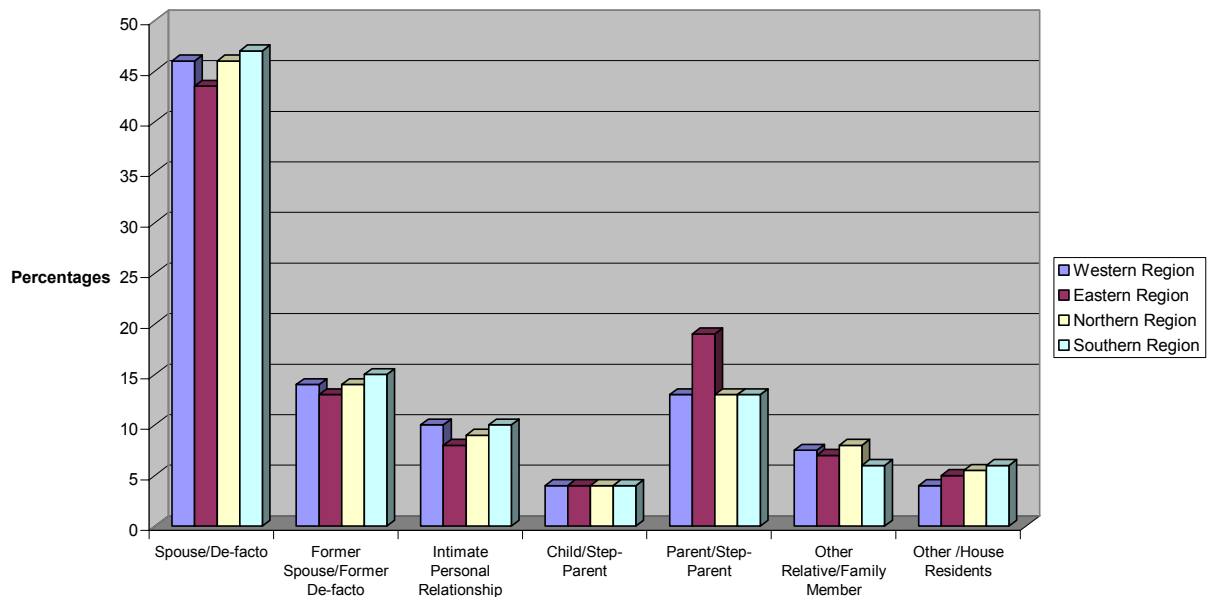
Number of Women Victims for Western Region for two years:
 Police data = 4050 Court data = 3820

(Source: Victorian Police, 2002)

Table 12 demonstrates that for the period 1999–2000 the Western Region had the highest percentage of adult female victims as a percentage of the population compared to other parts of Metropolitan Melbourne: 0.79 percent. In 2000–2001 the percentage increased to 0.83 percent. There were 1965 incidents in which women were victims in 1999–2000, an increase of six percent in 2000/01 to 2085, making a total of 4050 incidents in the past two year period. In terms of gender, state-wide police data demonstrates that approximately 80 percent of aggrieved family members are female and 80 percent of defendants or other parties are male. Western Region police data shows that 79 percent in 1999–2000 and 77.5 percent in 2000–2001 of aggrieved family members in the Western Region were female. Percentages across all Metropolitan regions were remarkably similar. In keeping with this gender breakdown, during the past two years, 83 percent of defendants/other parties in the Western Region were male. Percentages across the Melbourne Metropolitan area were similar.

Table 13: Relationship of victims to other party, 2000–2001

**Table 19 . Relationship of Victims to Other Party 2000-2001
Melbourne Metropolitan Region
Source Police Data - Victoria Family Violence Data Base, 2002**

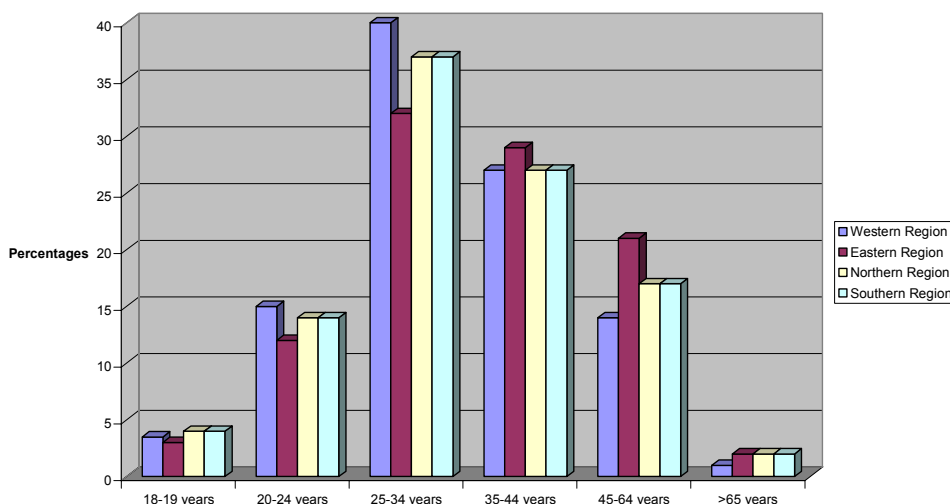


(Source: Victorian Police, 2002: Table 19)

Table 13 shows that spouse/de-facto and former spouse/de-facto are by far the most common relationship groups across Metropolitan Melbourne. State-wide figures are consistent with Metropolitan percentages and the proportions amongst relationship groupings are similar both in 1999–2000 and 2000–2001. The inclusion of the category of intimate personal relationship, increases the total to 70 percent in 2000–2001. The other significant relationship group is parent/step-parent, comprising 13 percent of victims in the Western Region from 1999–2001. Whilst state-wide police numbers are higher than court figures for spouse/de-facto's and former spouse/de-factos, court intervention orders for the other relationship categories including intimate personal relationship, child/step-child and other relative/family member are greater.

Table 14: Age of aggrieved family members

Table 20. Age of Adult Female Aggrieved Family Members, Melbourne Metropolitan Regions, Family Violence Incidents Recorded by Police, 1999-2000
Source Victorian Family Violence Data Base 2002



(Source: Victorian Police, 2002: Table 20)

The above table confirms earlier research that the largest majority of reported female adult victims are aged between 20 and 44 years. State-wide figures for 1999–2000 show around 78 percent of adult female victims fall within this age range. During 1999–2000 the Western Region showed a similar although slightly higher percentage of women in this age bracket (82 percent). Similar age distribution patterns are also present in court data.

In most Metropolitan regions the number of females, both adults and children, seeking assistance from the police was greater than those applying for an Intervention Order through the Courts. This trend was the case in the Western Region in 2000–2001, during which 2085 police family violence incident reports were lodged whilst only 1850 women sought assistance from the court. However during 1999–2000, the Western Region police and court figures were very similar. The police recorded 1965 and the courts recorded 1970 incidents.

The Women's Safety Strategy (2002) initiated by the Victorian government has, according to Sgt Anderson, had a significant impact on the Victoria Police and has resulted in a close examination of police practice. Sgt Anderson is hopeful that policy changes will give police more choices and discretion in responding to family violence rather than the current two responses. Currently police can either minimise family violence incidents or 'go the whole hog and take out complaint warrants and so-forth' (Sgt Anderson, 2002: Appendix 4). Sgt Anderson is optimistic that the involvement of other agencies in the development of new policies will be a positive thing. The integration of Family Violence Liaison Officer (FVLO) positions at police stations are viewed very positively and Sgt Anderson invited workers to contact their local FVLO to discuss both positive and negative experiences with the Police (2002: Appendix 4).

4.2 Court data

Peter Wise, Senior Registrar at Sunshine Magistrates Court, presented and commented on court data at the Rising Tides of Violence Forum. Below is an edited extract of his presentation interspersed with relevant data. The data is drawn from the Victorian Police, Family Violence Data Base, the Victorian Magistrates Court and Children's Court data base and covers the period from 1999 – 2002. State-wide and regional breakdowns of data are provided. It is worth noting that the data provided relates to all finalised original applications for Interventions Orders.

Wise referred to the inadequacy of the Family Violence statistics from the courts due to their tendency 'to duplicate, counting for the same applicant: an Interim Intervention Order, a formal order, a variation, or when the order has been revoked' (2002: Appendix 5).

Table 15: Number of aggrieved family members

	1999–2000	2000–2001	increase or decrease	female victims 99/00	female victims 00/01	increase or decrease
Western Metropolitan	2660	2525	5 percent decrease	1970	1850	6 percent decrease
Eastern Metropolitan	2465	2190	11 percent decrease	1780	1610	9.5 percent decrease
Northern Metropolitan	2770	3160	14 percent increase	2065	2280	10.4 percent increase
Southern Metropolitan	4205	4445	6 percent increase	3085	3110	.8 percent increase
State-wide	19308	20213	4.7 percent increase			

(Source: Victorian Police, 2002)

Table 15 shows that in 1999–2000 there were 19,308 aggrieved family members subject to finalised original applications for Intervention orders in Victorian Courts. 2000–2001 saw an increase of nearly five percent, to 20,213. In the Western Region, 1970 applications were lodged by women in 1999–2000, and 1850 in 2000–2001, making a total of 3,820 over the two year period. While police family violence incident numbers have increased by eight percent, and for female victims by six percent, over the past two year period in the Western Region, Intervention Order applications to the courts have decreased by six percent for female victims.

Wise (2002) commented on this change in the following way:

...this anomaly may be accounted for because, for women, taking the matter to Court is usually their last port of call. Many report to the police but don't necessarily take it all the way to the court, on a second, third occasion perhaps. I remember a lecture 2-3 years ago at which a psychologist stated that women don't usually leave their home till the sixth time, that they go to the police, the police tell them what to do and if it's serious enough the police will take immediate action and issue warrants and send them straight to us, they've got no choice really. However for the less serious ones, if there is such a thing, the police may explain available options, give an appointment notice to the Sunshine Court and they may well dwell on it, think about it, speak to their friends over a cuppa and decide not to take him to court.

Another factor could be that a lot of matters now go to the Children's Court. We have a lot of people into the Magistrate's Court whose main concern is the children ... that the father or the stepfather is assaulting or molesting the children, so we initiate the matters at the Sunshine Magistrate's Court including an Interim Intervention Order, if required, and we will adjourn the matter off to the Melbourne

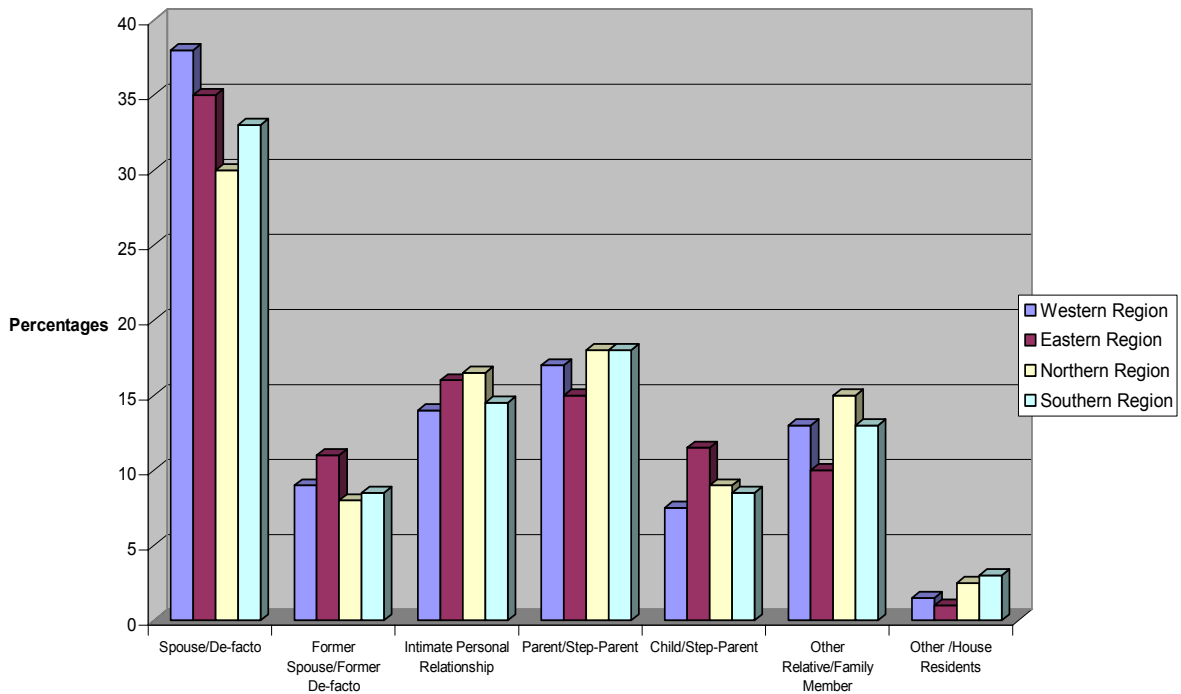
Children's Court, so that those things can then be incorporated in the Children's Court. We have a jurisdiction on the Children's Court however we don't have for the Family Court or the Family Division of the Children's Court (Wise, 2002: Appendix 5).

In relation to the gender of victims, the court data consistently confirms that family violence is overwhelmingly perpetrated by men against women, with women making up approximately 80 percent of adult aggrieved family members seeking an intervention order. Approximately 80 percent of adult defendants of intervention orders are men. This is the case both at a regional and state-wide level. Wise (2002) spoke further about these statistics.

We have two parts of Intervention Orders at the Sunshine Magistrates Court and all other courts- we have domestic violence and we have the stalking provision. The majority of those 20 percent of males who apply for Intervention Orders are what we affectionately refer to in the court circles as 'tit for tat' orders. So they are not necessarily males that demand Intervention Orders because they have been assaulted by their spouse, their wife or their daughter, mind you occasionally we do get the odd one, but not many. The majority are 'tit for tat' orders – when the men are served with the orders by the police, they demand justice, they think they are going to be denied access to the children, they are going to lose their home, they think it's an outrage, they don't want their mates down at the pub to find out they've got an Intervention Order, so they come up and say 'I want one against her' (Wise, 2002: Appendix 5).

Table 16: Relationship between the victim and defendant

**Table 22. Relationship of Victim to Defendant/Other Party, Melbourne Metropolitan Regions, Original Applications for Intervention Orders, 2000-2001
Source Victorian Family Violence Data Base 2002**



(Source: Victorian Police, 2002: Table 22)

The above table demonstrates that spouses and de-facto partners were by far the most common relationship groups identified both in court and police data. In the Western Region spouse/de-facto's comprised 38 percent in 2000–2001. Combined with former spouse/de-facto and intimate personal relationship, these three broad groups make up 61 percent of applicants for Intervention Orders in the West. Western Region data shows a higher proportion of intervention orders being sought by spouse/de-facto or former spouse/de-facto applicants compared to Victoria, and to the other Metropolitan regions from 2000–2001. In relation to former spouses and de-factos, this group comprises approximately 15 percent of police family violence incident reports across the state however a smaller percentage (between two and nine percent) go to court. This differential is similarly echoed in the Western Region data with 14 percent of former spouse/de-factos being represented in police family violence reports but only two percent in 1999–2000 and nine percent in 2000–2001 represented in Court data.

Wise described some of the experiences of staff at the Magistrates Court when responding to family violence issues.

