

# VicHealth

LETTER

Issue No. 28 Spring 2006



## Respect, Responsibility and Equality

Preventing violence against women

To reduce the levels of violence perpetrated against women we need preventative approaches at all levels – individual, organisation, community and societal. Photo: GETTY IMAGES



#### 4 OVERVIEW: VIOLENCE AGAINST WOMEN – PREVALENT, SERIOUS AND PREVENTABLE

How far have we come and what are the future challenges of preventing violence against women?

*Rosie Hoban*

#### 8 RESEARCH ON VIOLENCE AGAINST WOMEN: WHAT WE KNOW AND WHAT TO DO WITH IT

In the last few years several pieces of seminal research have pushed the agenda. *Lara Ferguson*

#### 11 THE ROLE OF LAW IN PREVENTING VIOLENCE AGAINST WOMEN

Why the law is an attractive option in the fight to prevent violence against women. *Jenny Morgan*

#### 12 TAKING PERSONAL RESPONSIBILITY

Movements like the White Ribbon campaign and men's behaviour change groups are an essential part of eliminating violence against women. *Adam Ferguson*

#### 14 SHIFTING ATTITUDES WITH SPORT

The AFL gets serious about respect and responsibility. *John Murray*

#### 16 MAIN ACHIEVEMENTS IN PREVENTING VIOLENCE AGAINST WOMEN

A timeline of highlights from 1970–2006. *Thérèse McCarthy*

#### 18 NEW MEASURES OF SUCCESS

Victoria Police has fundamentally changed the way it handles family violence. *Krista Mogensen*

#### 20 SCHOOL TALK

Healthy relationships programs in schools play a critical role in preventing violence against women. *Krista Mogensen*

#### 22 STRENGTHENING THE COMMUNITY RESPONSE

Collaborative community projects around Victoria are helping women transform and heal their experiences of violence. *Krista Mogensen*

#### 25 VIOLENCE AGAINST WOMEN: GLOBAL THINKING, LOCAL ACTION

The benefits of a global response. *Thérèse McCarthy*

#### 27 CHALLENGING VIOLENCE AGAINST WOMEN THROUGH PUBLIC EDUCATION

A taste of international and Australian campaigns that are changing beliefs and mobilising communities. *Rodney Vlasis & Rob Donovan*

#### 30 VICHEALTH NEWS

Funding opportunities, publications, resources and more.

COVER IMAGE: It is a whole-of-government and whole-of-community responsibility to ensure that women and children are safe to walk the streets and live in their own homes, free from violence. Photo: GETTY IMAGES





# Eliminating violence against women - everybody's business, everybody benefits

**V**iolence against women is a universal problem and one of the most widespread violations of human rights. It has severe and persistent effects on women's physical and mental health and carries with it an enormous cost in terms of premature death and disability. It also has devastating effects on families and communities.

The prevalence and health impact of violence against women indicates that this is a public health issue requiring urgent attention.<sup>1</sup>

In Victoria, intimate partner violence is all too common. Building safe, respectful and healthy environments for Victorian women needs collaborative action between government and the community and across a range of sectors and disciplines.

There have been promising recent developments to respond to those affected by violence, with the Victorian Government committing over \$35 million to service system reform as part of its Fairer Victoria initiative.

There's also widespread cultural change happening around the whole issue of family violence – in the police force, the justice system and the broader community.

Victoria Police has fundamentally changed the way it handles family violence. It is now part of an integrated response, linking in more closely with social support services and the courts.

To reduce the levels of violence perpetrated against women we need preventative approaches at all levels (individual, organisation, community and societal) and a stronger evidence base about violence prevention that will lead to better health.

To this end, VicHealth is working in partnership with government, service providers and women's and men's groups to develop a program of research, community strengthening, organisational development and advocacy activity focusing on primary prevention.

By working together we can raise even greater awareness of violence and its impacts, and we can foster a climate among communities and organisations in which women's right to safety is taken seriously, there is strong social censure of the use of violence, and in which respectful relationships between men and women are valued.

**Dr Rob Moodie**  
Chief Executive Officer  
VicHealth

**Christine Nixon**  
Chief Commissioner  
Victoria Police

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## Dedication

This edition of the *VicHealth Letter* is dedicated to Associate Professor **Wendy Weeks** who passed away in 2004. Wendy was a tireless advocate in the struggle to advance the position of women and in so doing eliminate violence perpetrated against them. Her academic and practical achievements contributed significantly to this struggle while her leadership gave many of her students, colleagues and friends the skills and confidence to join her. Many of the initiatives showcased in this publication would not have been possible without Wendy's vision, courage and support.



# Violence Against Women: Prevalent, Serious and Preventable

How far have we come and what are the future challenges of preventing violence against women?

**'Australia Says No'** to violence against women, the nationally aired advertisements proclaim. Is it a call to action or affirmation of a community-held belief?

Evidence and intuition tells us that the advertisements, which are part of the Commonwealth Government's campaign launched in June 2004, are somewhere in between. But clearly a very large number of Australians have not said "No" to violence – one in five women report being subjected to violence at sometime in their adult lives.<sup>1</sup>

In August this year, the Australian Bureau of Statistics released the results of the Personal Safety Survey (PSS)<sup>2</sup>, which looked at women's and men's experiences of violence. It found that about one in 20 women (5.8%) reported experiencing violence in the 12 months prior to the survey. Since the age of 15, 40% of women reported experiencing at least one incident of violence. The violence is overwhelmingly perpetrated by someone they know.

PSS replicated questions in the earlier 1996 Women's Safety Australia Survey, asking almost exactly the same questions in order to measure changes in the data over time. The best news coming out of this is that the proportion of women reporting physical assault to police has increased in the last 10 years from 19% to 36%. The increase is less marked for sexual assault: 15% in 1996 to 19% in 2005.

The health impacts of violence against women were first quantified relevant to other health problems in a seminal study released by VicHealth and the Department of Human Services in June 2004. The study, *The Health Costs of Violence – Measuring the burden of disease caused by intimate partner violence*,<sup>3</sup> found that it is the leading preventable contributor to death, disability and illness in Victorian women aged 15–44, being responsible for more of the disease burden than many well-known risk factors such as high blood pressure, smoking and obesity.

This report drew on the findings of a World Health Organisation (WHO) report in 2000, which found that women who have been exposed to violence have a greater risk of



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developing a range of health problems including stress, anxiety, depression, pain syndromes, phobias, and somatic and medical symptoms.

WHO in its landmark 2002 *World Report on Violence and Health* challenged the international community and governments at all levels to identify violence against women as a particular issue for action. The WHO report stressed that violence against women is best dealt with in a human rights, legal and health framework through collaboration with government and the community and across all sectors.

## How far have we come?

VicHealth's *The Health Costs of Violence* provoked dismay and shock in the community. Commissioner of Police, Christine Nixon, was quoted in several newspapers as saying that while the figures were shocking, she believed about 80% of most cases of violence against women went unreported.

Community health workers and agencies were not surprised. They respond daily to the violence perpetrated against women and struggle for resources to meet a growing need. Last year the Victorian Government's State Budget included \$35.1 million towards reducing family violence as part of its Women's Safety Strategy released in October 2002.

Interviewed just prior to her resignation, the Minister for Women's Affairs, Ms Mary Delahunty, said the Government is building an integrated family violence response that focuses on improved system responses and cultural change which says: "it's not okay to be violent to your partner".

"Our new approach focuses on providing round-the-clock services for victims of family violence, and reducing family violence through sensitive courts, police and community services working together," Ms Delahunty said.

The lead Minister for the reform process, Ms Candy Broad, says the Government's approach reflects the benefit of partnerships in dealing with violence against women. She says some initiatives were aimed at prevention, but also affirmed to the community that violence against women was a crime and helped women feel confident in reporting abuse. These initiatives included:

- Improved training of police;
- Education of health workers to better identify and support women who have been subjected to violence;
- Changes to housing arrangements for women subjected to violence, such as private rental support to stay safe in their familiar community; and
- Doubling of programs to assist in behaviour change to prevent further family violence.

### Times they are a'changing

Times have changed since the Cain Government released its *Criminal Assault in the Home* document in 1985, which explored legal and social remedies to domestic violence. Attitudes to violence against women are shifting. Former Federal Sex Discrimination Commissioner Pru Goward says violence against women was once kept in the home, and then responsibility for the problem was shifted to women's groups; now men's groups are part of the solution.