Some of the spouse and de-facto relationships have been long term. Staff at Sunshine Magistrates Court often rotate in the Crimes Family Violence section. Young staff , 25 years old, have been absolutely amazed when women, 55 to 60 years old, want a separation from their husband who they've been married to for 40 years. For these young staff, it's just like their mum and dad, they can't believe it, it's a real shock. The applicants speak of the reality that all the kids are off their hands , they've gone to work and now it's time for a break, obviously they didn't want to do it while the kids were at home (Wise, 2002: Appendix 5).

Wise (2002) commented on the evidence in the data that women will more often seek intervention orders after festive family holiday periods, for example Christmas and Easter.

The anomaly of fewer women seeking assistance from the police than the courts goes back to what I said earlier: first of all people probably complain to their friends or family, next step to complain to the police, last step is to go to the court and that's (a) pretty daunting place to go ...

A closer look at Sunshine Court data documents an interesting trend that registrars and clerks of courts have known about for a long time: that is, the sudden surge in the applications for Intervention orders at two particular times of the year: after Christmas and after Easter. I put that down to two factors: alcohol: in the festive season males tend to indulge a bit, and that's where trouble starts. In addition Easter and Christmas are times where access and contact with the children is regularly undertaken and that's a time when problems are encountered. The handing over of children mixed up with a bit of alcohol can cause all sorts of problems (Wise, 2002: Appendix 5).

State-wide court data indicates that 60 percent of applications result in orders being granted, less than four percent are refused and 35 percent are struck out or withdrawn. Approximately 4,500 applications were sought in 2000 and 2001 in relation to children aged 16 years and under. Wise noted the decrease in the numbers of applications being struck out at the Court.

In 1994 the Sunshine Magistrates Court's struck out/withdrawal rate was about 60 percent. When the Crimes Family Violence program began at Sunshine, the withdrawal rate decreased to around 50 percent, which was due to the fact that applicants had support and were no longer on their own. The fact that the rate is now down to 35 percent is indicative of the great work that all the support agencies now provide to the courts and victims (2002: Wise, Appendix 5).

Children and step children make up a significant and increasing percentage of victims requiring intervention orders: around 20 percent from 2000–2001 across Victoria. Data for the Western Region shows percentages of 18 and 17 percent over the same period.

Research on Intervention Orders in Brimbank

Sarah Wheat, Project Worker with the Western Women's Domestic Violence Support Network, spoke at the Rising Tides of Violence Forum on the outcomes of a recently completed research project. The research investigated the Intervention Order process, which included the legal and police response to domestic violence in the Brimbank local government area. The following is an abridged version of Wheat's presentation (See Appendix 8 for a full transcript).

The research sought to explore two issues of concern. The first issue was the low number of women seeking Sole Occupancy/ Exclusion Orders, which allow women to have the perpetrator removed from the home. The other issue was the number of women who complained of police inaction on breaches [of intervention orders by male perpetrators]. Twelve women were interviewed, they were sourced from the Western Region Intervention Order project at the Sunshine Magistrates Court where a Western Women's worker and a community lawyer support women in obtaining Intervention Orders. (Wheat, 2002: Appendix 8)

As the research focused on intervention orders, Wheat briefly explained the role of an Intervention Order for women who are victim/survivors of family violence.

An Intervention Order is a civil proceeding and it's not the only legal response to domestic violence, it is how a woman asks the court for protection against future violence. The twelve women interviewed all had police contact and all applied for Intervention Orders. Not one of these women received any contact from police about criminal proceedings for her partner.

The intervention order process can be confusing for a lot of women, many would like a cultural recognition that they have had violence perpetrated against them but this is not an opportunity to discuss or investigate past violence. Women going to court for an Intervention Order often do not understand that this is not a criminal proceeding and that partners will not be charged and will not receive a record if there is an Intervention Order in place.

In placing an intervention order, the Magistrate is deciding whether, on the balance of probabilities, there is likely to be future violence. The Act asks whether a person who has assaulted, threatened, harassed, molested, damaged property or has behaved offensively – is likely to do it again to that person. An Intervention Order provides more scope for a broad understanding of domestic violence, including behavior that can be recognised as domestic violence, but perhaps wouldn't be recognised under the criminal law.

A magistrate judges if violence is likely to continue in the future by looking at a range of factors including; the history of violence, the partner or ex-partner's behavior since the separation, whether there's continued contact between the partners, whether there have been threats, whether there are children involved and whether the violence is escalating (Wheat, 2002: Appendix 8).

Safety is a major issue for women seeking to escape from their violent partner. Applying for an Intervention Order may require a woman to be present at Court whilst the perpetrator is also present. In addition, the act of reporting the violence to the police and seeking an intervention order, may place women and their children at increased risk from the perpetrator.

You are too scared to get the police onto them because you don't know how they will react -if they will come and shoot you or burn the house down or something like that – you are just so afraid to take action. ...Every action I took I knew there would be a consequence (research participant cited in Wheat, 2002: Appendix 8).



... shaking like a leaf just knowing he was there and having to face him again. When they called my name my legs started going and I could hardly walk. ... In his eyes he had a certain look, he was letting me know before it even started, he was letting me know. ... Your feelings are like walking on egg shells again (research participant cited in Wheat, 2002: Appendix 8).

Women from a culturally and linguistically diverse backgrounds can experience an added level of difficulty.

His brothers and nieces were there, I felt ill. It was terrible for me to say what happened to me. After I felt like the whole community could see what happened to me, I felt embarrassed in front of all those people. The second time I felt like giving up because only I knew what happened (research participant cited in Wheat, 2002: Appendix 8).

A woman who has been a victim of violence perpetrated by her partner can apply for a Sole Occupancy or Exclusion Order, which can result in the perpetrator being legally excluded from the family home.

A lot of people don't understand that the Act says a magistrate can exclude a defendant from the home, taking into account, as a parallel concern, the women's safety. The Magistrate must however consider the accommodation needs of all people living in the residence. This issue is important because of women's homelessness and the difficulty of finding housing after leaving. Often women weren't told about an exclusion order and weren't given this option, of the twelve women I interviewed only one of them had received a Sole Occupancy or Exclusion Order.

This is not an option for all women because for some it's incredibly dangerous to stay in their home. One woman in the study said that she would have liked to have been given that option even if it meant she might be killed.

The Act asks Magistrates to put women's safety first but how are they to define safety and risk? Often this is judged by physical violence but is emotional and psychological violence enough to remove the perpetrator from his home? (Wheat, 2002: Appendix 8).

Another key issue that emerged during the research was women's experience of the police.

Whether women saw the police response as positive or negative they wanted to spend time talking about how important the police were, the police role is clearly crucial. Lack of police action was also seen as important, not only around criminal proceedings but around breaches, and the way police differentiate between a serious breach and a less serious breach or a violent breach. We need to help police understand how to decide what a domestic violence situation is (Wheat, 2002: Appendix 8).

Where a woman has a positive experience with the police and the Sunshine Magistrates Court, she is more likely to go back in the future and ask for help. She knows that the services exist and she knows that she can return and have her order varied. The most important message that a woman receives is that the police, the magistrate, the registrars and support workers do not think that family violence is okay, we do not think that it is her fault and we think that her partner has acted in a way that we disapprove of (Wheat, 2002: Appendix 8).



4.3 Women's Domestic Violence Crisis Service data

As a general rule, the Women's Domestic Violence Crisis Service (WDVCS) does not compile data on a regional basis. Consequently, an approach was made to the SAAP NDCA to secure data relevant to the Western Region for this report. As discussed earlier, data from NDCA has not been included in the report because of the high non-consent and non-response rates, combined with the practice of rounding figures up or down (to protect confidentiality), which seriously compromises the accuracy of the data. Instead we have utilised service user data collected over a four month period, from May to August 2002, which has been compiled on a regional basis. In addition, we have incorporated data presented in the WDVCS 2001–2002 Annual Report.

Service data compiled over the four month period incorporates information from 115 women living in the Western Region of Metropolitan Melbourne, who consented for their data to be incorporated. An analysis of this data shows some interesting trends:

- While the Western Region has 13.2 percent of the state's population, 21 percent of WDVCS clients come from the Western Region.
- Within the region there are significant differentials in client location: 40 percent of the Western Region clients reside in Brimbank, with by far the largest numbers located in the suburb of Sunshine. Women living in Wyndham are the next largest group at nine percent; the others are spread fairly evenly across the other five local government areas: Hobson's Bay at six percent, Maribyrnong at five percent, Moonee Valley and Melbourne at four percent each and Melton at three percent. Twenty-eight percent did not give any information about their location.
- In relation to cultural and linguistic diversity: 47.8 percent of clients were Australian born including a small number of Aboriginal women, and 48.6 percent were overseas born. Country of origin was unknown in 3.4 percent of cases.
- Service data for the financial year 1999–2000 showed that 17.6 percent of contacts were from women in the Western Region. Of these 45 percent spoke English as a first language, 54 percent spoke languages other than English and one percent were Indigenous Australians.
- Vietnamese born were the largest group of non-English speaking background women from the Western Region, making up nearly 16 percent of the clients.
- Nearly one quarter (24 percent) of the women were identified as either speaking no English or not speaking English very well, and therefore requiring the services of an interpreter.
- 70 percent of women had accompanying children, the majority (49 percent) aged between 0 to four years and another 44 percent aged between five and 12 years.
- Six percent of the women identified as having a disability.
- In the majority of instances (83 percent) women identified their current partner/husband/de-facto as the perpetrator; 10 percent identified their ex-partner; in six percent of cases the perpetrator was identified as either a parent or a child.
- According to NDCA data, approximately 24 percent of service users who have consented and responded to SAAP data collection during 2001–2002 are located in the Western Region. This is almost twice the region's proportion of the state's population (13.2 percent).



Rhonda Cumberland, Co-ordinator of WDVCS, provided a snap-shot of service usage during her presentation at the Rising Tides of Violence Forum.

- 30,000 women call every year
- 30,000 more try to talk to the service but due to service demand, the call is unable to be responded to.
- Women call throughout the day, but particularly in the early and late evening.

Table 16: Region of Origin of Women’s Domestic Violence Crisis Service Clients; 2001–2002

Region	Number	Percentage
Western Metropolitan	295	18.4
Northern	471	29.4
Eastern	169	10.5
South East	320	20
Inner South	60	3.7
Barwon	79	4.9
Grampians	30	1.8
Loddon Mallee	38	2.3
Hume	46	2.8
Gippsland	65	4.0
Not further defined	65	
Sub total: Victoria	1623	
Sub total: Interstate	60	
Total	1683	100

(Source: WDVCS Annual Report, 2001/2002)

In the months prior to Cumberland’s presentation, WDVCS staff had recorded women’s initial explanations as to why they contacted the service. There were a variety of responses which have been summarised as follows:

- In 20 percent of cases women identified that it was an alcohol or drug issue, and not really the violence which meant that she was in a situation that was ‘unpleasant’ or frightening.
- In 20 percent of the cases women reported that their partner’s decision to perpetrate violence appeared as a response to trivial issues (2002: Appendix 3).

‘I bought the kids some clothes’ or ‘I was late coming back’ or ‘the tea was cold’. We stereotype that one but it’s so alive and well – ‘the dinner was late’ or ‘it was cold’ or ‘he didn’t like it’. When we say trivial incidents you could just say ‘normal family life’. That is what is triggering extraordinary levels of violence in the home (Cumberland, 2002: Appendix 3).

- 10 percent of the women identified that they were pregnant. Cumberland observed the strong connection between women being pregnant and recognising themselves and their baby as being at risk of violence from their partners.
- 30 percent of the women reported that they had experienced ‘punishment’ – in other words further violence – for seeking to leave their violent partner.
- Five percent of women reported they had been ‘kicked out’ of their home.
- 20 percent of women identified calling because of isolation and feeling ‘lonely or isolated or totally disconnected from any other family or community life’ (Cumberland, 2002: Appendix 3).

- 30 percent of women identified that they ‘just needed to talk’. Cumberland commented on the gravity of a situation where ‘so many women have come to think that perhaps nothing else can happen for them and that chronically living in violence is just their lot’ (Cumberland, 2002: Appendix 3).
- 20 percent of women reported that the violence occurred in front of other people – other than the children – and in public spaces, in contrast to violence being perpetrated in the private realm of the family home. Women cited examples of experiencing violence at the supermarket and at sport centres, and in front of members of the extended family and the police. Cumberland concluded that these comments were consistent with anecdotal observations from workers that violence against women and children by their male partners and adult male care givers is changing in terms of both incidence and location. An analysis of the implication of the changes in the behaviour of men in relation to where they perpetrate violence is outside the realm of this report.
- 20 percent of women reported that children were also assaulted, including both physical and verbal assaults.
- 10 percent of women disclosed sexual assault.

Cumberland commented that issues of financial hardship and gambling did not feature strongly in women’s feedback to workers. Cumberland also noted that threats to kill were a ‘totally overlooked type of violation’ and that many women lived with the daily threat of murder.

We don’t easily know how to respond to these things but the level of fear that it generates amongst women is an enormous issue and they report it as something that affects them greatly, scares them deeply and changes their lives (Cumberland, 2002: Appendix 3).

When women were asked about the weapons used against them, they reported that the main weapon was a knife but that they were primarily hit, kicked or punched. Verbal abuse was recorded in about 30 percent of the cases.

Cumberland commented that WDVCS were aware of the huge numbers of women who may not contact domestic violence services, and who may want to manage the problem on their own.

We know women are much more prepared to talk about violence in a past relationship than in a current relationship. We do know that, still, the silence is breaking we’ve got thousands of women reporting, more than we can accommodate, more than we can respond to, and we have thousands of women who don’t report it, who feel that they do not want to seek any assistance (Cumberland, 2002: Appendix 3).

In 80 percent of cases, WDVCS is contacted directly by women who are victim/survivors of violence or by a worker on their behalf. 20 percent of referrals are from the police.

This central issue of women having a sense of control is also reflected in the changes within the refuge system towards women being supported to stay for shorter periods in refuge if they want to or generally to have the system listen and respond to how they identify their needs ... In the past we were a sector built on ‘if a woman went back then we’d failed’. I don’t think that’s a strong part of the service system, if it does exist at all ... We are in crisis in relation to how our service system is resourced (Cumberland, 2002: Appendix 3).

Cumberland argued that the sector is expected to respond to one in four of Victorian women, but that there are not equivalent resources to match the magnitude of the problems facing many women. Cumberland described a cultural norm whereby the maintenance of the ‘family’ *per se*, is valued more than women’s right to be free of violence, as underpinning the inadequate level of resources available to respond to victims of family violence.

Given those two, what should our services be doing? How should we be advocating for governments to respond? Is it a government only issue? What about community? What about church? What about cross cultural leadership on this issue? Surely there is no one who can be excluded from finding solutions given the dimension and cultural barriers in regards to women's safety that will always put family before her safety (Cumberland, 2002: Appendix 3).

Cumberland was enthusiastic in her praise of how much services in the Western suburbs are able to achieve with very limited resources. Cumberland suggested that this was due to good working relationships that exist in the region.

I use the West to demonstrate more solutions than problems. The great thing about the West is its capacity to go and act. ... Our role is to make sure that every woman who is violated in the West and wants to stay living in the region should be able to stay, that her kids should be able to go to the same school, that if her mum's around the corner, she should remain near (Cumberland, 2002: Appendix 3).

Cumberland acknowledged challenges that lie ahead in meeting the goal to enable women to remain living locally if they wish. Again, the emphasis was on genuinely respecting women and their right to make their own choices. Although services in the West are performing 'beyond expectation', most refuge resources lie in rural areas, as a legacy of placing women in a secure and secret location.

...we find women are saying 'I just want the violence to stop, I want to stay in my own community, for my kids to go to their school, and I have other priorities and other concerns ... We have to be creative thinkers, we have to be persistent, we can't vote for one government over another, it doesn't work that way..... We're blocked in and we have to think creatively about how we're going to push this political impasse. Let's not under estimate, our challenge is huge (Cumberland, 2002: Appendix 3).

Table 18: Service user suburbs of origin

Suburb	Number	Percentage
Altona Meadows	15	1.0
Ascot vale	11	0.7
Carlton	18	1.2
Flemington	12	0.7
Footscray	48	2.9
Melton	15	0.9
Moonee Ponds	10	0.6
St Alban's	29	1.7
Sunshine	51	3.0
Werribee	37	2.2

(Source: WDVCS Annual Report, 2001–2002)

Table 18 demonstrates the location of callers during the 2001–2002 period. The suburbs listed are those where 10 or more women have phoned the service. The table shows that there are specific differences across the region in terms of the numbers of service users seeking help. For example, the high numbers of women approaching the WDVCS who live in Sunshine may be more to do with an integrated service system in that area as to do with high numbers of women who have been victims of intimate partner violence.

Table 19: Age of women service users

Age of women	Number	Percentage
18 to 19 yrs	34	2.1
20 to 24 yrs	255	16.1
25 to 29 yrs	347	21.9
30 to 34 yrs	381	24.1
35 to 39 yrs	269	17
40 to 44 yrs	134	8.5
45 to 49 yrs	61	3.9
50 to 54 yrs	55	3.5
55 to 59 yrs	21	1.3
60 to 64 yrs	9	0.6
65 yrs and over	11	0.7
Total	1683	100

(Source: WDVCS, 2002)

Table 19 shows that WDVCS data on the age of service users is consistent with other service user data and with other family violence research. The majority of women experiencing family violence are young women of child bearing age. Eighty percent of women reporting to WDVCS were under the age of 45 years; nearly 40 percent were aged 29 or younger; nearly a quarter were aged between 30 and 34 years; and approximately 64 percent were aged 35 years or under.

While less than 20 percent of women were aged over 45 years, older women reported illness, isolation and financial abuse as related to their experience of domestic violence (WDVCS, 2002: 18).

Table 20: Age of accompanying children

Age of the child	Number	Percentage
0 – 4 yrs	970	47
5 – 12 yrs	911	44.3
13 – 15 yrs	139	6.9
16 – 17 yrs	35	1.76
18 + yrs	1	0.04
Total	2056	100

(Source: WDVCS, 2002)

57 percent of WDVCS clients were women with children while 38 percent were women alone. In addition four percent of women were pregnant. Of those women with children, Table 20 shows that 91.3 percent of those accompanying children were aged 12 years or younger, and nearly half were aged four years or less. Most women (70 percent) who contacted the WDVCS are currently living with their partner. The next largest group is women living alone or alone with their children, comprising nearly 14 percent.

WDVCS (2002) reported that women from 74 different countries of birth used the service. 32 percent of clients were from non-English speaking countries, the largest cultural identity groups being Vietnamese (3.9 percent), Turkish (3.9 percent) and Chinese (2.5 percent). 15.3 percent of women approaching the WDVCS identified themselves as having a disability, the majority (6.4 percent) with a psychiatric disability. Section 5.1 of the report explores in more detail some of the issues for women with disabilities (WDVCS, 2002).

42 percent of women contacting the WDVCS did not go on to a women's refuge. Many women are fearful and hesitant about reporting domestic violence. WDVCS commented that 'for many women safety is desired but they might not want to relocate themselves and their children' (WDVCS, 2002:



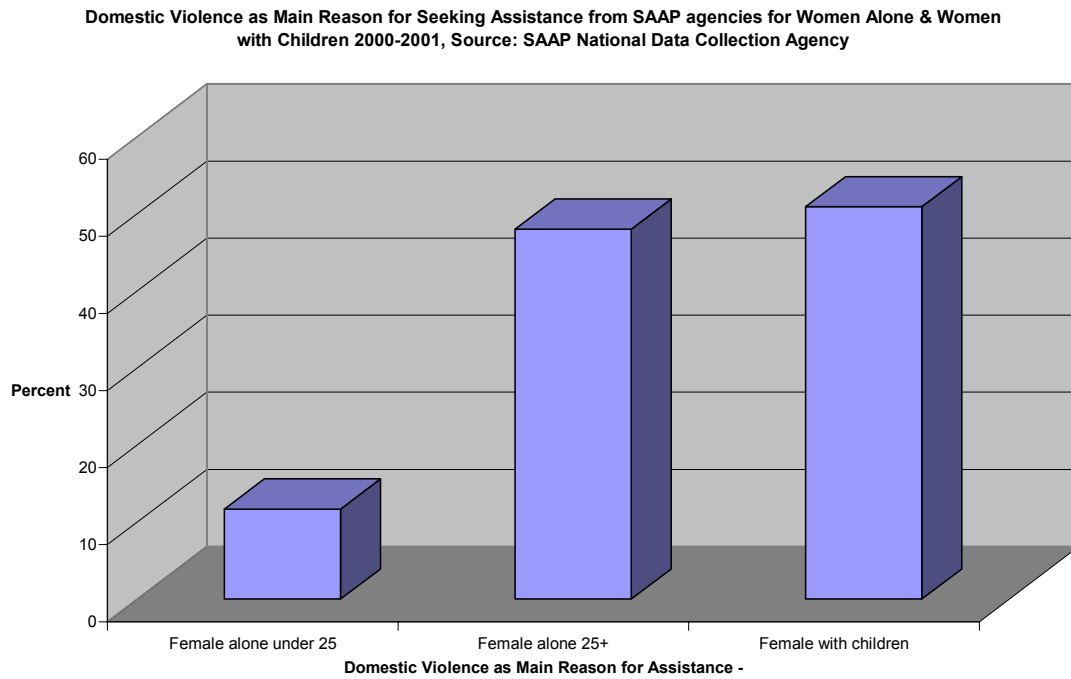
29). This data raised additional questions as to how services respond to women's expressed needs in relation to their experiences of family violence and future housing options. Further consideration of these service issues are outside the scope of this report. (see Keys Young 1998 for further discussion).

4.4 Supported Accommodation and Assistance Program (SAAP) data

The overall aim of SAAP funded services is to provide transitional supported accommodation and a range of related support services, to assist people who are homeless or at imminent risk of homelessness. SAAP also plays a key role in providing crisis/protection related assistance to women and children experiencing family violence. Many services operating within the family violence field in the Western Region are funded through the Federal and Victorian SAAP programs.

This section of the report includes a compilation of SAAP data for the state and the Western Region as opposed to specific service data. Data is sourced from the National Data Collection Agency Report of 2000–2001, which includes both state-wide and Western Region breakdowns; also the Victorian Family Violence Data Base which covers the years 1999–2000 and 2000–2001. It should be noted that SAAP services in the Western Region include those located in the central business district of Melbourne where there is a significant concentration of services addressing homeless or at risk men and young people who gravitate to the inner Metropolitan region of Melbourne. Consequently there are difficulties when seeking statistics on the numbers of women leaving family violence situations and accessing SAAP services.

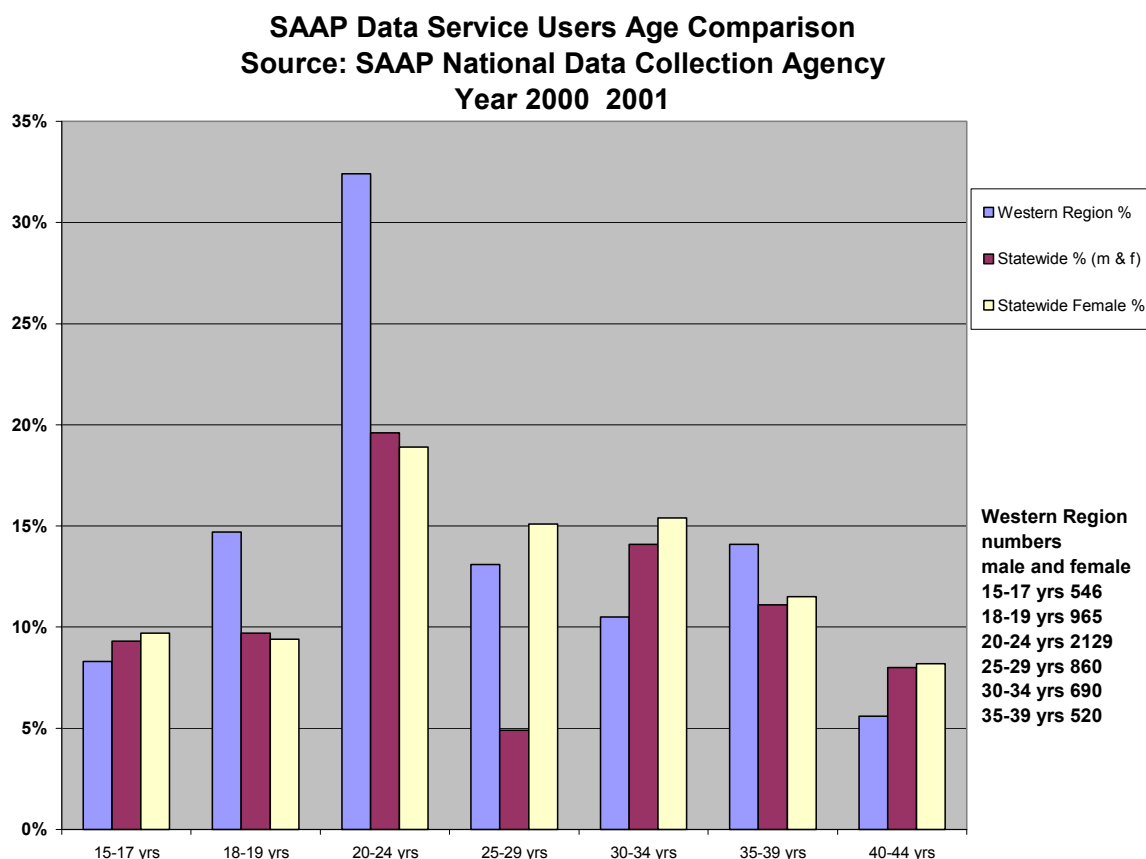
Table 21: Domestic violence as the main reason for accessing SAAP services



(Source: SAAP 2002).

Almost one quarter (24 percent) of all clients seeking support from SAAP funded services identified family violence as the main reason for accessing the service. From 2000 to 2002, over 95 percent of adult clients seeking assistance from Victorian SAAP agencies as a result of domestic violence were women. Table 20 reveals that for women with children, domestic violence was by far the largest reason for seeking support. When the categories of physical, emotional and sexual assault are added to the definition of domestic violence, the proportions increased to 55 percent for women with children and 70 percent for women alone.

Table 22: Age of SAAP service users



(Source: SAAP, 2002).

Approximately 70 percent of Victorian women accessing SAAP agencies, for which family violence was the main reason for seeking assistance, were aged between 25 and 44 years. During 2000–2001 women made up 60 percent of the SAAP client group. Of those women, 88 percent were aged between 15 and 44 years. Almost 50 percent were aged between 20 and 34 years. Table 22 shows that 92.5 percent of all Western Region SAAP clients during 2000–2001, including both males and female, were aged between 15 and 44 years compared to 87 percent service users state-wide. 60 percent were aged between 18 and 29 years as compared to 44 percent across Victoria for the same age bracket. However it should be noted that this high proportion of youthful clients also includes the high number of young homeless people using SAAP services in the central business district.

Data from SAAP and other services confirms other research findings – including the ABS Women’s Safety Survey (1996) – that younger women are at a greater risk of family violence than older women. As women age, the risk of violence from a current partner decreases. Hence those years during which women are most likely to experience family violence are also those years when they are most likely to be pregnant and/or have dependent children. This issue will be explored in greater detail in Section 5.2 on pregnant women.

Table 23: Cultural Background of SAAP service users, 2000–2001

Cultural Background – Birthplace	Western Region percent	State-wide male + female percent	State-wide female percent	Victorian population percent	Western Region numbers male and female	WDVCS Client percent 2001-2002
Australia	76.6	82.3	79.9	74.9	5006	66
Overseas born (English proficiency group 1)		3.3	3.4	7.2		
Overseas born (English proficiency groups 2- 4)		14.2	16.4	18		
Overseas born (all groups combined)	22.6	17.5	19.8	25.2		
Oceania	2.5	2.3	2.6	1.3	161	5
UK/Ireland	0.8	1.4	1.4	5.5	53	1.2
Other Europe & former Soviet Union	4	3.8	4.3	9.7		7.6
Asia	5.1	4.7	5.9	5.8	282	11
Other (middle East, Africa, Americas, & Caribbean)	10.2	5.4	5.9	2.8	685	9.2
Non Indigenous	98.4	77.7	74.9	74.4	6397	
Indigenous	1.6	4.9	5.3	0.5	103	

(Sources: SAAP, 2002 and WDVCS, 2002)

Table 23 shows that nearly 80 percent of Victorian female SAAP Service users in 2000–2001 were born in Australia. Women born in Asia made up six percent as did women from the category of ‘other’ birth places including the Middle East, Africa, the Americas and Caribbean. Women born in Europe and the former Soviet Union made up four percent. The table demonstrates some interesting comparisons regarding service usage by various cultural/linguistic groups and their proportion within the Victorian population. For example, Australian born women’s usage of SAAP services, both state-wide and regionally, is slightly higher than their proportion of the Victorian population (82.3 percent and 76.6 percent compared to 71 percent of the Victorian population), overseas born females, as a general group, are using SAAP services at a lower rate. According to the ABS 2001 Census data, overseas born make up 28.9 percent of the Victorian population but SAAP service usage amongst those groups is less: 19.5 percent of females state-wide and 22.6 percent of all clients in the Western Region.

A further breakdown of the overseas born groups shows significant variations in the rate of service usage. People born in Europe and the former Soviet Union make up nearly 10 percent of the Victorian population but only four percent of regional clients and state-wide female SAAP service users. Those born in Asia make up 5.8 percent of the Victorian population and comprise 5.9 percent of state-wide female service users and 5.1 percent regional clients. The ‘other’ birth place category makes up 2.8 percent of the Victorian population but comprises six percent of state-wide female SAAP service users and a much higher 10 percent of clients from the Western Region. Those born in Oceania make up 1.3 percent of the Victorian population however their SAAP service usage is higher: 2.8 percent of female state-wide service users and 2.5 percent of all clients in the region.