But the evolution has been fraught. Commissioner Goward was criticised by women's groups in the 1990s when the Howard Government announced funding on prevention. While women welcomed money being spent to prevent violence against women, they did not want resources diverted from services, such as women's refuges and other community agencies.

Movement on the issue has been rapid in terms of policy change. In Victoria alone, the last 15 years have seen some extraordinary achievements driven by community activists and supported by policy and legislative change (see Achievements Timeline, page 16).

Lorraine Elliot was a Member of Parliament (1992–2002) during some of the changes and says there was great bi-partisan support for policies to prevent violence against women, but getting issues on the agenda was always difficult. She recalls the dogged determination of Jan Wade, Attorney-General during the Kennett era, in getting legislation through Parliament.

"In the 1990s there was also a very strong push at the grass-roots level among community houses and other groups to respond to the needs they had identified. There were lots of support groups and courses on anger management. These moves were signs of recognition of the problem and ways of trying to prevent violence," Ms Elliott says.

### Preventing violence

VicHealth has developed a public health model for the prevention of violence against women (which classifies interventions as primary prevention, early intervention and intervention) and is collaborating with government and the community to build the evidence and knowledge base for primary prevention. That is, preventing violence before it

occurs through the development of a public health response.

Significant health gains have been achieved through such an approach in addressing other major public health issues. Prominent examples include tobacco control and road safety, where major reductions in avoidable death, injury and illness have been achieved through a combination of legislative reform, law enforcement, communications and marketing, and services and programs to support individuals.

With partner organisations, VicHealth is undertaking a range of activities aimed at prevention of violence against women, including:

- Supporting arts and active recreation activities that promote a safe environment for women, encourage participation, foster their social connections, build self-esteem and confidence and reflect positive images of women and their contributions.
- Offering community-based grants to support local projects responding to, or preventing, violence against women, particularly culturally and linguistically diverse and Indigenous communities.
- Workforce development, through the AFL's *Respect and Responsibility Project*, which will help ensure that elite, state and community-based football environments offer safe environments for women and foster mutually respectful gender relations.
- Support of men's organisations in Victoria to participate in the annual UN-sponsored White Ribbon campaign, as well as communications campaigns to improve media literacy and promote respectful portrayal of women in the media and advertising.
- Further development of an evidence-based framework for the primary prevention of and early intervention in violence against women, and research to better understand violence against women.
- Research to explore and document models of good practice in violence prevention.
- Policy development, advocacy and legislative reform.

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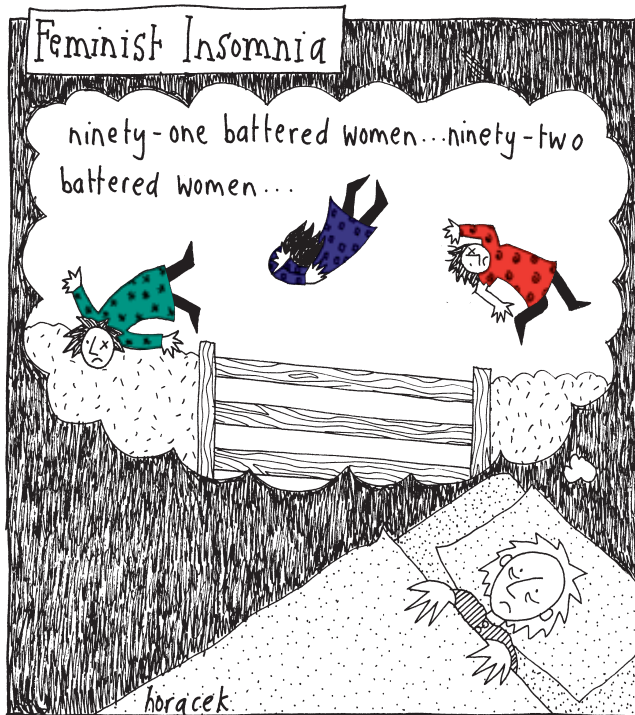
**"Violence against women is best dealt within a human rights, legal and health framework through collaboration with government and the community and across all sectors."**

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### Community attitudes

Another important way VicHealth is contributing to the public health approach to violence against women is its research project, *Community Attitudes to Violence Against Women*.

The recently released project report<sup>4</sup> reveals the community's attitudes and beliefs about violence against women. Findings can be used to better develop programs, and it provides important benchmark data against which we can



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monitor progress. Some of the issues canvassed in this survey were also covered in the 1995 survey by the then Federal Office of the Status of Women. Findings include:

- Most people believe that violence against women is serious (98% of women and 93% of men) and a large proportion agrees that it is common, though women are more likely to do so than men (82% versus 66%).
- On many of the measures in the survey, attitudes have improved since the 1995 survey.
- Nearly all respondents understood that domestic violence is a crime (97%) and the proportion doing so was higher than in the 1995 survey (93%). Similarly most people understood forced sex in the context of a relationship is a crime (93%).
- The overwhelming majority of Victorians (97% or more) do not believe that violence is justified in most of the scenarios presented in the survey.
- Most Victorians reject the belief that domestic violence is a private matter that should be dealt with in the home (82%).
- There is evidence of increasing community confidence in police and court responses to sexual and domestic violence, with 65% of people agreeing that 'the legal system treats rape victims badly' in 2006, compared with 77% in 1995; and 40% of people in 2006 agreeing that the police now respond more quickly to domestic violence calls than they did in the past. Only 17% disagreed with this statement.
- Most Victorians (91%) agree that where a person is violent they should be removed from the home (rather than the victim and her children), consistent with recent changes in Victorian Government policy.

Nevertheless, there remain concerning numbers of Victorians who continue to hold attitudes which may serve either to trivialise or condone violence or undermine efforts to address it.

- Nearly 1 in 4 respondents disagreed with the statement that 'women rarely make up false claims of being raped' and a further 11% were unsure.
- 1 in 6 people agreed that in relation to sex 'women often say no when they mean yes' and a further 8% were unsure.
- Just over 1 in 10 people believe that women who are sexually harassed should sort it out themselves.

Other concerning trends identified include:

- Sizeable proportions of Victorians did not have a good understanding of the serious nature of the emotionally abusive and controlling behaviours that are often part of violent relationships.
- Although most Victorians did not believe that violence can be *justified*, nearly one in four respondents believed that violence can be *excused* if it results from a temporary loss of control or if the perpetrator genuinely regrets afterward what they have done.
- Despite evidence that women are overwhelmingly likely to be the victims of violence and men to perpetrate it, 20% of people believe that domestic violence is perpetrated equally by both sexes and the proportion believing this is larger than in the 1995 survey (when 9% believed this to be the case).

Results of the project will be widely disseminated across sectors to address some of the issues of concern.

Deputy Federal Labor Leader Jenny Macklin worked as a volunteer in a women's refuge more than 30 years ago and saw the impact on women and children of violence and abuse. She believes VicHealth's 2004 *Burden of Disease* report "has taken us to a new understanding from which we can't return". This latest data takes us even further in our understanding of issues.

"As with smoking and obesity, I think the community better understands the personal and societal costs of violence against women," Ms Macklin said.

### Barriers to change

Anne Summers, social commentator and head of the Federal Office of the Status of Women from 1983 to 1986, believes violence against women can be prevented, but it will require a shift in commitment.

"I think the government needs to take this on in a concerted and long-term way and spend a lot of money on educative, preventative and other programs designed to end it. They should do what they have done with drink driving and smoking, both of which have significantly declined since governments decided to get serious about tackling them."

### Where to now?

Minister Delahunty believes the Victorian Government, with its commitment to partnerships, is on track. A mid-term progress report on the *Women's Safety Strategy*, which was released in December 2005, listed some of the key achievements as: the creation of new offences under the *Crimes Act 1958* to combat forced prostitution and sexual exploitation; and the release of the Australian Football League's education package, which was developed in partnership with the Statewide Steering





Photo: Courtesy The Grandians Family Violence Prevention Network.

'The Banner Project': survivors create individual cloth panels using their hand-print to signify their experience of sexual abuse.

Committee to Reduce Sexual Assault to create a football culture that engenders respectful relationships.