A closer look at SAAP service usage by Indigenous members of the population highlights that while those who identify as Indigenous Australians make up only 0.5 percent of the Victorian

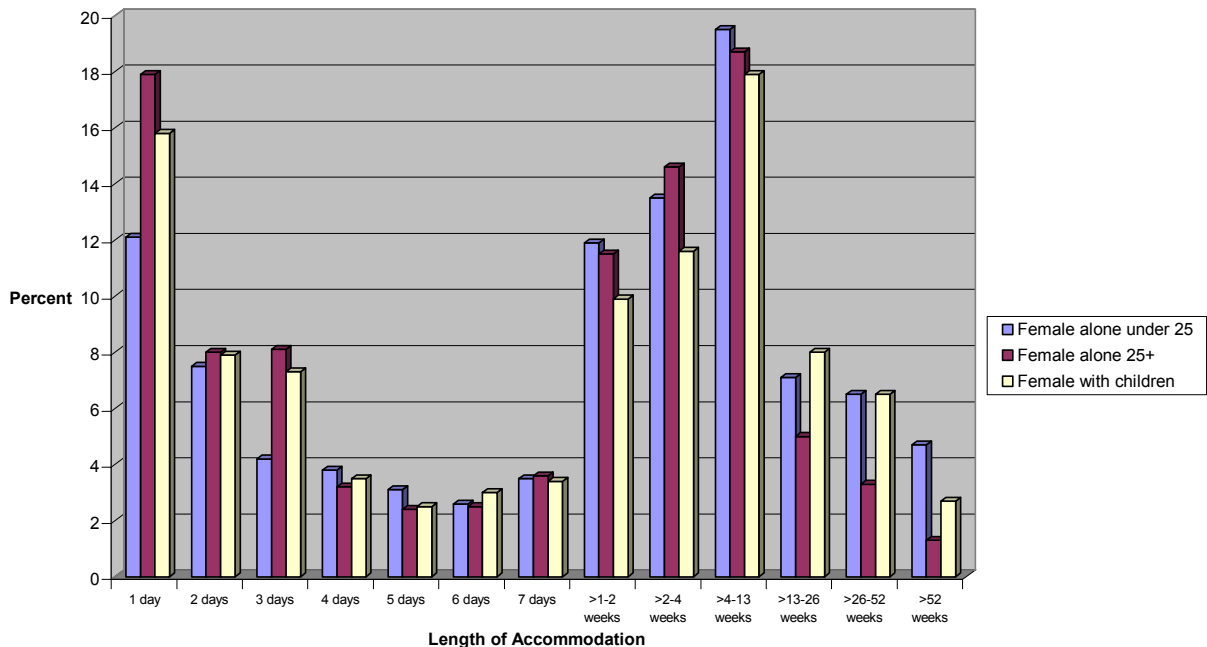
population, their representation amongst service users is disproportionately high. For example 5.3 percent of state-wide female service users and 1.6 percent of regional service users are Indigenous. It is worth noting that not all Indigenous people will identify as such when sharing personal information with a SAAP funded service or when completing a census form.

From 1999–2000, Victorian SAAP agencies assisted 11,900 clients experiencing family violence. The number of clients assisted in 2000–2001 decreased by approx 15 percent to 10,200. In 1999–2000, 60 percent of clients had at least one accompanying child. Regional figures for 2000–2001 show that 667 service users approached Western Region SAAP services as a result of experiences of family violence and 80 service users approached because of experiences of sexual assault.

In 1999–2000, 55 percent of family violence clients of Victorian SAAP services had at least one or more child/ren accompanying them. During 1999–2001, approx 85 percent of accompanying children accessing Victorian SAAP agencies, where family violence was a reason for seeking assistance, were 12 years and under. Of these children, 45 percent were under five years. These figures confirm recent feminist research into child abuse and family violence, which has argued that typically children are also directly or indirectly affected by family violence (Parton, 1990; Kelly, 1994; Featherstone and Trimble, 1997; Ferguson, 1997). This issue will be explored in greater depth in Section 5.7.

Table 24: Length of stay

SAAP: Length of Accommodation by Female Client Groups, Victoria, 2000-2001 (Percent)
Source: National Data Collection Agency



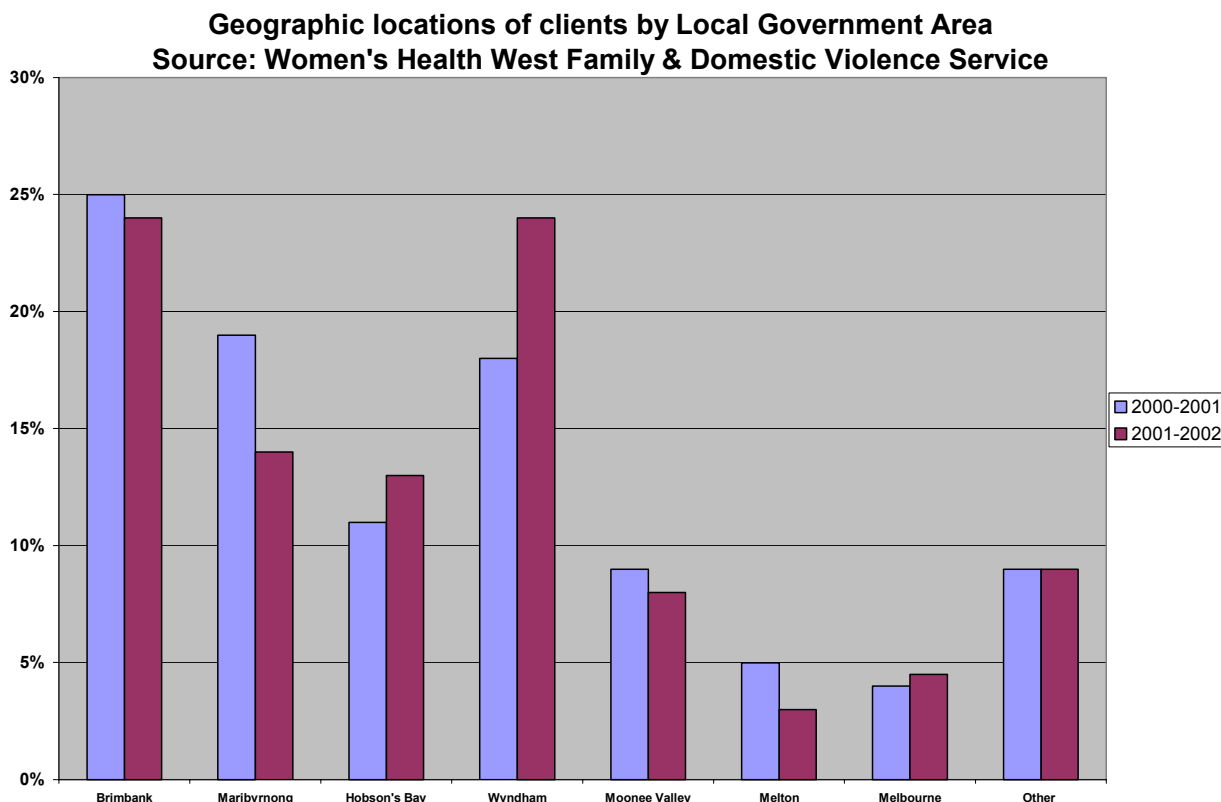
(Source: SAAP, 2002)

Table 24 shows that for women alone and for women with children, the highest numbers of women stay between four and 13 weeks in SAAP accommodation. A stay of between one and 13 weeks occurs in 45 percent of cases for females alone and in 39 percent of cases for females with children. It is also worth noting the relatively high percentages of women who stay only one day: 12.1 percent for females alone under 25 years, 17.9 percent for females alone 25 years plus, and 15.8 percent of women, who only stay for one day, raises additional questions, examination of which is outside the scope of this study.

4.5 Women's Health West Domestic Violence Outreach Service Data

The number of women contacting the Women's Health West Domestic Violence Outreach Service for assistance increased by five percent, from 421 in 2000–2001 to 442 in 2001/2002. During 2001/2002 there were a total of 669 children who accompanied women.

Table 25: Client residence by local government area



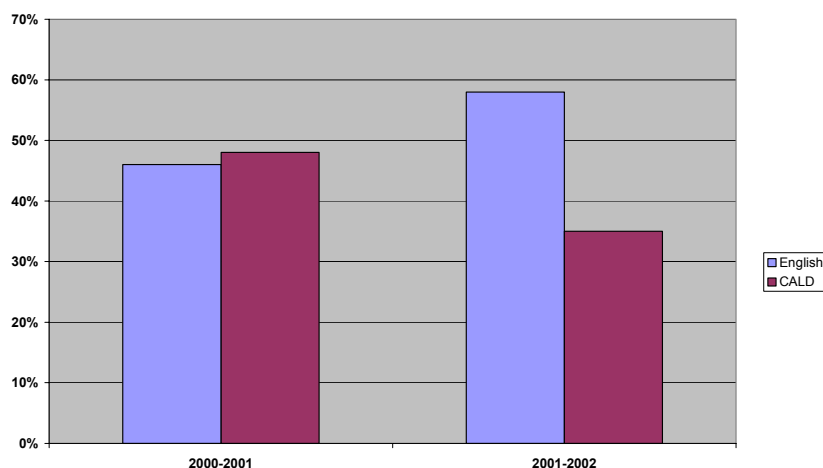
(Source: Women's Health West, 2002)

Table 25 shows that in 2000–2001, the largest proportion of clients requesting support from the Outreach Service resided in the City of Brimbank (25 percent) followed by 19 percent from Maribyrnong, 18 percent from Wyndham, 11 percent from Hobson's Bay, nine percent from Moonee Valley, five percent from Melton and four percent from Melbourne. Other and unknown categories made up the remaining nine percent. Geographical breakdowns for the year 2001/2002 show an increase in the proportion of clients living in two local government areas, namely Wyndham (up to 24 percent), and Hobson's Bay which showed a slight increase to 13 percent.



Table 26: Client Language group

**Domestic Violence Outreach Service Users Cultural and Linguistic Diversity
2000-2001+2001-2002**
Source: Women's Health West Family and Domestic Violence Outreach Service



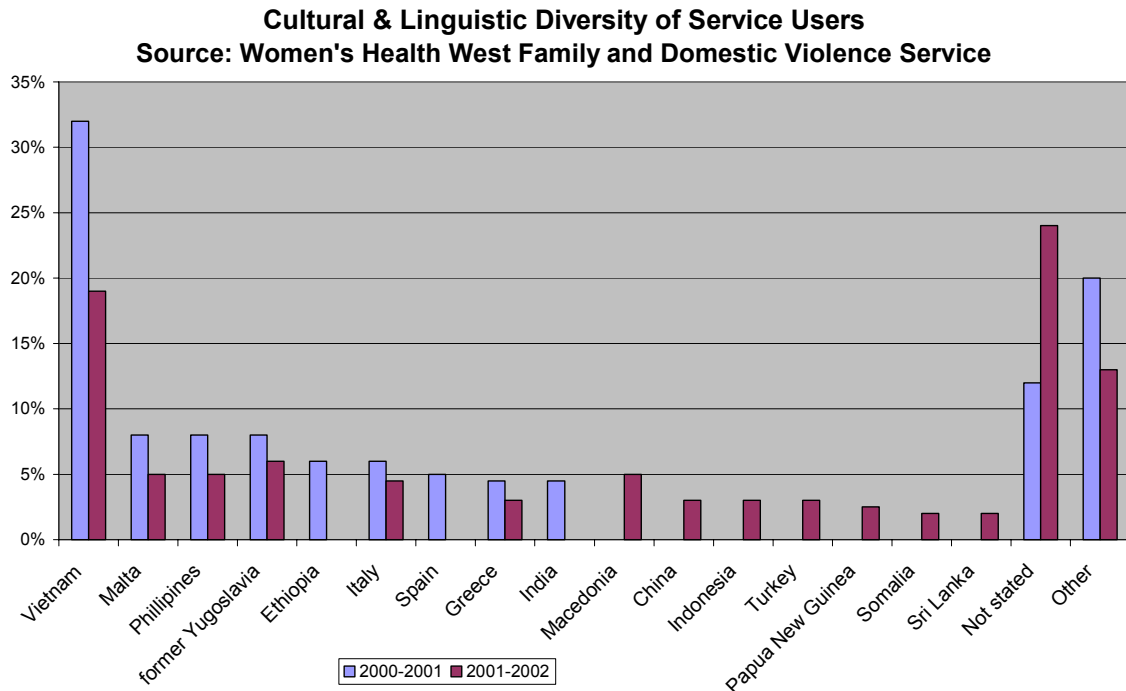
(Source: Women's Health West, 2002)

Tables 26 and 27 show that during 2000–2001, 46 percent of all clients spoke English as their first language while 48 percent spoke languages other than English. For 12 percent of clients, their cultural or linguistic background was not noted. Amongst the non-English speaking background group, the largest proportion were Vietnamese at 32 percent, followed by Maltese at eight percent, Philippines and former Yugoslavians at seven percent each, Ethiopians and Italians at six percent, Spanish speakers at five percent, Greeks and Indians at 4.5 percent each. Other cultural/language groups including Chilean, Macedonian, Turkish, Albanian, Fijian, Lebanese and Tongan made up the remaining 20 percent.

In 2001/2002 the proportion of English speaking background clients increased to 58 percent, while those from non-English speaking backgrounds decreased to 35 percent. Of the non-English speaking background group, 24 percent of the clients' cultural/linguistic background was not known. The largest proportion remained Vietnamese at 19 percent, even though their proportion was a reduction on the previous year. There was a high proportion of 'other' language groups at 12 percent, followed by clients from the Former Yugoslavia at six percent, Malta and Macedonia at five percent each, Italy at 4.5 percent, the Philippines at four percent and then service users from China, Greece, Indonesia and Turkey each at three percent, Papua New Guinea at 2.5 percent, Somalia and Sri Lanka each at two percent, and women from Chile at one percent.

It is interesting to compare service usage with Census population data on countries of birth of residents living in the Western Region (see Table 7). Whilst some of the larger overseas born groups are well represented in the service user data, such as Vietnamese and Maltese, some of the smaller overseas born groups are also accessing the service, for example women from the Philippines, from Ethiopia and Somalia and from Chile.

Table 27: Client cultural and linguistic background



(Source: Women's Health West, Family and Domestic Violence Service Data, 2002)

4.6 Immigrant Women's Domestic Violence Service Data

The state-wide Immigrant Women's Domestic Violence Service (IWDVS) provides culturally specific support and case management to immigrant women experiencing or escaping domestic violence. Unfortunately the service does not collect data on a regional basis. As discussed in earlier, the lack of regionally specific data, especially in light of the region's high proportions of people from culturally and linguistically diverse (CALD) backgrounds, limits the data on the experiences of women from CALD backgrounds in the Western Region. Hence the data presented below is from a state-wide perspective.

Table 28: Main countries of birth, 1999-2001

Country of Birth	Client numbers 1999–2000	Client Numbers 2000–2001
Greece	33	12
Former Yugoslavia Rep of Macedonia	39	24
Russian Federation including Ukraine	37	40
Lebanon	20	30
Iraq	6	14
Turkey	47	40
Philippines	10	21
Vietnam	57	51
China (excl Taiwan)	44	54
Chile	15	18
Other Latin America incl Argentina, Uruguay, Colombia, El Salvador	12	17
Horn of Africa incl Somalia, Eritrea, Ethiopia	13	20
Fmr Yugoslavia- Serbia, Montenegro	7	11
Italy	7	6
Poland	6	10
Other	56	76
Total	409	444

(Source: IWDVS, 1999–2000 and 2000–2001)

In 1999–2000, IWDVS assisted 409 longer term clients and 426 what are known as ‘casual clients’. In 2000–2001, 444 longer term clients and 403 ‘casual clients’ were assisted. Table 28 provides a picture of the main countries of birth of clients utilising the service. A comparison between the top 24 countries of birth in Victoria and the Western Metropolitan Region, according to the 2001 census, as outlined in Table 6, shows that while Italy is the second largest country of birth after England at 1.95 percent of the Victorian population, and the second largest in the Western Metropolitan Region after Vietnam at 2.92 percent, the number of Italian born clients utilising the IWDVS is comparatively low, seven in 1999–2000 and six in 2000–2001.

Table 29: Age of service users

Age	Percentage 1999–2000	Percentage 2000–2001
15-24 yrs	7.7	8.9
25- 44 yrs	64	68.2
45 – 64 yrs	23.6	18.9
Over 65 yrs	7.4	7.4

(Source: IWDVS, 1999 -2000, 2000–2001)

Table 29 demonstrates that the age of service users from 1999–2001 is similar to other family violence service data. In other words, the majority of women accessing the service were aged between 25 and 44 years. More than half the women had accompanying children: 57.2 percent in 1999–2000 and 58.4 percent in 2000–2001.

4.7 West CASA and CASA House data

Deb Bryant, Manager of the Western Region Centre Against Sexual Assault presented contextual information and data at the Rising Tides of Violence Forum. Below is an edited summary of the main points she made (See Appendix 6 for a full transcript).

Bryant explained that a number of the Centres Against Sexual Assault (CASA) across Victoria have Crisis Care Units. The CASAs have a protocol with the police that details the procedure whereby when a person reports a sexual assault to the police, they will contact their local or the state-wide after hours CASA service. After contact, the police will take the person to one of the Crisis Care Units within a two hour period. A CASA Counsellor/Advocate will be available for the victim/survivor to talk to. With the women's permission, she may have a medical examination with either a forensic medical practitioner or a general practitioner. Bryant described the process as 'best practice' in terms of a police and organisational response to victim /survivors of sexual assault and commented that the crisis response model was something that the 'family violence sector certainly envies and is working towards' (Bryant, 2002: Appendix 6).

In the 10 year period from 1992/93 to 2001/2002, the West CASA Crisis Care Unit has seen a gradual increase in the annual sexual assault client numbers from 55 to 70, an increase of 27 percent.

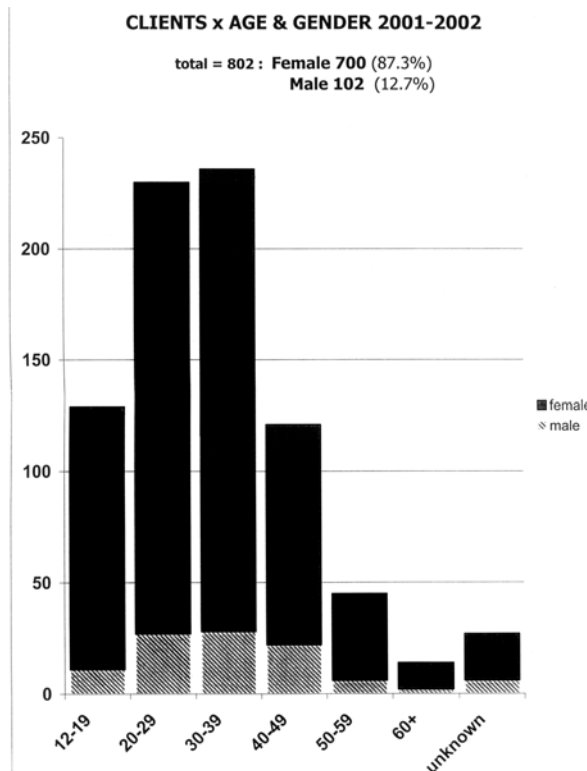
Table 30: Age of service user presenting to the West CASA Crisis Care Unit, 2001/2002

Age	16 – 19 yrs	20 – 29 yrs	30 – 39 yrs	40 – 49 yrs	50 + yrs	Total
Number of clients	20	30	13	4	3	70

(Source: West CASA, 2002)

From 2001–2002, the West CASA Crisis Care Unit had 70 presentations: six business hours presentations and 64 after hours. There were 68 females who presented and two males (Bryant, 2002: Appendix 6).

Table 31: Clients by age and gender, 2001–2002



(Source: West CASA, 2002)

Bryant reported that the ABS Women’s Safety Survey (1996) undertaken with people over the age of 15 showed that 81 percent of the victims of sexual assault were female and that those who are single and aged between 18 and 24 years are most at risk. Table 31 shows that although women in any age group may be a victim of sexual assault, the majority who reported sexual assault and sought support were between the ages of 20–39 years of age (Bryant, 2002: Appendix 6).

Bryant also spoke about the different forms of sexual assault experienced by service users. 21 percent of West CASA’s clients were adult survivors of sexual assault, 57 percent were survivors of childhood sexual assault and 19 percent were child and adult sexual assault survivors. In 2001–2002, West CASA worked with 802 people: 87 percent were female and 12 percent were male (Bryant, 2002: Appendix 6).

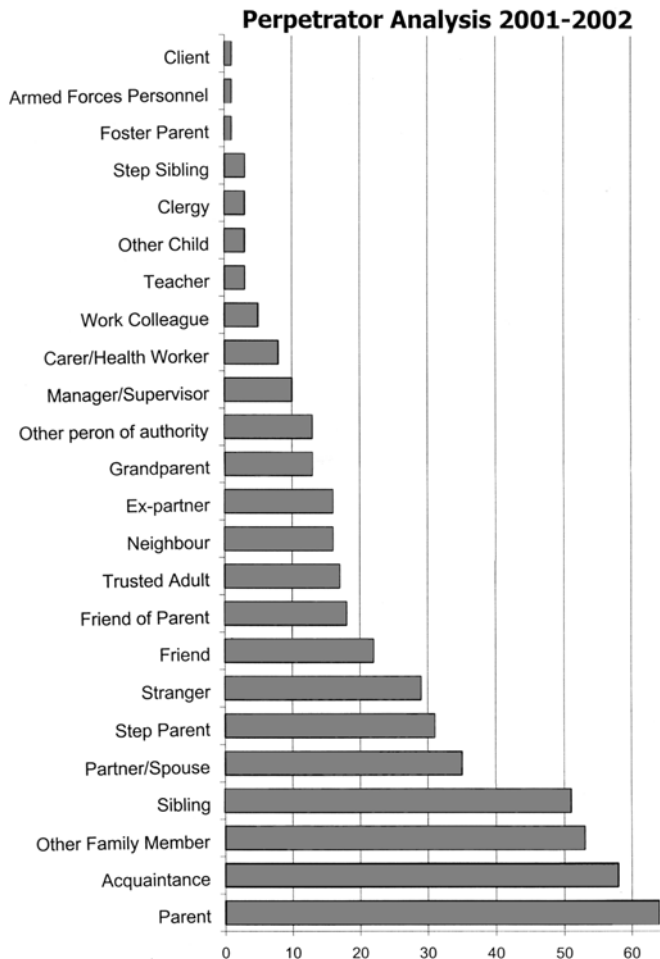
Bryant reported that 458 of the perpetrators recorded were male, six female, six male and female and 88 unknown. In 1991 most adult sexual offenders were aged between 21 and 30, with the highest number reported to be between 21 and 25 years of age (Bryant, 2002: Appendix 6).

Table 32: Perpetrator relationship to victim.

Relationship	Numbers
Acquaintance/just met	16
Taxi driver	4
Co-resident	1
Client	1
Colleague	1
Ex-partner	13
Employer/supervisor	1
Friend	4
Housemate	2
Neighbour	1
Carer	2
Partner/Spouse	3
Stranger/s	19
Total	68

(Source: West CASA, 2002)

Table 33: Identity of perpetrator, 2001–2002



(Source: West CASA, 2002).

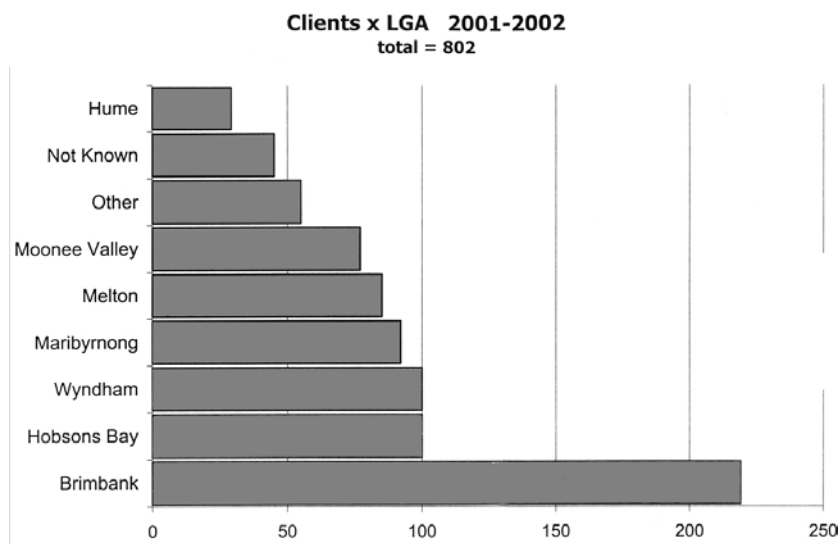
It is interesting to note that the largest numbers of perpetrators are family members, including parents and siblings. Unfortunately the data is not sex disaggregated, therefore we are unable to identify the gender of the 'parent', 'sibling' or 'grandparent' for example. However the broad body of international and national research on sexual assault indicates that men perpetrate 95 percent of sexual assaults on women, children and other men (Finkelhor, 1984; Russell, 1984; Victorian Council Against Violence, 1991; Easta, 1993; Elliot, 1993; ABS, 1996).

It is also interesting to note that the numbers of partners and spouses who are reported to have perpetrated sexual assault is high, especially combined with the figures for ex-partner assault.

Bryant commented that 'family is the most unsafe place for lots of young people'.

In October 2001 West CASA undertook an audit of all their clients, which demonstrated that 28 percent of all clients were overseas born or of non-English speaking background. Of this 28 percent overseas born group, the largest proportion of clients were Spanish speaking at 6.8 percent. West CASA suggested that it could be an outcome of West CASA employing a bi-lingual Spanish speaking worker. Other language/cultural groups included Former Yugoslavia at 2.7 percent, Maltese and Italians at two percent each, Indians, Greeks and Indonesians at 1.3 percent each. Other overseas born clients comprised 7.5 percent of service users.

Table 34: Clients by Local Government area, 2001 -2002



(Source: West CASA, 2002)

Data from CASA House, which serves part of the inner Western Region, shows that in 2000–2001 there were approximately 570 victims of sexual assault living in the Western Region who accessed their crisis service. The number from the Western Region increased by three percent in 2001/2002, to 590. In 2000/01 CASA House provided sexual assault counselling to 131 women from the Western Region. In 2001/2002 CASA House responded to 82 people from the Western Region who attended the CASA House Crisis Care Unit (CCU). The figures do not identify how many women and men accessed this service. Unfortunately a breakdown of the cultural and language background of women who access the state-wide after hours Sexual Assault Crisis Line and the CASA House CCU was not available. Intra regional breakdowns of new requests for one to one counselling at CASA House during 2000–2001 show that of the 131 clients living in the West, the largest majority; 66 percent, were living in the local government area of Melbourne; 14 percent were living in Brimbank; 13 percent in Moonee Valley and the remaining seven percent were living in Maribyrnong and Hobson's Bay.

4.8 Community Legal Services data

Statistics relating to family violence have been collected from the Footscray Community Legal Service, the Western Suburbs Legal Service, North Melbourne Legal Service and Werribee Legal Service – all of which service the Western Region – from January 1 2001 to December 31 2002.

The four Community Legal Services acknowledged an under-reporting of family violence amongst clients accessing their services. However, due to the fact that many people may contact the legal service for family or criminal law matters, it is not unusual that family violence may not be identified as the primary issue for contact.

The Community Legal Services provide outreach support programs, based at Sunshine and Werribee Magistrates Court, for women seeking legal intervention and support in relation to their experiences of family violence, most often in the form of applications for Intervention Orders. It should be noted that statistics for these programs are not necessarily incorporated in Table 35. In some cases individual legal services with responsibility for court matters on any particular day will maintain their own records for that day at court. Werribee Legal Service advised that outreach support statistics for services provided at the Werribee Magistrates Court have not been incorporated in their service statistics. However workers noted that there would be an average of 500 or more applicants for Intervention orders at Werribee Magistrates Court from 2001 – 2002.

Table 35: Presenting Issues, Community Legal Services

Legal Service	Family Violence Related Issues		Victims of Crime		Family Law Issues		Total Number
	Number	Percentage	Number	Percentage	Number	Percentage	
Footscray	272	7.5	57	1.5	1072	29	3657
Western	97	2.9			889	27	3269
North Melb.	82	3.8			394	18.5	2129
Werribee	237	5.8					

(Source: Footscray, Western, North Melbourne and Werribee Community Legal Services, 2002).

4.9 Men's Behaviour Change program data

Men's behaviour change programs operating in the Western Region are auspiced by three different agencies: Djerriwarrh Health Services based in Melton, Relationships Australia based in Sunshine and Lifeworks based in Werribee. A men's behaviour change program is usually a group program:

aimed at preventing family violence through changes in attitudes and behaviour of male participants, and through the challenges these men can go on to make to the attitudes and behaviours of other men, and to the overall community response to violence ... Men need to be supported and challenged to take responsibility, and require education about violence and the opportunity for personal exploration
(Family Violence Prevention Association, 1995).

Groups engage in 'education about types of violence, the awareness of one's own violence and need to accept responsibility and becoming non violent and non controlling' (Family Violence Prevention Association, 1995). The safety of women and children is the paramount concern of all three programs.

During 2001–2002, the three services have provided group programs to 130 men living in the Western Region. Data from Lifeworks shows that almost all male participants were Australian born and/or English speaking. Men's ages ranged from 18 through to 55 years, although the majority are between 30 and 50 years of age. Relationships Australia operated four men's behaviour change groups of 16 weeks duration each year. The local government areas of participants

included Hume, Moonee valley, Moorabool, Melton, Wyndham, Brimbank, Maribyrnong, Hobson's Bay and port Phillip. Six of these local government areas are within the Western Region. The ethnic background of participants included Italian, Greek, Scottish, Croatian, Maltese, American, Indigenous, Indian, African and Serbian.

Men who have perpetrated violence are most commonly referred to Djerriwarrh Health Services by agencies such as the Department of Human Services: Child protection Unit, Correctional Enterprise. It is often women who have been the victims of violence, who will suggest that their husband – the perpetrator – should participate in a program.

Counselling programs for men who assault their partners have proven successful in helping some men modify their behaviour, but there is generally a very high drop out rate and many men who were referred may never attend sessions. In addition, re-offending rates amongst men who have engaged in counselling and behaviour modification programs are still high. The WHO have suggested that inter-agency programs may be a useful strategy to enable monitoring and improved responses to men who have self-disclosed their offending behaviour.