In addition, Victoria Police introduced its Police Code of Practice for the investigation of family violence as part of their review of the response to violence against women.

Violence against women is recognised as a complex issue with myriad factors influencing the causes and outcomes. Patriarchal views, economic inequality, power imbalance, unemployment, childhood experiences and bullying at school are all factors cited in the debate. The solutions, or preventive factors, are just as complex.

According to VicHealth's Lyn Walker, who has advocated for reforms in this area for the past 20 years, it is a whole-of-government and whole-of-community responsibility to ensure that women and children are safe to walk the streets and live in their own homes, free from violence. When this human right is not afforded a person then it is the next responsibility of government to ensure that adequate support is provided to victims and adequate sanctions are placed upon those committing violent offences.

Lyn says: "It is also the responsibility of the whole community to work towards the prevention of violence against women. We are starting to see this vision come to pass through leadership displayed across sectors: for example, sport through the AFL; police through Christine Nixon and recent reforms; justice through ongoing reforms; and health through the work of VicHealth. Women's services should be honoured for the role they have played in getting us to this point and can no longer be expected to go it alone."

The solutions are as diverse as the reasons women are subjected to violence. So what do some of the leading women in the political sphere want to see?

Pru Goward wants:

- More states to follow Victoria's lead and take offenders from the home, leaving partners and children in their homes.
- Greater education and training opportunities for women to maximise their chance for economic independence.

Lorraine Elliott doesn't believe violence against women has gained the community 'traction' that many other social issues have, such as paedophilia. She wants:

- No ambiguity in penalties for people who commit violent acts against another.
- Greater emphasis on safe behaviour in schools.
- Violence against women promoted by high-profile people as a human rights issue – a campaign Jenny Macklin also supports.

Jenny Macklin wants to see greater emphasis on prevention in schools where children can learn to respect each other and recognise that using violence is not an acceptable way to behave.

And women, well they want their human rights protected. Their call for protection against violence will be echoed on November 25 (White Ribbon Day and International Day for the Elimination of Violence Against Women) by a growing number of men and men's groups around the world.

*Rosie Hoban is a Melbourne journalist. She is particularly interested in writing about people, their lives and the social issues that concern them.*

#### REFERENCES

1. ABS 1996a, *Women's Safety Australia*, Cat. No. 4128.0, Australian Bureau of Statistics, Canberra.
2. ABS 2006, *Personal Safety Survey*, Cat No. 4906.0, Australian Bureau of Statistics, Canberra.
3. VicHealth 2004, *The Health Costs of Violence: Measuring the burden of disease caused by intimate partner violence*, Victorian Health Promotion Foundation, Melbourne.
4. VicHealth 2006, *Two Steps Forward, One Step Back: Community Attitudes to Violence Against Women*, Victorian Health Promotion Foundation, Melbourne.

# Research on Violence Against Women:

## What we know and what to do with it

Research, including monitoring and evaluation, is a key strategy in public health models for preventing violence against women, including that adopted by VicHealth. Research not only helps us define the problem, it also helps us work out what to do about it. Most of the research in this field falls into one of these two categories.

Of the research that ‘defines the problem’, the large-scale population surveys give us the most accurate evidence base for the incidence and prevalence of violence.

Internationally, the World Health Organisation’s (WHO)

**Multi-Country Study on Women’s Health and Domestic Violence Against Women**, released last year, is one of the most significant surveys of this type. This was conducted in 10 countries and asked over 24,000 women about their experiences of intimate partner violence, sexual assault and child sexual abuse. It found that the proportion of women who had ever experienced physical or sexual violence, or both, by an intimate partner in their lifetime, ranged from 15% to 71% depending on the country. The study was not a synthesis of existing data, but a new survey with a standardised methodology and format used in each of the countries.

The vast difference in incidence figures lend weight to the claim that there is nothing inevitable about such violence, and that contextual factors may have a significant impact on the level of violence women experience. Thérèse McCarthy looks in more detail at the impact of this and other international studies in her article on violence against women from a global perspective (see page 25).

Another major study which, though international in scope, has provided us with important and up-to-date incidence and prevalence estimates for Australia is the **International Violence Against Women Survey**, known as IVAWS.<sup>1</sup> This has been carried out in 11 countries so far (including Australia) and is designed to provide information useful in structuring criminal justice responses to violence.

For the Australian component, over 6000 women were surveyed on their experiences of both physical and sexual violence, and their perceptions and reactions to it (such as reporting to police or accessing a service). The researchers found that over half (57%) of the women surveyed had experienced at least one incident of physical or sexual violence in their lifetimes, more than a third of these from a current or former partner. Eighteen per cent of all the women surveyed had been abused before the age of 16: a shocking figure missing from the majority of population-based surveys which ask only about violence experienced in adulthood. The survey results also suggested that the risk of sexual violence in adulthood doubles for women who experience childhood abuse.

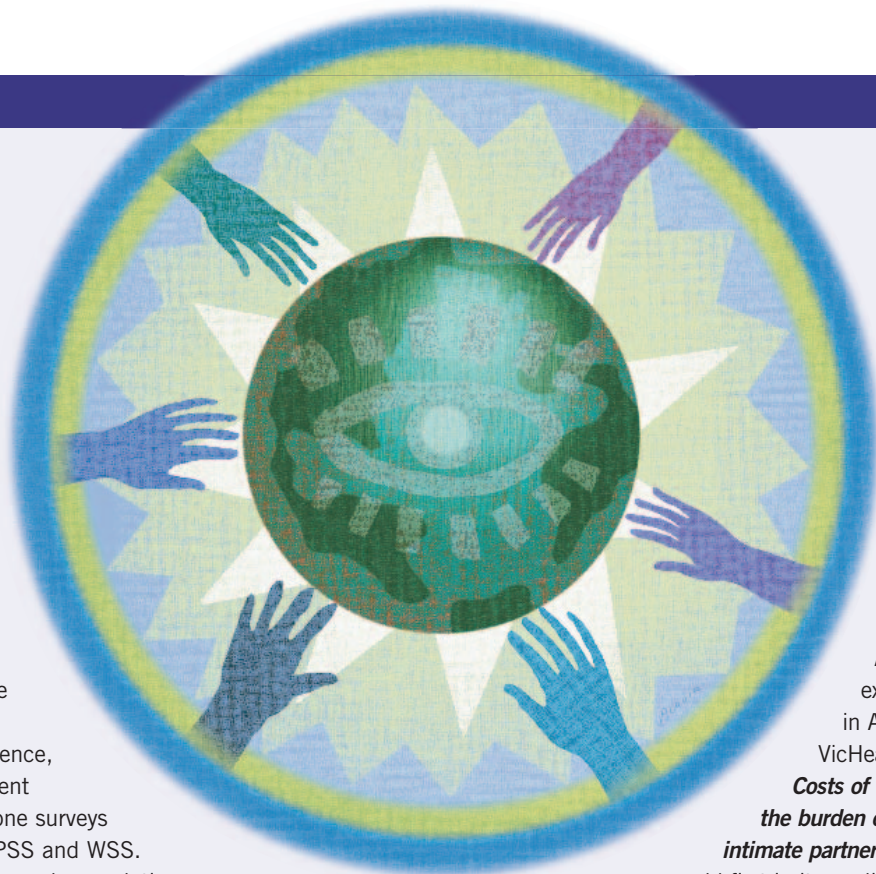
Another major population-based survey was released earlier this year: the Australian Bureau of Statistics’ **Personal Safety Survey** (PSS). Melanie Heenan, inaugural Coordinator of the Australian Centre for the Study of Sexual Assault, notes the importance of the PSS as the new ‘benchmark for incidence and prevalence research in Australia’. The PSS surveyed approximately 11,900 women and 4600 men to measure the nature and extent of interpersonal violence throughout Australia. It found that 39.9% of women had experienced some form of violence since the age of 15 (the imposition of a ‘cut-off’ age could explain why the PSS came up with a lower figure than IVAWS, which included childhood experiences). The PSS represented a follow-up to the 1996 **Women’s Safety Australia Survey** (WSS), asking almost exactly the same questions in order to measure changes in the data over time.

### LINKS

The Australian Domestic and Family Violence Clearinghouse ([www.austdvclearinghouse.unsw.edu.au/](http://www.austdvclearinghouse.unsw.edu.au/)) provides a searchable catalogue of Australian resources on domestic violence and family violence in Australia. It also has an information service, good practice data base, newsletter and other publications.



When deciding how to act, relying on a diversity of sources is perhaps the best guarantee against a blinkered response.  
Photo: GETTY IMAGES



Though these studies have provided us with extensive and reliable quantitative data on incidence and prevalence, there are some inherent limitations to telephone surveys such as IVAWS, the PSS and WSS. Results are skewed towards populations in relatively stable private residences with telephones. Aboriginal and Torres Strait Islander women are under-represented in such samples, as are women who are from non-English speaking backgrounds, homeless, in prison, living in remote areas, or who have disabilities.

There is little large-scale research on violence against women in these groups, though recently several states, including Victoria, have produced taskforce reports on violence in Indigenous communities and associated police and service responses. Community organisations have also produced excellent smaller-scale studies covering the concerns of Indigenous and other disadvantaged groups. These tell us much about the particular concerns of minority communities and the adequacy (or otherwise) of policy, service and criminal justice responses, which cannot always be covered in the broad 'mainstream' studies.

Another feature of surveys such as IVAWS, the PSS and WSS is that the data remain essentially a 'snapshot' of violence against women at one point in time. Their capacity to draw links between past experiences of violence and future impacts is limited given that respondents are only asked the questions once. The **Australian Longitudinal Study on Women's Health (ALSWH)**<sup>2</sup> uses a design which overcomes this limitation. It began in 1996 and aims to run for at least 20 years. Over 40,000 women from three different age groups are surveyed every 3 years on their health and wellbeing. The first decade of the study has shown that women who have experienced violence tend to have poorer physical, reproductive and mental health than other women, access health services more frequently, and have less social support available to them. It also showed that those who did have social support tended to have better mental health and less depression.

The ALSWH is one example of a public health based approach

to research on violence against women.

Another important example of such research in Australia is the 2004 VicHealth project ***The Health Costs of Violence: Measuring the burden of disease caused by intimate partner violence***. This was a

world first in its application of the 'burden of disease' methodology to violence against women.

Theo Vos, Associate Professor at the Centre for Burden of Disease and Cost Effectiveness at the University of Queensland, and contributor to the study, explained that the 'burden of disease' methodology enables us to 'quantify the health consequences of intimate partner violence, [...] tell us how big the problem is in comparison to other health problems [and] quantify what diseases and injuries contribute to this health loss from intimate partner violence'.

One of the key findings of this research was that intimate partner violence is the leading preventable contributor to death, disability and illness in Victorian women aged 15–44, well above other, better-known risk factors such as smoking, high blood pressure and obesity. This finding shocked many health professionals, and as Dr Heenan notes, 'It's become one of the most frequently-cited "stats" in this field over the last 2 years'.

When Dr Vos was asked what he would most like people to take away from the research, he nominated the following findings: 'Intimate partner violence is common. It affects common health problems such as mental disorders and substance use; it's not "just" physical injuries. It is also the largest known risk factor for depression/anxiety. When a woman presents with depression or anxiety there is a one in four chance her condition is related to current or past violence'.

More recently the VicHealth ***Violence Against Women Community Attitudes Survey Project*** again applied a public health approach to violence against women, but this time to look at a contributing factor to such violence – attitudes – rather than its health impacts. It found, among other things, that while there had been progress on understanding of physical violence compared to similar research carried out 10 years ago, there remained limited understanding of emotional,

social and financial abuse. The authors of the project report (published October 2006) *Two Steps Forward, One Step Back: Community Attitudes to Violence Against Women* also noted previous research showing a link between violence-supportive attitudes and the prevalence of violence, and therefore consider attitudinal change to be an essential component of prevention efforts (along with legal and social policy initiatives).

The 2004 study, *The Cost of Domestic Violence to the Australian Economy*,<sup>3</sup> calculated the impact of such violence in economic, rather than health, terms, estimating the total cost of domestic violence to the Australian economy to be \$8.1 billion in the year 2002–2003.

While most of the studies outlined above fall squarely into the ‘defining the problem’ category, many make recommendations for appropriate responses within their own framework (whether health, economic, criminal justice, social policy, service provision, etc). There are far fewer studies examining the nature of various responses and the extent to which they are effective.

A notable exception at the international level is the WHO 2002 *World Report on Violence and Health*, which provides not only an extensive public health based synthesis of existing data on incidence, costs and attitudes towards violence, but also substantial analysis and comment on prevention programs and other responses. Similarly the Pan American Health Organisation’s 2003 *Violence Against Women: the Health Sector Responds* not only examined the paths women take in their attempts to leave violent situations, but also integrated evaluation of service responses into its design.

In terms of research on health-based responses to violence against women, a new book (published in the United States but with several Australian contributions), *Intimate Partner Abuse and Health Professionals: New Approaches to Domestic Violence*,<sup>4</sup> appears to be the first compilation of this kind. It deals with issues such as how the health impacts of violence present in clinical practice, education programs for health professionals and ‘good practice’ in health-based interventions.

Evaluative or analytical research of education and other programs designed to prevent violence against women has tended to be very much context-specific. It is usually difficult or inaccurate to generalise from such findings, leaving us with what might best be described as a ‘patchwork of good practice’. Some attempts at compiling and synthesising such research have been made: a number of articles by Dr Michael Flood on interventions targeted at men are good examples, as is American Paul Schewe’s book on education-based prevention, *Preventing Violence in Relationships*.

For Dr Heenan, the difficulties associated with such work may derive from an overly narrow focus. She believes that ‘that’s why public health approaches are being looked at more than they ever have been. WHO encouraged us to think holistically about how to address violence so that, for example, if we

understood violence as a consequence of the social environment, of the organisation of the family, of the community, we could start to imagine prevention efforts that took account of these relationships’. That is, there may be limited conclusions to draw from analysing specific interventions without taking into account the broader social and cultural context.

All the evidence points to violence against women being associated with structural factors (particularly those including gender inequality), meaning we need to look at broader interventions designed to, for instance, improve women’s

economic independence or change societal attitudes if we

are serious about preventing violence against women. In research terms the problem is one of how we measure broad structural change in all its complexity, and then, of course, how we ascertain the effect of such a ‘matrix’ of factors on violence against women.

Yet despite the breadth and complexity involved in researching ‘what to do’ about violence against women (and whether it works), we can’t shy away from the task, because research can drive action. As Dr Heenan puts it: ‘Policy-makers, at both the state and federal level, simply won’t move without an evidence-base. So research is foundational to policy development.’

Suellen Murray, Research Fellow at the Centre for Applied Social Research at RMIT University, draws on the work of social policy theorist Carol Bacchi to suggest we consider the ways that ‘problems are represented [in research], and especially what is left unproblematised or taken for granted. For example, do we represent violence against women, particularly domestic violence, as gender-based violence or do we look at it more as a threat to family harmony? Both representations are evident in policy discussions around violence against women, and there are very different policy implications for these different representations.’

This is where the question of what we know about violence against women becomes more complex still. We need to look not only at what ‘the research’ has told us, but also at what it has not told us, or forgotten to ask. Vastly different methodologies and theoretical frameworks are a feature of research in this field, each with their own advantages, disadvantages and blindspots. When deciding how to act, whether as policy-makers, health professionals or service providers, the question of what ‘kind’ of research to draw on is therefore a crucial one, and relying on a diversity of sources is perhaps the best guarantee against a blinkered response.

*Lara Fergus is a researcher and writer on human rights and violence against women.*

#### FOOTNOTES

1. IVAWS is internationally coordinated by the European Institute for Crime Prevention and Control with input from the United Nations Office on Drug and Crime, the UN Interregional Crime and Justice Research Institute and Statistics Canada. The Australian component was conducted by Jenny Mouzos and Toni Makkai through the Australian Institute of Criminology.
2. *Australian Longitudinal Study on Women’s Health* is being conducted by Women’s Health Australia and was commissioned by the Commonwealth Office for Women.
3. *The Cost of Domestic Violence to the Australian Economy* by Access Economics was commissioned by the Commonwealth Office for the Status of Women.
4. Roberts G, Hegarty K & Feder G (eds) 2006, *Intimate Partner Abuse and Health Professionals: New Approaches to Domestic Violence*, Churchill Livingstone: Edinburgh UK, New York USA.