4.10 Women's refuge data

Research and anecdotal evidence indicates that women seeking to escape from a violent intimate partner may be at risk of increased violence from the perpetrator (Easteal, 1993; Women's Coalition Against Violence, 1994). Therefore women need support to be able escape from the perpetrator and live in a safe, secure and supportive house that is unknown to the perpetrator. Women's refuges were built to respond to this need and currently there are twenty-three women's refuges in Victoria. Two refuges – Joan's Place and Molly's House – are located in the Western Metropolitan Region. The original purpose of a refuge has been to provide women with safe accommodation in a secret location, the two refuges in the Western Metropolitan Region generally receive women from other regions of Melbourne as well as from rural Victoria and interstate.

Refuge client numbers need to be analysed in the context of length of stay and intensity of support provided. The length of stay may vary from one day to one year, but on average women remain for approximately eight weeks at Joan's Place refuge and between six weeks to three months at Molly's House refuge. Research has identified that many women in refuge may require intensive support and – depending on the nature of the criminal assault – some women may wish to stay in refuge housing for a longer period of time, prior to establishing their lives elsewhere.

Issues related to different housing options for women escaping a violent partner, are explored further in Section 6.

Table 36: Women's Refuge Service User Data, Joan's Place 2000–2001 and 2001–2002

	2000–2001 Numbers	2001–2002 Numbers	Total for both years Numbers
Families	34	44	78
Children	60	63	123
SAAP Support periods	45	54	99

(Source: Joan's Place, 2002)

Table 36 demonstrates that during 2000-01 and 2001-02 Joan's Place provided accommodation to 78 families included a total of 123 children. In 2000–2001, 62 percent of all of these families were born overseas, 26 percent were born in Australia and 12 percent identified as Indigenous Australians. In 2001–2002, 57 percent were born overseas and 41 percent were born in Australia.

Table 37: Regional location before and after accessing Molly's House refuge, 2000–2001

	Location before accessing refuge accommodation – Numbers	Location after accessing refuge accommodation – Numbers
Eastern region	46	4
Northern region	21	6
Southern region	13	13
Western Region	3	16
Rural areas	10	11
Interstate	9	
Unknown	2	28
Former residence		16

(Source: Molly's House, 2000 -2002)

In 2000–2001 Molly's House supported 94 woman accompanied by a total of 72 children. 84 percent of the women were from an overseas born background including Maori, Chinese, Turkish, as well as women who spoke the following languages: Arabic, Tamil, Tagalog, Russian, Indonesian, Assyrian, Italian, Lebanese, Maltese, French, Kurdish, Spanish, Serbian, Hindi, Cantonese and Greek. 12 percent were from an Anglo Australian background, and four percent were Indigenous Australian. 17 percent had immigration-related issues; that is, the majority of these women did not have permanent residency when they entered the refuge. As discussed above, the majority of women staying in Western Region refuges were from other regions. Due to the focus of the report, we are unable to comment on the movement of women from the Western Region into refuges in others regions across Victoria. Table 38 shows that whilst the period of stay ranged from one day to over 12 months, the majority of women stayed between six weeks to three months.

It is worth noting that 16 women returned to their original residence after staying in refuge. It is not clear whether the perpetrator had left the family home or whether women were returning to both their former residence and their partner. It is also significant that the refuge was unable to record the housing situation for 28 women after they left the refuge. Once again, exploring the experiences which lie beneath these figures is outside the scope of the report.

Table 38: Length of stay of women at Molly's House, 2000–2001

Period of Stay	Number of women
Less than 1 day	7
1 to three weeks	13
3 to six weeks	17
6 weeks to three months	25
3 months to six months	14
6 months to one year	14
More than one year	4

(Source: Molly's House, 2001–2002)

4.11 Support groups for women

Support groups for women who are victim/survivors of family violence groups generally operate within a broad feminist framework². Their aims range from one-off short term self-esteem building or practical support to longer-term or ongoing post-crisis healing and peer education. Support groups for women who are victim/survivors of family violence operate from a number of locations and auspice agencies across the Western Region. These include community centres and community health services across the region. Between six and 12 groups may be operating within the Western Region.

Rather than providing minimal information on many support programs for women, it may be more useful for the purpose of this report to focus briefly on an example of one support group operating in the Western Region. The GIFTS support group operates under the auspice of the Western Women's Domestic Violence Support Network based in Sunshine. It is a group primarily for women who have experienced family violence. The support group program is integrated into a range of other services including support at Magistrates and Family Court, information, and advocacy. During 2001/2002, 125 women were assisted through the post-crisis support program, an increase from approximately 110 women during 2000–2001.

² WHW acknowledges that there are many different interpretations of feminist theory and practice which may impact on the philosophy and practice of each support group.



SECTION 5: A SNAP-SHOT OF PARTICULAR GROUPS

Women who have been criminally assaulted by their partner may experience a range of additional barriers and difficulties that can impact on both their safety and future options. These barriers are multiplied for women who experience a number of intersecting oppressions due to other aspects of their identity. This may include, for example, women with disabilities, women whose first language is not English, women who are isolated in urban fringe areas and Indigenous women. Young (1990) refers to the 'five faces of oppression' including: exploitation, marginalisation, powerlessness, cultural imperialism and violence. This research acknowledges these intersections and highlights the point that 'women' are not a homogenous group; therefore many women will not experience family violence in the same way as other women.

Much of the analyses of domestic violence have focused on gender as the primary tool of analysis. Issues of race, class, sexuality etc have all too often been excluded from the core of those discussions. This has resulted in the marginalisation and trivialisation of the needs of working class women, Indigenous women, Non English-Speaking-Background women, lesbians etc (Dimopoulos, 1997: 5).

This understanding is an important component of our statistical analysis of the violence perpetrated against particular groups of women and the barriers that impact on their safety when trying to escape a violent partner and access support services. According to Wilson (1997) the barriers can be grouped into four categories: first, personal, which include feelings such as shame and fear; second, relationship, which includes being denied access to money or transport; third, institutional, which include immigration policies or cultural insensitivity, and finally, cultural barriers, which can include beliefs about marriage and family, along with the stereotypical roles given to men and women. As Wilson argued:

Individually these barriers have a considerable impact on women's abilities to escape [violent] relationships. In combination they build a wall of oppression that helps maintain abusive relationships and keep women entrenched in situations that are both dangerous and life threatening (Wilson, 1997: 133).

The following discussion provides a brief summary of issues for women with disabilities, women who are pregnant, women from culturally and linguistically diverse backgrounds, Aboriginal women, children and older women.

5.1 Women with disabilities

Chris Jennings, Project Worker with the 'Violence and Disability' Project auspiced by the Domestic Violence and Incest Resource Centre, presented a paper at the [Rising Tides of Violence](#) Forum (See Appendix 7 for a full transcript). Jennings made the initial point that there are very few statistics which document the levels of violence experienced by women with disabilities. Jennings cited the rate at which Australians have a disability as 18 percent but points out that when it comes to disability, the use of a 'gender analysis is non-existent' (Jennings, 2002: Appendix 7). Jennings argued however, that although there is little quantifiable data, the anecdotal evidence about the incidence of violence against women with disabilities is compelling.

Jennings argues that women with disabilities experience the social powerlessness which is associated with being a woman in a patriarchal society, however this powerlessness is exacerbated by women's experience of various forms of disability. They:

... more often than not live in a state of poverty, dependent on government pensions, are offered limited access to education, lack access to appropriate



information on rights, experience a lack of choice in housing and transport, may be dependent on others for self-care, live restricted social lives (Jennings, 2002: Appendix 7).

Jennings commented that some of the abuse that women with disabilities experience is unique to those who have a disability.

For example, sexual abuse of a woman with a disability may include forced sterilization, forced abortion. Physical abuse may include taking away a woman's wheelchair, or bathing an individual in very hot or cold water. It could involve rearranging the physical environment which then increases risk of personal harm. Not only are women with disabilities at a greater risk for abuse, but also let's not forget that abuse can be the cause of disability (Jennings, 2002: Appendix 7).

As a woman with a disability wrote:

As disabled women, (and this is true for all women) we must discard this notion of gratitude for any sexual attention. Our fear of being alone supersedes our fear of being assaulted, not because we are stupid or enjoy physical pain. Pain is a feeling, and some women may decide that bad feelings are better than not at all. For others, we try to dissociate ourselves from the parts of our bodies that are being assaulted. Women disabled from birth are very familiar with this tactic, as we have had to shut off our feelings as doctors cut, probed, and generally caused constant pain in the name of 'helpers'. Those people also denied us privacy. Our bodies were public and our nakedness was the norm as the medical staff examined us as if we were not human. For women who became disabled later in life, the experience is newer but lack of privilege is the same. Newly disabled women may still cling to the memory of their healthy physical selves. They may choose to react against the discrimination caused by their disability with power and anger: they know what they are missing. For others, there may be sad resignation that this new life is one devoid of many pleasures, including consensual sexuality. They may take on the new role of potential victim because their old behaviours do not apply in the new disabled community. Although they see themselves as whole people, the world does not.

Disabled women have had few healthy sexual models against which to measure ourselves. Because of longing to feel intimacy with another person, we sometimes engage in unhealthy and even lethal activity, rather than shut off from human contact (Womendez and Schneiderman cited in Jennings, 2002: Appendix 7).

Jennings asserted that for many women with disabilities, there are problems; first, for women to recognise that their experience of violence is 'violence' and is illegal and, second, for women to have easy access to safe and trusted people outside their immediate environment, to whom they can disclose their experiences of violence. Jennings called for:

...a community education program, which 'informs' women themselves, the community, workers, carers – names violence against women with disabilities for what it is and encourages everyone to share responsibility for its eradication (Jennings, 2002: Appendix 7).

This is particularly important in a situation where the perpetrator may often act as a gate-keeper. That is, they may deliberately stop a woman with disabilities receiving messages about violence in the home. Jennings suggested that a community



education campaign on the human right of everyone to live a life free of violence would need to be directed at all members of the community, and be provided in a range of educational formats. Jennings also discussed the need to include carers – who may be paid workers or unpaid family members – as possible perpetrators in the development of prevention and education strategies.

Jennings argued that organisations, the human service system and workers need to recognise the ‘hugeness’ of the problem for women with disabilities. In spite of women with disabilities being so vulnerable to violence, often human services are inaccessible for women with disabilities. Jennings suggested that one strategy for addressing this problem to be the development of better dialogue between family violence services and disability services. Such dialogue would enable disability services to increase their ability to identify and respond to abuse and also support family violence services in responding appropriately to women with disabilities.

We need to learn more about interventions that are effective for women with disabilities. For example few of the strategies listed in classic safety plans are possible for women who must depend on their abuser to get them out of bed in the morning, dress them, and feed them or reliant on transport that even when booked in advance may arrive three hours late. What are the alternatives? We need to find out.

Women with disabilities have repeatedly reported that so often services do not have the time or patience to work with them about disclosure of violence or in providing them with information about their rights.

There is a dearth of organised, systematically retrievable statistical information about Australian women with disabilities. In our current climate statistics is the language of persuasion and tends to be heard by the decision-makers more than reports based on anecdotal evidence. Women with disabilities need your support to get issues affecting their lives on the agenda. Services must be designed and delivered taking into account the diverse needs and experiences of all women (Jennings, Appendix 7).

5.2 Pregnant women

Deborah Walsh presented some of the preliminary findings of her research into the level, extent and nature of intimate partner violence during pregnancy. Below is summary of Walsh’s presentation to the [Rising Tides of Violence](#) Forum (See Appendix 2 for a full transcript).

Walsh argued that violence is a violation of human rights and there should not be a division between private and public violence. Walsh suggested that we, as a community, need to take responsibility for violence and remove the focus from individual victim/survivors. Walsh reminded us that physical assault is often the main criteria used to count violence. However, a primary focus on physical violence renders other forms of violence for example: sexual, verbal, emotional, social and financial, invisible.

The following are the key points from Walsh’s overview of international research on men’s violence against their pregnant partners.

Between four and 21 percent of pregnant women experience violence.

Trauma from domestic violence is the leading cause of injury for pregnant women.



10.9 percent of recently pregnant women had experienced violence (Cokkinides, 1998).

Violence in pregnancy may be more common than pre-eclampsia, gestational diabetes and placenta previa, conditions that women are routinely screened for. During women's antenatal care they are routinely screened for a range of medical conditions.

In a Canadian study, 6.6 percent of women had experienced violence during pregnancy. Of these women 64 percent recorded an increase in violence during the pregnancy, 78 percent remained with the perpetrator, 67 percent received medical treatment for the violence and only one woman voluntarily told her doctor.

Domestic homicide was found to be the single most significant cause of death by injury for pregnant women. This was a study done in New York State which looked at maternal death rates over a 10 year period. They found that domestic homicide was the single most significant cause of death by injury, greater than car accidents.

Between 40 and 45 percent of women who experience physical assault will also report experiencing sexual assault. Sexual assault is seriously under reported.

Frequent sites of injury include the breast, abdomen and genital areas, and women who experience violence and physical assault during pregnancy are more likely to have multiple trauma sites compared to women who are not pregnant at the time of the assault.

Pregnant women who experience violent assault are four times more likely to have miscarriages.

16 percent of pregnant women experience violence, and women who are physically abused during pregnancy are at an increased risk of substance abuse and deliver low birth rate babies (McFarlane, 1996).

There is a high risk of infant mortality after a physical assault during pregnancy, most often physical assault targets the pregnant belly which is most likely to damage the foetus.

Abdominal trauma from domestic violence during pregnancy was found to cause foetal fractures, rupture of the uterus, liver or spleen, pelvic fractures and ante-partum haemorrhage (Walsh, 2002: Appendix 2).

Walsh prefaced her review of the Australian literature with the observation that there was very little current research which described the experience of Australian women.

The ABS Women's Safety Survey 1996 found that 20 percent of women surveyed, who disclosed violence from a previous partner, stated that the onset of violence occurred during pregnancy.

Webster et al (1996) was able to get an excellent response rate by conducting their research in the women's toilet at Brisbane hospital and surveying women while they did their urine samples. This study found that women who have experienced violence in their pregnancy experience more miscarriage, more neo-natal death overall, have low birth weight infants, suffer more injuries to the abdomen, abuse more substances and have an increase in late trimester bleeding, infection and premature delivery.



Quinliven (2000) reported on a study of adolescent pregnancy and domestic violence conducted in Western Australia. This study found that the young women experiencing violence tended to present later for anti-natal care.

Many women had more vaginal infections and far more abdominal pap smears than in a control group.

Many women also had low birth weight infants linked to continual high exposure to cortisol. Quinliven (2000) has provided a scientifically rigorous answer to the debate about violence and the link to low birth weight infants. The research measured cortisol in both the abused group and the non-abused group of adolescent teenagers. Cortisol is a naturally occurring stress hormone but when it peaks and dissipates naturally it doesn't breach the placenta barrier. However when stress is experienced over a long period of time, cortisol peaks and is maintained over a period of time, and then it breaches the placenta barrier and has been proven now to have grave implications for the developing foetus including inhibiting growth development. These babies were found to have foetal retina and optic nerves affected; the thymus was affected, reducing the infants ability to fight infection; the babies born in this group had a significantly smaller head circumferences than babies born to the non-abused control group (Walsh, 2002: Appendix 2).