## LINKS

*The World Report on Violence and Health* (WHO 2002) is the first comprehensive review of the problem of violence on a global scale – what it is, whom it affects and what can be done about it. Three years in the making, the report benefited from the participation of over 160 experts from around the world. Find out more at: [www.who.int/en/](http://www.who.int/en/)

# The Role of Law in Preventing Violence Against Women

Feminist activists have continually turned to law for a response to violence against women.

It is clear that there has been an enormous amount of activity within the legal system to try to ensure that it responds more adequately to violence against women. But to what extent has that legal change had a preventative aim, or, indeed, a preventative outcome?

## Calling law to account

Feminists in the 1970s engaged with law because some forms of violence against women were already 'against the law', but law seemed especially inadequate in its response to it. Perhaps the most obvious area of concern here was – and still is – the operation of the laws criminalising rape or sexual assault. An enormous amount of feminist work has gone into changing the definitions of sexual assault, redefining consent, and reforming the rules of evidence in rape prosecutions.

## Using law to create new legal claims

Feminists have also tried to use the law in creative ways, to recognise harms that happen overwhelmingly to women in new legal claims. The recognition of sexual harassment as a form of sex discrimination was an innovative way to use law to respond to a well-known, but not necessarily well-articulated, harm.

The development of the quasi-criminal domestic violence laws of restraining or apprehended violence orders were another innovative response to intimate partner violence. These are orders directed to the future behaviour of the perpetrator, rather than to punishing past actions: these orders might, for example, order a man to keep a certain distance away from the target of his violence.

## Using traditional law in creative ways

Women have also turned to traditional legal remedies – the law of civil wrongs – to provide a remedy for harms that happen overwhelmingly to women. So they have sued perpetrators of violence for 'trespass to the person', or institutions like police or schools for their failure to discharge their duty of care in tort actions for negligence.

## Abolishing discriminatory legal doctrines

As noted in the timeline (see pages 16 & 17), women have also worked to abolish equality-denying legal remedies, like the immunity for rape in marriage.

More recently, advocacy led to the abolition of the doctrine of provocation in Victoria (2005). The defence of provocation

reduced the offence of murder to manslaughter. It had traditionally been used by men to excuse fatal violence towards their wives, when they were alleged to have commenced a relationship with someone else or, sometimes, just left the relationship. The decision to abolish provocation was accompanied by moves to expand the operation of the law of self-defence to ensure it more adequately responded to women who kill men in response to violence from them.

## Law and prevention?

In relation to preventative *aims*, most, if not all, of the legal change effort outlined in the timeline (see pages 16 & 17) and touched on here has been, ultimately, directed at violence prevention, even if that impact has not been measured. For example, while it could be said that laws providing a remedy for sexual harassment in anti-discrimination law were directed to the limited scope of providing a small monetary remedy to redress the harm done to the individual, surely the ultimate aim was to reduce the incidence of sexual harassment?

But to what extent has formal legal change led to a reduction in violence? It is terribly hard to accurately measure the incidence of violence, especially any changes over time. For instance, rape is notoriously under-reported. Do rising rates of reporting indicate a rising rate of sexual assault, or a greater willingness to report? Where there is useful data, the conclusions might be equivocal. For instance, there is some evidence that domestic violence protection orders are successful in stopping violence. However, there is also some (mixed) evidence that these laws might be being used as a substitute for criminal prosecution, rather than in addition to it.

You don't just engage in lobbying for legal change, especially via legislation, because you believe that there is a straightforward progression from law reform to social change. The effects of legal change are often unpredictable and changes to legislation are likely to have only a limited impact on social structures.

The limits of legislative change are seen very clearly in the timeline when the large number of attempts to produce a sexual assault law are observed. It is naïve to put too much faith in law as an instrument of radical change, but we need to hold law to account for its role in contributing to an agenda of ending violence against women.

*Jenny Morgan is a law professor at the University of Melbourne.*





# Taking Personal Responsibility

Founded in 1991, the White Ribbon campaign is an international movement dedicated to tackling violence against women. Wearing a white ribbon on November 25 symbolises a pledge not to commit, condone or remain silent about acts of violence against women. Essentially, it is about men taking responsibility for the problem at a broad community level.

**T**he White Ribbon campaign has raised awareness of the extent and the social costs of violence against women.

But what about the perpetrators themselves? Is there a way men can change their violent and abusive behaviours?

Men's behaviour change programs for men who use violence against women are dedicated to doing just that. Using methods drawn from fields as diverse as cognitive/behavioural psychology and feminist theory, they tackle the problem of intimate partner violence by dealing directly with perpetrators of violence. There are currently 33 group-based behaviour change programs in Victoria which have been attended by more than 5000 men over the past decade, mostly on a voluntary basis.<sup>1</sup> Many men

find programs through the Men's Referral Service, a confidential telephone service that offers advice and information.

Danny Blay, Manager of No To Violence, the peak body for Victoria's behaviour change programs, which also runs the Men's Referral Service, stresses that while these groups deal mainly with men, the focus is always squarely on the safety of the partner and children. "The groups are not about blaming and accusing and belittling men, but are very much about focusing on the impact of their behaviour on their family members," says Blay. "We stress that their violence is always a choice. It's not out of their control like some men would like to think."

Physical expressions of violence, like punching or pushing, are often the catalyst for men approaching the service, but in most cases this is just the tip of the iceberg; violence also takes the form of emotional, psychological, and even economic and social abuse.<sup>2</sup> Within the groups, men are encouraged to acknowledge the destructive effects of their aggression and to create strategies for more appropriate modes of behaviour.

It is widely believed that the group format is a key to the programs' effectiveness. For Mark (surname withheld), who is currently participating in a behaviour change program, the feeling of shame that comes with discussing his violence in front of peers is an important part of the process of change. "There is also a great benefit in listening to these other chaps talk about the hurt they've inflicted," he says. "It goes straight to you, especially if you're receptive to it."

While there is always a supportive atmosphere, the groups have very strict rules. According to Susan Geraghty, a program facilitator from Family Life, swearing and other aggressive language is forbidden, and any attempts to condone or rationalise violent behaviour are nipped in the bud. "You are actually emulating a social group and giving men an opportunity to relate in a way that is different to the way the men are socialised to act and think in wider society," she says.

The success of these programs is judged from the satisfaction (or otherwise) of the partners of perpetrators, and Blay and others point to the fact that partner contact, which is



## LINKS

Find out more about No To Violence at: [www.ntv.net.au](http://www.ntv.net.au)

conducted during the time the man is engaged in the program, indicates that genuine change is often achieved. Wide-ranging studies on programs are unfortunately thin on the ground in Australia,<sup>3</sup> but studies conducted overseas seem to indicate that behaviour change groups are an effective means of mitigating abusive behaviour, especially if they cover a long period.<sup>4</sup>

**“We stress that their violence is always a choice. It’s not out of their control like some men would like to think.”**

Nevertheless some commentators have stressed that in dealing with perpetrators we should not forget the broader social structures that underpin this kind of violence.<sup>5,6</sup> According to Professor Bob Pease, Chair of Social Work at Deakin University, male violence is not just about individuals, “it’s also something that is socially constructed by the gendered inequalities and the patriarchal culture, which legitimise and normalise a whole range of male behaviours”. This idea seems to be borne out by statistics – in a recent survey,<sup>7</sup> nearly one in four respondents said they believed that domestic violence can be excused if the perpetrator genuinely regrets what they have done afterward or if the violence results from a temporary loss of control, implying that violence is still largely accepted by the mainstream.

However, Danny Blay believes that men’s behaviour change programs are still an effective way to change attitudes, at least on an individual level. “Towards the end of a man’s journey we get evidence from him and his partner that things have really changed,” says Blay. “Not just in terms of his overt behaviour but in terms of the way he is thinking about relationships and gender.”

Many approaches are required to address this complex issue, including movements like the White Ribbon campaign. But it seems clear that men’s behaviour change groups are an essential part of the wider strategy to deal with the scourge of violence against women.

*Men concerned about their use of violence or aggression can ring the Men’s Referral Service on (03) 9428 2899 or 1800 065 973.*

*Adam Ferguson is a freelance journalist specialising in social justice issues.*

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International Day for the Elimination of  
Violence Against Women  
25 November



White Ribbon Day ([www.whiteribbonday.org.au/](http://www.whiteribbonday.org.au/)) was created by a handful of Canadian men in 1991 on the second anniversary of one man’s massacre of 14 women in Montreal. They began the White Ribbon campaign to urge men to speak out against violence against women.

**LINKS**

# Shifting Attitudes with Sport

Andrew Demetriou sits at his desk, head down, engrossed in an article clasped in his hands. It's only just gone eight o'clock in the morning, so perhaps, like countless other Australians up and down the country, he's catching up with the latest sports news or checking his shares. **Think again.**

It's September, the busiest month for everyone working in the football industry, and particularly the Australian Football League CEO, who is frantically rehearsing a speech for today's National Australia Bank AFL Rising Star Medal lunch.

That speech, the lack of finals football at the Melbourne Cricket Ground, and the ongoing coaching crisis at Carlton are just a few of the concerns occupying Demetriou's attention this Wednesday morning, but he is more than happy to make time for one more. And this issue might be the most important of the lot.

It is now almost a year since the AFL launched its Respect and Responsibility policy in partnership with VicHealth last November.

In all, the policy contains six main components, but the primary aim could not be clearer: To address violence against women.

The subject had been thrown into the public spotlight in early 2004 when two St Kilda players, Stephen Milne and Leigh Montagna, were investigated by police regarding allegations of a serious sexual nature in an incident with two women.

The pair were never charged, but the public drew their own conclusions. The issue had been raised and, as the AFL CEO revealed, it was time to do something about it.

"We decided to get serious about the attitudes towards women in our industry following the Milne and Montagna incident," he said. "Subsequent to that, we sought the advice of experts in the field of violence against women and attitudes towards women."

"We need to shift attitudes that have been embedded in the industry for a long, long time, and I'm not just talking about players – this comes down to presidents, to coaches, to administrators, right across the industry. We've partnered with VicHealth and others to make sure we're in for the long haul."

Milne and Montagna were by no means alone. That same year there were several allegations of sexual violence against women levelled against other footballers, while the National

Many players put their hands up to be ambassadors and mentors, including Brownlow Medallist Adam Goodes.

Photo: GETTY IMAGES

Rugby League was fighting its own battle with six Canterbury Bulldogs players accused of a sexual assault on a woman.

But it wasn't just the players who were behaving badly. The AFL clubs, the administrators and even the AFL itself were criticised for their insensitive treatment of the women involved, as well as their failure to challenge the cultural tradition of cover-up. What happens at the club stays at the club, if you like. It was an attitude that had to change.

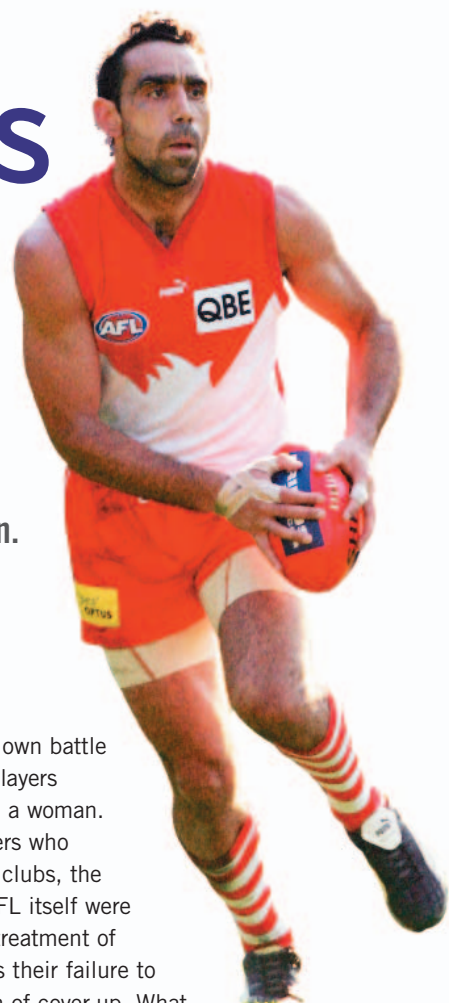
"We wanted to have uniformity across the industry. We did an audit of our football clubs to find out what sort of policies they had in place, like discrimination policies, and we did the same internally here," Demetriou said.

"And the information we got was quite frightening – some [policies] there and others non-existent. The Respect and Responsibility policy only came into place after several women spoke about their sexual assault experiences – some publicly, others in confidence to the AFL. Women form an integral part of Australian Football at all levels – from community footy right up to the AFL administration. In recent years, we have seen the first female AFL Commissioner, the first female goal umpire, the first radio call by a woman, as well as the rising profiles of reporters such as Tiffany Cherry and Christi Malthouse.

Forty-five per cent of AFL spectators are female. When you consider that 6,204,056 fans attended games in the 2006 home and away season, you don't have to be a mathematical genius to work out that's a lot of females.

But it's another set of numbers relating to women that is of much greater concern.

According to the Australian Component of the International Violence Against Women Survey,<sup>1</sup> of 6677 women interviewed,



## LINKS

The AFL's Respect and Responsibility policy, launched in November 2005 and aimed at creating a safe and inclusive environment for women at all levels of Australian Football, can be downloaded at: <http://afl.com.au/cp2/c2/webi/article/236419ar.pdf>



18% disclosed they were sexually abused before turning 16 and 12% had been sexually assaulted by a current or former partner in their lifetime.

It was in the face of such statistics that the AFL decided to establish its policy and “ensure a safe, supportive and inclusive environment for women” across all levels of the game.

VicHealth CEO Rob Moodie acknowledged that the fact the AFL has taken a stance – a first for Victorian sport – is a major step in itself.

“Violence against women will not be prevented until there is widespread acknowledgment of the problem and widespread participation in seeking solutions,” he said.

“Leadership from across sectors is a critical first step in mustering the participation required.”

However, putting together a policy and outlining what you are going to do is one thing; putting it into action is something else entirely. And this is where the AFL has really taken some significant strides.

In the last 10 months, the rules regarding player conduct have been amended, Dr Melanie Heenan has been appointed to deliver the Respect and Responsibility policy, while anti-sexual harassment and discrimination procedures have been distributed to all 16 clubs and AFL staff.

Perhaps most impressive of all is the workshops all players and club officials attended last year. Attendance was mandatory and, as Demetriou explained, the response was hugely encouraging.

“The workshops were interactive and there was a lot of role play, so in some ways they were quite confronting,” he said.

“They asked players to put their hands up to see who would like to be ambassadors and mentors – and 70 players did. The feedback we had from those sessions was excellent.”

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## **The AFL has a huge reach to a large number of people and it is hoped the impact of the policy will stretch far and wide.**

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It wasn't just the feedback from the players that was positive. The training conducted by leading American gender violence prevention advocate, Jackson Katz, who was invited to train player development managers from the AFL clubs in June this year, was also well received.

Vastly experienced in this subject, Katz has worked with an American Football team, the New England Patriots, on the same issues since 1997.

“Jackson Katz commended us on our policies. He was incredibly impressed with what we're doing here,” Demetriou revealed.

“He said that compared to what they were doing in the States, it was incredibly admirable that the AFL as an



**VicHealth CEO Rob Moodie, former Minister for Women's Affairs Mary Delahunty and AFL CEO Andrew Demetriou launch the AFL's Respect and Responsibility Policy (November 2005).** Photo: Will Salter

organisation and as a code was prepared to tackle this issue.”

The original workshops are currently being independently evaluated with the view to developing further modules for early next year. The average career span of an AFL player is 4 years and the AFL's aim is that players will be educated at least four times – starting with when they are drafted.

One player keen to be actively involved is Sydney's Brownlow Medallist Adam Goodes.

“The reason I wanted to be a part of it is I've seen my fair share of domestic violence in my life, and I know it doesn't do any good to any of the people involved,” Goodes said.

“The message is we really do need to respect and understand that every action has consequences.

“At the workshops, we see the victim's side, how it affects them and things that you wouldn't really think about when you're out there with the boys having a drink, like how you could influence someone else, just by something you say or by touching them.”

Although the policy is in its infancy, it is clearly starting to have an effect. The AFL has a huge reach to a large number of people and it is hoped the impact of the policy will stretch far and wide.