Walsh also presented some of the preliminary findings from her current research which is being conducted at the Royal Women's Hospital, Melbourne.

Approximately 25 percent of women have disclosed violence in their current pregnancy.

Three percent of women that have disclosed violence from a previous partner during a previous pregnancy – women are saying to the researchers they are really grateful to be able to have a space to talk about this.

A large percentage of women who have disclosed violence have declined support and referrals for assistance and we're hoping to be able to present some of the hypotheses as to why that might be so.

Frequently the only intervention made available to women who experience violence from an intimate partner is to leave the relationship, however, violence doesn't always stop when parties separate.

A number of the women stated that they love their partner and while they do not want to leave they would like the violence to stop.

Barriers to disclosure for women experiencing domestic violence include: the lack of consensus about the definition of violence; the fear of public authority for some is greater than their fear of their partner; the fear of social pressure that assumes there is no other option but to leave; a conscious pro-active choice by some women to stay (Walsh, 2002: Appendix 2).

Walsh discussed the difficulties in her research, of encountering a 'second women partner of the same violent man – a man who has separated and gone on to form a new relationship also marked by violence' (Walsh, 2002: Appendix 2). Walsh asserted the need to have a range of intervention options for women whose partners perpetrate violence, not only options focused on supporting women to leave their partner, but also strategies to address the criminal assaults.

Walsh maintained that services targeted to those women who leave or who are planning to leave their violent partner, are absolutely critical but that currently such services are clearly



not meeting all the needs of women who are victims of violence perpetrated by their intimate partner. Walsh commented that her research demonstrates that while women will disclose their experience of violence, in the context of confidential research, outside the interview, they often do not wish to talk to anyone else. Walsh suggested that instead of an 'either/or' polarised service system, in other words either a crisis response system or the welfare system, we need to expand our thinking and service delivery to provide both. Through creativity and vision, a multi faceted, co-ordinated system could be created which would meet a wider range of women's needs. This could be done by building on what already exists, rather than developing one type of system at the expense of the other. Walsh maintained that if we really listen to women it becomes clear that:

... one size in a service system does not fit all. We need to explore the evidence from women themselves about what works. ... It's the women we need to listen too (Walsh, 2002: Appendix 2).

Walsh concluded that:

violence against women is a violation of human rights and when a pregnant woman is assaulted it is a violation of two people's human rights. Let us stop tolerating a society where these things continue (Walsh, 2002: Appendix 2).

5.3 Women from diverse cultural and linguistic backgrounds

Section 5 of the report confirms again that family violence exists within all cultural and language groups. It also provides some details regarding service usage in the West, and shows that service usage by women of non-English speaking backgrounds varies across services and across time periods. Overseas born females, as a general group, are using SAAP services at a rate lower than their proportion of the population although there are differences between particular groupings of overseas born.

Section 4.4 of the report provided a breakdown of the overseas born population living in the Western Region. The fact that 40 percent of the region's population are overseas born, and that 28 percent are from countries where the first language is not English has significant implications in terms of the service system and how the family violence sector approaches the task of responding to the needs of women from widely diverse cultural and linguistic backgrounds. This issue has been acknowledged by the Victorian government and is recognised as a considerable challenge for the service sector.

Violence affects women from all cultural and religious backgrounds [and therefore] responses must be sensitive to the needs of culturally and linguistically diverse women and their communities must recognise the barriers CALD women face in seeking assistance and the social and cultural setting in which their safety is threatened. Services and information must be culturally and linguistically relevant so that CALD women can access them (Victorian Government, 2002: 32).

In considering how family violence services can respond to the different needs of women from CALD backgrounds, the report acknowledges that women from smaller and emerging communities have particular needs. These communities may include women who are refugees, who have uncertain citizenship status or who are members of communities that have recently begun to settle in Australia. As the *Women's Safety Strategy* (2002) acknowledged, such women:

... may lack strong support networks and fear community isolation if violence is reported. Separation from extended family, who may have provided valuable support in the country of origin, may also make it difficult for women to report violence (Victorian Government, 2002: 32).



5.4 Aboriginal women

Most data in relation to Indigenous communities and family violence has been collected on a national basis. State-based data is less common, and regional breakdowns are extremely difficult to find. In addition, as many Indigenous community members may experience difficulties when reporting to the police and/or other services, the statistics that are collected may under-represent the reality of violence experienced by Aboriginal women.

Aboriginal people are over-represented amongst users of SAAP services for homeless people, and domestic violence is the most common reason cited for service usage. SAAP service usage by Indigenous members of the population highlights that while those who identify as Indigenous Australians make up only 0.5 percent of the Victorian population, their representation amongst service users is disproportionately high: 5.3 percent of state-wide female service users and 1.6 percent of regional service users.

It is important to note that due to the issue of Aboriginal deaths in custody, many Aboriginal women are concerned about the possible negative consequences for Aboriginal men if they report family violence to the police. As an Aboriginal woman commented, 'I just want him moved away not locked up' (cited in Kelly, 2001). Additional concerns include Aboriginal women not wanting to cause conflict in their family and community, not wanting to be possibly alienated within their own communities, and a concern about the possible racism an Aboriginal man is likely to experience in prison (Kelly, 2001).

Members of the Aboriginal community and the Victorian Government agree that family violence in Aboriginal communities should be located within a colonial historical and cultural context. This context includes: marginalisation and dispossession; loss of land and traditional culture; breakdown of community kinship systems and Aboriginal law; entrenched poverty; racism; alcohol and drug abuse; the effects of institutionalism and removal policies; the loss of traditional Aboriginal male role and status; and inherited grief and trauma (Victorian Government, 2002).

5.5 Children

International and Australian research highlight the frequent co-existence of intimate partner abuse and child abuse (Victorian Community Council Against Violence, 2002). In other words, in families where men are abusing their female partner, children are also at risk of serious harm. The ABS Women's Safety Survey (1996) highlighted that more than two thirds of women who experience violence from a former partner reported that they had children in their care at some time during this relationship, and nearly half stated that the children had witnessed the violence. Children may experience actual injuries through physical, sexual or verbal assaults perpetrated by their father or male adult in the family home. This violence is illustrated through the following quote Judy Arnott, a victim/survivor of family violence.

I met a lady who had years ago lived near us and our children grew up together. They knew Laurie because he worked in youth clubs training boys wrestling and boxing. This woman said to me, 'you're not still with Laurie?' and I said, 'Yes'. Then she said, 'After what he's done?' And I said something like, 'Well I suppose he hasn't been all that good'. But I thought to myself, 'I've never said anything to anybody about what he did.' Then the woman said, 'But he broke Russell's arm'. I said, 'No, Terry broke Russell's arm'. She replied, 'You've got a lot to learn haven't you' (Arnott, Appendix 10).

In addition to violent assaults, some children are also killed by their male parent or the male partner of their mother or female care giver (Australian Institute for Criminology, 2002). As Morgan (2002) reported

The killing of children is by far the most common of killings in the category of 'family intimacy' homicides (Morgan, 2002: 21).



Some children may not be physically assaulted, however they may also experience emotional harm due to witnessing their mother or siblings being assaulted by their father, or due to living within a family where violence is commonplace (Finkehlor, 1984; Parton, 1990; Kelly, 1994; Featherstone and Trimble, 1997; Ferguson, 1997).

Children who live in homes where there is family violence live in fear, confusion and pain. ... If the family household is a nightmare for abused women, it is even more so for their children. For any child living in violence the basic need for a safe, secure home goes unmet (Wilson, 1997: 30).

Children's emotional development is closely connected to the safety and nurturing provided by the family environment.

Normally, the family plays a crucial role in protecting children from traumatising and assisting in recovery when necessary. Children of violent families, however, are traumatised because of the family environment (Wilson, 1997: 37/38).

It has also been noted for those children who are not victims of actual violence, 87 percent of children living in a family where violence is commonplace, may witness their father, step-father or mother's partner assaulting their mothers or other siblings.

Events can be witnessed in many ways. Children may hear their mother's screams or crying, the (perpetrator's) threats, glass breaking, or wood splintering. They may see the aftermath of abuse in the form of torn clothes, their mother's injuries, broken furniture, or wounded animals (Wilson, 1997: 31).

Judy Arnott commented that:

her husband would continually refer to her as a 'slut' and a 'whore'. He would take her out with blood streaming down her face and say to the children 'Look how ugly your mother is' (Arnott, Appendix 10).

Wilson argued that children's responses to living with violence will vary according to their age, gender, stage of development and role in the family. Many other factors play a part, such as the extent and frequency of the violence, repeated separations and moves, socio-economic status, and special needs of the children independent of the violence.

Children who live in homes where family violence occurs are more likely to experience emotional and behavioural problems, low self esteem, poor problem solving skills and increased anxiety. Wilson (1997) noted that the symptoms exhibited by children exposed to family violence are similar to those symptoms for children suffering from post traumatic stress disorder.

Jenny, the Children's Support Worker at Women's Health West, provided background information and data relating to child victims and witnesses of family violence at the [Rising Tides of Violence Forum](#). Below is an edited extract of her presentation (See Appendix 9 for a full transcript).

Only recently have government policies and legislation considered children as victims of family violence. ... The 2000 theme for the Victorian Week Without Violence Campaign 'It Hurts Kids Too' focused on children and the impact of violence. The fact that family violence has been considered a form of child abuse in Victoria indicates that the legal system and policy makers are beginning to take the issue more seriously. This is not to say that the rights of children have been met across the system. For example to date there is no appointed Victorian, Children and Young People's Commissioner.

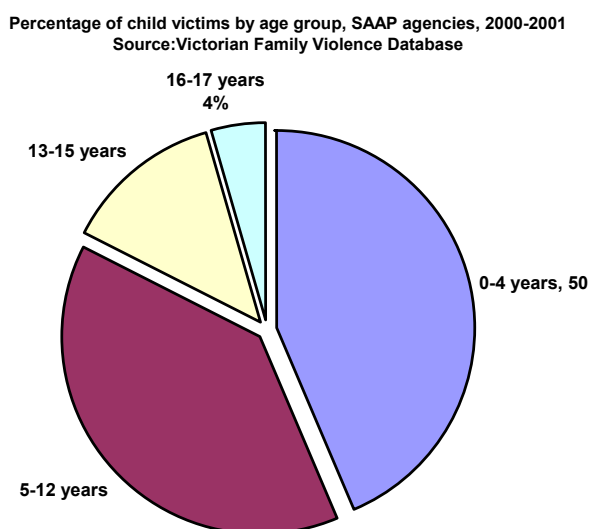
Children are not counted as separate clients, therefore statistics do not account for children as service users. Children most often rely on caretakers, service providers or other professionals to link them up with services.

Historically, children were often overlooked in family violence research, as the common belief in society had been that, 'they are just too young to be affected' or 'too young to understand', a lack of recognition that violence is interrelated and impacts on the whole family.

We can no longer view children as innocent bystanders nor expect children to adjust and still function as healthy individuals. We need to continue taking a stand and one of the steps is to begin collating data. The number of children affected is increasing and there is even a greater need for preventative work. Children need not only to be heard but also counted (2002: Appendix 9).

Table 38 shows that from 2000–2001, approximately 85 percent of accompanying children at Victorian SAAP agencies, where family violence was a reason for seeking assistance, were below 12 years of age. 45 percent were under five years of age. These figures confirm a body of research which shows that, typically, children are present in homes where family violence occurs and that children under five years are disproportionately represented. In 1999–2000, 55 percent of family violence clients of Victorian SAAP services had at least one or more accompanying child/children.

Table 39: Child victims by age group



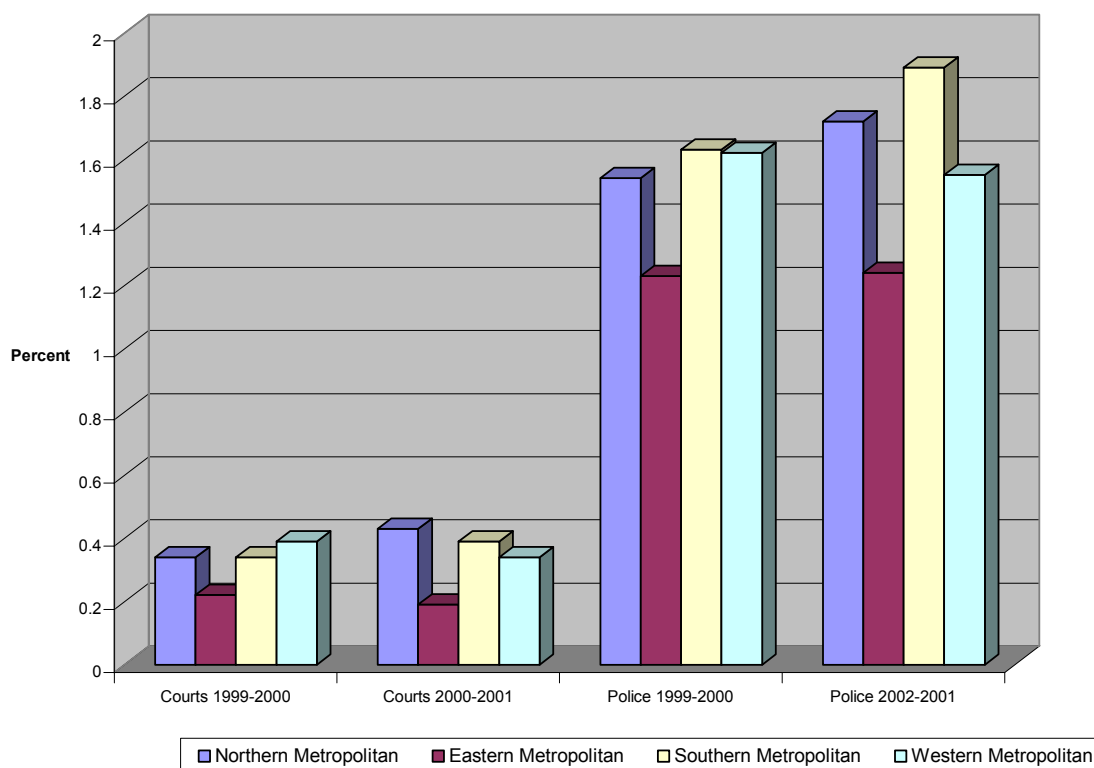
(Source: Victorian Family Violence Data base, 2001)

During 2001 approximately 700 children across Victoria aged 16 years and under were identified as aggrieved (injured) family members (Victorian Police, Family violence incident reports, 1999–2000 and 2000–2001). In the Western Region during 2000–2001, children were present at 2210 family violence incidents. State wide police and court data is consistent with SAAP data in demonstrating that young children are a significant proportion of child victims. According to police data approx 70 percent of child victims in the past two years were aged less than 10 years (SAAP, 2001). Department of Justice Court data showed an increase in child victims aged under 10 years during 2000–2001 from approx 63 percent to 68 percent.

In addition, approximately 4,500 applications for Intervention Orders were sought across Victoria 2001 in relation to children aged 16 years and under. In the Western Region, 17–18 percent of victims requiring intervention orders are children and step-children. The report is not able to comment further on the identity of the defendant in the application for the intervention order. However, due to well documented research on violence against children, it would be reasonable to hypothesise that the defendant could be an adult male who is a member of the child's immediate or extended family.

Table 40: Child victims as a percentage of Victorian regional population

**Child Victims as a percentage of Victorian Child Regional Population
1999/2000-2000/2001 Source: Victorian Family Violence Database**



(Source: Victorian Family Violence Data base, 2001)

5.6 Older Women

Older women have been identified as a group who may be vulnerable to family violence and who have particular family, personal, economic, housing and safety needs. The ABS Women’s Safety Survey (1996) found that five percent of women over 45 had experienced either sexual or physical assault in the previous year, and that 86 percent of women over the age of 55 did not report the assault to the police. More recent research indicate that one in three women currently experiencing partner violence is over the age of 45 and one in five women currently experiencing partner violence is over the age of 55 (Disney and Culpit cited in Victorian Government, 2002). It is worth noting that a particularly vulnerable time for older women is when their abusive partner retires. This change may consequently increase the level of surveillance and possibly assaults perpetrated by the offender.

Older women may have been victims of violence perpetrated by their husband or male partner over many years. As a consequence, the health impacts can be severe and can include anxiety, depression, drug and alcohol abuse, fears and phobias, eating disorders, high blood pressure, heart trouble, poor health and frequent illness. Older women may face additional barriers when seeking to report violence and access support. Additional barriers may include economic and housing issues if they leave their violent partner, shame and embarrassment in talking about sexual or physical violence. Older women may blame themselves for their partner’s violence and women may fear becoming estranged from their children and grandchildren.

Many older women subject to family violence were raised at a time when they were expected to stay at home and care for their children. Divorce was not considered socially acceptable and ending the relationship may mean failing in their primary role [In addition many women are] ... financially dependent on their abusive partners resulting in a choice between continued violence or assured poverty (Wilson, 1997: 122).

Wilson (1997) suggested that given the public discussion and community education programs which often focus on women with children, the community may not believe that older women are victims of violence perpetrated by their elderly male partners.

It is worth noting that another form of family violence is what is commonly termed 'elder abuse' which when someone in a position of trust or authority harms an older person, most often an elderly woman in an institutional or family setting (Victorian Government, 2002). A more detailed discussion of elder abuse is outside the scope of this research paper.

SECTION 6: EMERGING ISSUES AND CONCLUSION

Cultural change

The family violence sector –both researchers and workers – has long argued that significant changes need to occur in our dominant social ideology and belief systems. As discussed earlier, these patriarchal beliefs underpin the choice of men to perpetrate violent assaults against their partners and children. Therefore, unless there is a major social and political commitment to challenging and changing a belief system that includes the ‘truth’ that women and children are inferior to, and less important than men, men will continue to criminally assault their female partners and children.

Data collection

This project has highlighted the need for data collection systems that are adequately resourced at the individual agency level and enable the following to occur. First there is a need for compatibility of data collection systems across the different sections of the family violence service sector. These sectors could include for example the police, family violence organisations, emergency housing and refuges, child protection, Family and Magistrates Courts and hospitals. This compatibility would assist in the gathering of accurate qualitative and quantitative data which would enable a critical analysis of the incidence, severity and complexity of women and children’s experience of family violence. Such a data collection system would enable service providers to plan service developments and therefore respond appropriately to the needs of different individual women, monitor the extent and nature of family violence and evaluate the effectiveness of programs. In addition, an integrated data collection program would assist services to quantify demand and negotiate with key stakeholders and funding bodies in relation to appropriate resource allocation to respond to current and emerging service needs.

Increasing safe housing options that are available for women who are victims of family violence

Cumberland (2002) acknowledged the importance of providing a range of options to suit individual women’s needs. Cumberland suggested that the increasing number of women self reporting to the Women’s Domestic Violence Crisis Service may well be a reflection of increased confidence amongst women in relation to possible options and interventions. Cumberland argued that this change towards a culture of control and choice over future possible changes, is something that ‘women need to protect and defend’ (Cumberland, 2002: Appendix 3). Compared to the ‘darker days’ when women were expected to leave their partner and move to a refuge, Cumberland argued that:

women are now telling us in their hundreds that these [limited options] are not what they want. ... There is far more scope now for short term interventions, for women to come into accommodation for shorter periods of time as they flee [which is] a very natural response to fear, and then opt to go back , perhaps with [the protection of] an intervention order (Cumberland, 2002: Appendix 3).

However, women’s need for and right to safe and alternative housing options is a major issue facing the family violence sector given the decrease in availability of public, rental and emergency housing. The Women’s Domestic Violence Crisis Service (2002) commented on the important link between women’s access to affordable and appropriate housing and the process of re-building of their lives after escaping from a violent ex-partner.



Finding new accommodation is one aspect of the rebuilding process ... [plus] schools, community support, medical services, friends and neighborhoods. Women on low incomes are subjected to the huge rebuilding costs of replacing household items. Many women report it takes years to get back to where they started. For those who are able to return to the family home, few do so finding their home as they left it. Male perpetrators are reported often to 'trash' the family home before leaving (WDVCS, 2002: 26).

Given the serious nature of the criminal assaults perpetrated against women and their children, and the increased risk of injury when women seek to escape their violent partner, we would suggest that there is a need to maintain and extend women's access to high security refuge housing in a range of locations. Data from the state-wide WDVCS shows that most women leaving the Western Region (as well as the northern and southern Metropolitan regions) are referred to refuges in rural areas or the Eastern region. The service's recent Annual Report argues that:

...there are not enough referral vacancies in the largest regions of Melbourne, and refuges are not equally distributed across regions. The distance between a woman's point of origin and her referral destination is important to her recovery. While government policy is supportive of women staying in their homes where possible, and if not, staying in their communities where possible, the policy is difficult to achieve under the current physical structure and resourcing of domestic violence services in Victoria (WDVCS, 2002: 22).

Alongside the need for refuges, many women have argued that they may not want to end their relationship with the perpetrator nor relocate themselves and their children in a refuge away from their own social and community networks (Keys Young, 1998). Therefore, many women have argued that they have a right to be safe and that the responsibility is on the criminal justice system to force the perpetrator to stop their criminal assaults and punish them when they breach intervention orders, for example. The development of additional housing and legal options include the need for short term respite accommodation in a range of regional locations, and sole occupancy orders that allow the woman and her children to remain in the family home while the violent partner is removed and placed on an intervention order. This must be accompanied by an immediate and rigorous police response when orders are breached. Therefore it is important to continue provide a range of safe and accessible options which locate the rights and needs of women and children at the centre of planning, implementation and evaluation.

A sole occupancy order is an option that is increasingly being raised by women themselves and workers. This legal order enables a woman to remain in her home while removing the male perpetrator. This type of order can reduce the significant upheaval associated with moving, and enables women and children to remain in their local area and maintain existing support systems and familiar networks. The primary issue of the safety of women and children may mean that this is not an option for all women. In addition, there would need to be a number of well coordinated responses, especially for after hours access, available to support women and to give a clear message to the male perpetrator that breaches of the order will be immediately and seriously responded to.

Our role is to make sure that every woman who is violated in the West and wants to stay living in the West should be able to stay. That her kids should be able to go to the same school, (remain close by) if her mum's around the corner ... especially in the West where we are seeing so many women coming out but not many able to get back, not because services aren't performing beyond any expectation, they certainly are, there just are not the beds there (Cumberland, 2002: Appendix 3).

Responding to the needs of women from diverse communities

As discussed earlier in the report, women are not a homogenous group. There are a range of differences amongst women that relate to issues for example of class, age, ability, culture, religion, sexuality, language and location. Therefore appropriate intervention for women and children needs



to respond to a range of cultural, religious, social, familial and linguistic needs. The principles identified below are useful to include in the development of a service response to women from diverse communities:

- the rights of all clients to receive cultural and linguistic support, a commitment to supporting women to access the cultural and linguistic support they want and a recognition that not all clients will want support from workers sharing their cultural background or from ethno-specific specialist agencies.
- Recognition of the distinct cultural diversities within communities sharing the same language and nationalities. All clients will be assessed individually to determine their needs rather having needs assessment based on stereotypes of ethnicity.
- Recognition and respect for the beliefs, traditions, values and life experiences of women from different backgrounds.
- Any information supplied to women will be in a manner and at a literacy level that can be easily understood.

Domestic homicide

The issue of domestic homicide or the murder of women by their male partner is a complex issue that is currently under increased legal and media scrutiny. Femicide rates for Australia show that about 125 women are murdered across Australia every year. Female homicide data for the Western Region reveals that 24 women have been killed in the Western Region from 2000–2001.

Between the years 1989 and 1999, 21.4 percent of homicides in Victoria were between ‘intimates’. The National Homicide Monitoring Program data demonstrates that in 77 percent of intimate partner homicides, men had killed their female partner (Mouzos, 2000). This category includes: spouses, ex-spouses in both married and heterosexual de facto relationships, partners and former partners of same sex relationships, current or former boy/girlfriends and extra marital lovers. A further 13 percent were between family members including children, step children, parents including step-parents, siblings and other family relationships (Morgan, 2002: 9). Data from the Australian Institute of Criminology and the National Homicide Monitoring program demonstrates that ‘60 percent of homicide incidents occurred in residential premises, and in 80 percent of these it was the home of the victim’ (Morgan, 2002: 6).

Recent Australian research has documented that attempts by women to leave their violent partner can lead to an increased risk of injury or death. A recent Melbourne study demonstrated that in nearly half (46 percent) of the wife killings, the woman had either left or was in the process of leaving her ex-partner when she was killed by them (Morgan, 2002). In addition, children may also be at increased risk of serious injury or death when women seek to escape from a violent partner (Mouzos, 2002).

Morgan (2002) argued that men are more likely to kill their female partners and sometimes their children when they seek to escape due to long held patriarchal beliefs, such as the idea that women and children are under the control and ownership of their husband and father, and a man’s sense of jealousy at the thought that his wife and children may have a positive future without him. Further discussion of the complex power relationships between men, women and children within families is outside the realm of this report.

Integrated service response

The need for an integrated response across the service sector to respond to the needs of women who are victims of family violence is a key issue facing the family violence sector. Services in the Western Region acknowledged the recent gains in service delivery, the development of partnerships and broad sector commitments to integrated services. However within these positive gains, there has been an increased push for improved communication, integration and collaboration across different components of the service system. Given the vulnerability of women and children experiencing family violence, the Western Region Network Against Family Violence

advocates and promotes integration across the service system as a means of ensuring appropriate and high quality support to women as they seek it and to ensure smooth pathways through the service system. To achieve effective responses to family violence, an integrated multi-agency approach is required. The Network continually seeks to monitor and improve the response of the police, courts, government and non-government service, to improve the pathways, linkages and partnerships between agencies and to ensure a more cohesive service response system at a local level.

This project also aims to contribute towards keeping the general community, including generalist services, informed about the rights of women and children and about supports and services available, thereby maximising the chances of quality, individually tailored, and timely support and assistance and increasing the numbers of women and children accessing support.

The research supports the contention that a wide range of services, workers and organisations should work together at a local level to improve women's safety and access to services. These organisations include police, courts, local government, family violence services, Centres Against Sexual Assault, health professionals, union representatives, employers, schools, women's services, adult and juvenile criminal justice, and child protection systems, family support services, the refuge movement, government departments that provide housing, education, income, employment, immigration services, community members, organisations. Using an integrated model, we are able to ensure that the safety of women and children, and the criminalisation of men's violence against members of their families are placed at the centre of an integrated model (Victorian Government, 2002).



CONCLUSION

This research project has drawn together relevant quantitative and qualitative evidence in relation to women's experience of criminal violence perpetrated by their intimate male partner in the Western Metropolitan Region of Melbourne. A review of the statistical data and qualitative evidence provided in the report demonstrates yet again that men's violence against their wives, partners and children remains a major social, familial, cultural and economic problem for our community.

Whilst the quality and detail of the data included in the report is extremely high and very useful, it is noteworthy that such data provides us with only a partial account of the 'real' level of violence perpetrated by men against their partners and children. As is commonly acknowledged, 80 percent of violence against women is not reported to the police (ABS, 1996). Therefore, what is most notable about the data presented in the report are the silences and absences in the collection of data on the incidence of family violence in the Western Region. We know that many women and children who are victims of violence perpetrated by a known adult male in their family do not contact the police, the courts or family violence support agencies. Therefore their experience is not counted in official records and accounts of family violence. The barriers to women reporting their experiences of criminal assault at the hands of a 'loved' partner are complex, varied and often legitimate. However, the result is that it is difficult to count, analyse and plan service responses to the 'real' level of men's violence against their wives and children, because the real level remains a hidden and often secret crime in our families and community.

In conclusion, the evidence provided in the report reminds us of the undisputable reality that after many years of feminist activism and community education campaigns, so many men continue to routinely criminally assault their female partners and young children, in the family home. This reality raises major – but unfortunately familiar – questions for us all to consider and actively seek to resolve. These critical questions include queries as to society's investment in a dominant 'masculinity' and the normalisation of male violence; the construction of women as owned by men, especially their husbands and fathers; the 'accepted' power relationships within families, the marriage contract and the assumption of the ownership of children. As the patriarchal beliefs that underpin men's decision to criminally assault their partners and children are part of the fabric of our society, we all have a responsibility to participate in challenging and changing such beliefs.

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APPENDIX 1

The Rising Tides of Violence Forum: Agenda and Speakers

The Rising Tides of Violence Forum Tuesday 29th October 2002

9:30 – 9:45am	Welcome and Introduction Speaker: Lucy Forwood – Campaign Co-Ordinator Week Without Violence
9:45 – 10:00am	Overview Speaker: Nikki Marshall – Project Worker Western Region Family Violence Prevention Network.
10:15 – 10:45am	Definitions of Family Violence and The Relationship between Pregnancy and Family Violence. Speaker: Deborah Walsh – Royal Women’s Hospital
10:45 – 11:05am	Survivors tell their stories of Family Violence. Djerriwarrh Community Health Service
11:05 – 11:20am	Morning Tea
11:20 – 11:40am	Family Violence in the West Speaker: Rhonda Cumberland Women’s Domestic Violence Crisis Service
11:40 – 12:00pm	Brimbank Court and Police Project Speaker: Sarah Wheat – Project Worker
12:00 – 12:20pm	Police Statistics on Family Violence Speaker: Sergeant Dagmar Anderson – Sunshine Police
12:20 – 12:35pm	Court Statistics on Family Violence Speaker: Peter Wise – Senior Registrar Sunshine Court
12:35 – 12:45pm	Entertainment
12:45 – 1:45pm	Lunch
1:45 – 2:00pm	Sexual Assault Statistics Speaker: Deb Bryant – WestCASA
2:00 – 2:15pm	Disability and Family Violence Speaker: Chris Jennings Domestic Violence and Incest Resource Centre
2:15 – 2:30pm	The Impact of Increasing Violence on Children Speaker: Jenny – Children’s Development Worker Women’s Health West
2:30 – 3:15pm	Questions and Discussion Panel will include: Nikki Marshall, Deborah Walsh, Rhonda Cumberland, Sarah Wheat, Dagmar Andersen, Peter Wise, Deb Bryant, Chris Jennings, Jenny , Alfina Sinatra
3:15 – 3:30pm	Close Speaker: Lucy Forwood – Campaign Co-Ordinator Week Without Violence