“We set about this not just to have an influence and change at our headquarters and clubs, but also to have an impact on the wider football community,” Demetriou said.

“What we do here normally filters down to our state bodies, which filters down to our country football leagues and community football clubs. I think we can have some influence.”

That, though, will take time. For now, it is back to more immediate matters for Demetriou – namely, the speech sitting in front of him. Later today, the speech will be delivered in five minutes. Addressing the issue of violence against women will take a lot longer.

*John Murray is a writer for AFL Publishing, which produces all publishing material on behalf of the AFL, including the AFL Record.*

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# Main Achievements in Preventing Violence Against Women\* 1970-2006

DATE	HIGHLIGHT
1970	• First Women's Liberation Conference held in Melbourne identified violence against women as a priority area.
1971	• Establishment of Women's Electoral Lobby which agitated for rape law reform in Victoria, and establishment of the Victorian Rape Study Committee.
1972	• First Women's Liberation Centre opened in Melbourne.
	• Establishment of 'Eisie' – Australia's first women's refuge, Sydney.
1974	• <b>ESTABLISHMENT OF WOMEN'S LIBERATION HALF-WAY HOUSE, THE FIRST FUNDED WOMEN'S REFUGE IN VICTORIA.</b>
	• Establishment of the first RAPE Crisis Centre by Women Against Rape at the Women's Liberation Centre, with medical examinations offered to women from the Melbourne Women's Health Collective in Collingwood.
1975	• Introduction of the <i>Family Law Act</i> which allowed for 'no fault' divorces and provided for a range of other means for the 'personal protection of a party to a marriage'.
	• Second World Conference on Women.
1977	• Establishment of Victorian Rape Study Committee in the Department of Premier & Cabinet.
	• Queen Victoria Hospital provides gynaecological check-ups and the Department of Psychiatry offers counselling to recent victims of sexual assault.
1978	• Establishment of the Geelong Rape Crisis Centre.
	• Establishment of Women's Refuge Referral Service Melbourne.
	• First Decision the Night March held in Melbourne.

DATE	HIGHLIGHT
1995	<ul style="list-style-type: none"> <li>• Family Violence Networkers funded in 1995 to develop regional strategies for responding to family violence and to develop family violence prevention activities in local communities.</li> <li>• Fourth World Conference on Women in Beijing (key platform issue was violence against women).</li> </ul>
1996	• The Australian Bureau of Statistics carries out the Women's Safety Survey indicating that 1 in 5 women are subjected to male violence at some time in their adult lives.
1997	<ul style="list-style-type: none"> <li>• Introduction of crime of stalking to the <i>Crimes Act Victoria</i>.</li> <li>• Introduction of the legal requirement that judges refrain from making comments that complainants in sexual assault cases are an unreliable class of witness, and that they instruct the jury that if there is a delay in making a complaint, there may be good reasons for doing so.</li> </ul>
1999	<ul style="list-style-type: none"> <li>• United Nations General Assembly adopted a resolution designating 25 November as the International Day for the Elimination of Violence Against Women, or White Ribbon Day.</li> <li>• Family Violence Prevention networks across the state develop and launch the Clothes Line Campaign designed to educate community members on the incidence and impact of this violence.</li> <li>• The Office of the Status of Women launches the Partnerships Against Violence initiative designed to facilitate corporate and government action to respond to violence against women.</li> <li>• Commencement of Australian Domestic Violence Clearinghouse at the University of NSW.</li> </ul>
2001	• The Australian Public Health Association develops a policy on Violence Against Women.
2002	<ul style="list-style-type: none"> <li>• Victorian Women's Safety Strategy launched, describing the Victorian Government's agenda to increase women's safety.</li> <li>• Two statewide steering committees established to guide government responses to violence against women.</li> </ul>
	• <b>WORLD HEALTH ORGANISATION LAUNCHES THE WORLD REPORT ON VIOLENCE</b>

<p><b>1979</b></p>	<ul style="list-style-type: none"> <li>• First Reclaim the Night march held in Melbourne.</li> <li>• Establishment of Elizabeth Hoffman House, originally established as the Aboriginal Women's Refuge.</li> <li>• Establishment of the Queen Victoria Medical Centre Sexual Assault Centre – Victoria's first funded sexual assault service.</li> </ul>
<p><b>1980</b></p>	<ul style="list-style-type: none"> <li>• <b>CRIMES (SEXUAL OFFENCES) ACT 1980 REMOVED THE IMMUNITY HUSBANDS HAD FROM PROSECUTION FOR RAPING THEIR WIVES WHEN THEY ARE LIVING SEPARATELY AND APART.</b></li> </ul>
<p><b>1982</b></p>	<ul style="list-style-type: none"> <li>• Establishment of the Sexual Offences Squad by Victoria Police.</li> </ul>
<p><b>1983</b></p>	<ul style="list-style-type: none"> <li>• United Nations Convention on the Elimination of all Forms of Discrimination Against Women adopted by Australia.</li> </ul>
<p><b>1984</b></p>	<ul style="list-style-type: none"> <li>• Victorian <i>Equal Opportunity</i> and <i>Federal Sex Discrimination Acts</i> passed.</li> </ul>
<p><b>1985</b></p>	<ul style="list-style-type: none"> <li>• The Department of Premier &amp; Cabinet launches 'Criminal Assault in the Home' – a seminal document exploring legal and social remedies to domestic violence.</li> <li>• Establishment of the Refuge Ethnic Workers Program, later to become the Immigrant Women's Domestic Violence Service (1994).</li> <li>• Third World Conference on Women in Nairobi.</li> </ul>
<p><b>1986</b></p>	<ul style="list-style-type: none"> <li>• Establishment of the Domestic Violence and Incest Resource Centre.</li> <li>• Establishment of the Federal Human Rights and Equal Opportunity Commission.</li> </ul>
<p><b>1987</b></p>	<ul style="list-style-type: none"> <li>• Establishment of the first Centre Against Sexual Assault at The Royal Women's Hospital.</li> <li>• The Office of the Status of Women undertakes the first national survey focusing on Community Attitudes to Violence Against Women.</li> <li>• <i>Crimes (Family Violence) Act</i> passed which expanded options for victims of family violence to seek protection using intervention orders.</li> </ul>
<p><b>1989</b></p>	<ul style="list-style-type: none"> <li>• Establishment of the Real Rape Law Reform Coalition.</li> </ul>
<p><b>1991</b></p>	<ul style="list-style-type: none"> <li>• <i>Crimes (Rape) Act</i> passed making significant changes to Victoria's rape laws, including clarifying the legal definitions of consent, requiring judges to direct juries in relation to what consent means, and creating provisions to allow for special procedures for victims of sexual assault to give their evidence.</li> <li>• Establishment of the Telephone Service Against Sexual Assault to provide statewide after-hours service to victims of sexual assault.</li> <li>• Victorian Police Code of Practice for the Investigation of Sexual Assault Complaints introduced.</li> <li>• Establishment of the National Committee on Violence Against Women.</li> <li>• The High Court of Australia confirms the legal right of women to refuse sex within marriage and removes immunity from prosecution from men who rape spouses.</li> <li>• Women's Circus started in Victoria.</li> </ul>
<p><b>1993</b></p>	<ul style="list-style-type: none"> <li>• <b>ESTABLISHMENT OF THE MEN'S REFERRAL SERVICE.</b></li> <li>• Establishment of 'No To Violence' as the Victorian peak body of organisations working with men to end their violence toward women.</li> </ul>
<p><b>2002</b></p>	<ul style="list-style-type: none"> <li>• World Health Organisation launches <b>THE WORLD REPORT ON VIOLENCE AND HEALTH, WHICH IDENTIFIED VIOLENCE AGAINST WOMEN AS A KEY AREA FOR ACTION ACROSS THE GLOBE.</b></li> <li>• Establishment of Domestic Violence Victoria as the peak body for domestic violence services for women and their children.</li> </ul>
<p><b>2003</b></p>	<ul style="list-style-type: none"> <li>• Launch of the Indigenous Family Violence Task Force Report.</li> <li>• Establishment of the Australian Centre for the Study of Sexual Assault.</li> </ul>
<p><b>2004</b></p>	<ul style="list-style-type: none"> <li>• Introduction of the Victoria Police Code of Practice for the Investigation of Family Violence.</li> <li>• <i>Magistrates' Court (Family Violence) Act 2004</i> creates the specialist family violence courts within the Magistrates' Courts in Victoria.</li> <li>• VicHealth and the Department of Human Services launch the first international study assessing the burden of disease associated with intimate partner violence.</li> </ul>
<p><b>2005</b></p>	<ul style="list-style-type: none"> <li>• Release of the Access Economics Report, indicating the economic cost associated with violence against women.</li> <li>• The Victorian Government allocates over \$35 million for the development of an integrated response to family violence.</li> <li>• The County Court of Victoria announced it would introduce a specialist list for sexual offences which involves specific judges hearing sexual offence cases, and trials being held as quickly as possible to reduce the trauma for victims.</li> <li>• The rule of law that provocation reduces the crime of murder to manslaughter is abolished. Family violence is recognised as a circumstance which may be taken into account in assessing a defence of self-defence to murder.</li> <li>• Local governments and Primary Care Partnerships across Victoria develop integrated plans to prevent violence against women.</li> </ul>
<p><b>2006</b></p>	<ul style="list-style-type: none"> <li>• <b>THE AUSTRALIAN FOOTBALL LEAGUE LAUNCH THEIR RESPECT AND RESPONSIBILITY POLICY, DESIGNED TO PREVENT VIOLENCE AGAINST WOMEN WITHIN FOOTBALL AND AT THE COMMUNITY LEVEL.</b></li> <li>• Australia contributes to the International Violence Against Women Survey identifying the incidence and prevalence of violence against women at the global level.</li> <li>• Women's Health sector sets violence against women as a key priority for action.</li> <li>• Introduction of the <i>Crimes (Sexual Offences) Act</i> amending rape laws including: changing the definitions, removing the ability for offenders to cross-examine the victim, and asking courts consider: 1) the high incidence of sexual violence within society; 2) significant under-reporting; 3) that the crime is largely committed against women, children and other vulnerable persons including persons with a cognitive impairment; 4) offenders are commonly known to their victims; 5) the crimes often occur in circumstances where there is unlikely to be any physical signs of an offence having occurred.</li> <li>• 16th anniversary of the 16 Days of Activism Against Gender Violence campaign.</li> <li>• Victorian Government establishes a committee to guide activity to prevent violence against women.</li> </ul>

\* Activities are predominantly Victorian-based but also include significant national and international events.



# New measures of success

It's been 2 years since Victoria Police's code of practice on family violence was released. It's fair to say a lot has changed since then. There are new police protocols and systems in place and a stronger police–community services network. The latest crime statistics reveal the community is increasingly willing to call the police when there's serious trouble brewing at home.

**B**ut it's not just the new code. There's widespread cultural change happening around the whole issue of family violence – in the police force, the justice system and the broader community. The State Government has initiated a strategy to integrate services to support victims of family violence.

No longer trivialised as “just another domestic”, family violence is now out in the public arena. The police have a “pro-action” role: a family violence incident is considered to be a crime until proven otherwise.

**If women trust police enough to report the incident, the intervention may also be preventing serious harm in the future.**

## The shocking effects of family violence

When Christine Nixon became Chief Commissioner of the Victoria Police in 2001, improving the police response to family violence was a priority.

“I'd had a long history of working with family violence, both as a police officer on the ground and, as time went on, in education of police in NSW and having the community understand the problem,” says Nixon.

In her early policing days, Nixon had also helped women colleagues leave abusive relationships, and she saw first-hand the shocking effects of intimate partner violence.

In 2002 Nixon asked Assistant Commissioner Leigh Gassner to conduct

a review into police responses to violence against women. It was this review that identified a need to draw a committee together from the broad community – to advise the Victoria Police on what they should be doing, and how they should go forward.

## The code in practice

Other recommendations from the 2002 review included the creation of a code of practice.

The code requires police to take action in all family violence situations whether it's a referral to community support services, or initiating criminal proceedings or seeking an intervention order. Importantly, there's a stronger focus on the safety of children who are present in more than 40% of incidents.

And there are new measures of success. Police claim a better understanding of the dynamics of family violence and recognise that many women may want the relationship to continue – just not the violence. If women trust police enough to report the incident, the intervention may also be preventing serious harm in the future. “There's very good evidence that having an intervention order applied and saying to someone, ‘these are the consequences’, actually does change people's behaviours,” says Nixon.

## Getting networks happening

Overall, police are now part of an integrated response, linking in more closely with social support services and the courts.

New  *Holding Powers*  legislation passed mid-year, for example, allows the police to remove the perpetrator from the home and go before the courts. “We want women and kids to be able to stay in their houses and to get the offenders out,” says Nixon. A number of specialist family violence courts operate in Ballarat, Heidelberg and other sites.

The code also ensures that women get follow-up support. Many regions use a “fax back” system which sees police officers faxing the woman's details to a



## LINKS

Find out more about the Victoria Police Code of Practice for the Investigation of Family Violence at: [www.police.vic.gov.au/content.asp?Document\\_ID=674](http://www.police.vic.gov.au/content.asp?Document_ID=674)



New crime figures released in August showed a significant increase in the number of family violence incidents reported. Photo: GETTY IMAGES

support service. "This group can then make contact at a safe time the following morning," says Nixon.

There are 10 full-time family violence advisers now working in the five police regions around the state developing community partnerships. As well, each 24-hour police station has a nominated family violence liaison officer.

### Women speaking out

In the past, women who experienced intimate partner violence were less likely than victims of other assaults to disclose their experience or report to the police. But this is changing.

New crime figures released in August showed a significant increase in the number of family violence incidents reported. Before the code was introduced, about 15% of all assaults were family incident related. By 2005–2006, this had risen to more than 25%. "Each time we get an increase in reporting we think that's a real plus," says Nixon.

There's also been a significant increase in intervention orders, with numbers up by more than 33% across the state. "Matters coming before the courts are being far better dealt with. So it's not just the police: it is about a whole set of support networks," says Nixon.

### Name it and talk about it

Nixon is cautiously optimistic about progress so far: "We have to keep building the education process for police and also make it easier for them to do their job and get an effective response through the criminal justice system. But it's also about building confidence in women, that they feel more encouraged to report, and that they know they don't have to put up with violence, and that they can see that interventions work."

"But in the longer term, it's a whole set of changes in the ways relationships work, and about violence not being the solution," says Nixon. "We need to name it, and talk about it."

According to 'Jane', who answers the 24-hour telephone crisis line at the Women's Domestic Violence Crisis Service, there is evidence of the cultural shift that is needed to stop violence against women. "With the changing police culture – and police having to take action – the message is that society's no longer going to tolerate family violence," she says. "There is still work to be done, but it's definitely better."

*Krista Mogensen is a freelance writer and editor specialising in education and health.*



# School Talk

Healthy relationships programs in schools play a critical role in preventing violence against women.

Ask people where ‘intimate partner violence’ comes from and most would say the dark side of an adult world. Sadly, they’re wrong. Young people are more vulnerable to violence – including sexual assault – than any other age group, says LaTrobe University academic Dr Michael Flood.

“For girls and young women, the risk of physical or sexual violence is three to four times higher than the risk for women overall,” he says. An Australian survey<sup>1</sup> of 5000 young people aged 12 to 20 found that one in seven girls – 14% – had experienced rape or sexual assault. Violence in relationships is a reality for a troubling number of teens.

**“Adolescence is a crucial time for the formation of attitudes towards gender and relationships.”**

“Overseas evidence is that educational interventions can be effective and can change behaviours in the long term,” says Flood. “It’s important to emphasise healthy rather than problem behaviours, and to include emotions and behaviours – through

survivor’s stories and role plays – and not just facts. And they must be early interventions. Adolescence is a crucial time for the formation of attitudes towards gender and relationships.”

## Mythbusting in a raunch culture

Maree Crabbe, a youth educator at Brophy Family and Youth Services, runs healthy relationships programs at secondary schools in Warrnambool, a south coast regional city of 31,000 people.

Developed at the schools’ request, the upbeat, interactive program runs in two sessions for a total of three hours for Year 8 and 9 co-ed classes. “They’re a great opportunity to work in a preventative and early intervention framework across whole school populations,” says Crabbe.

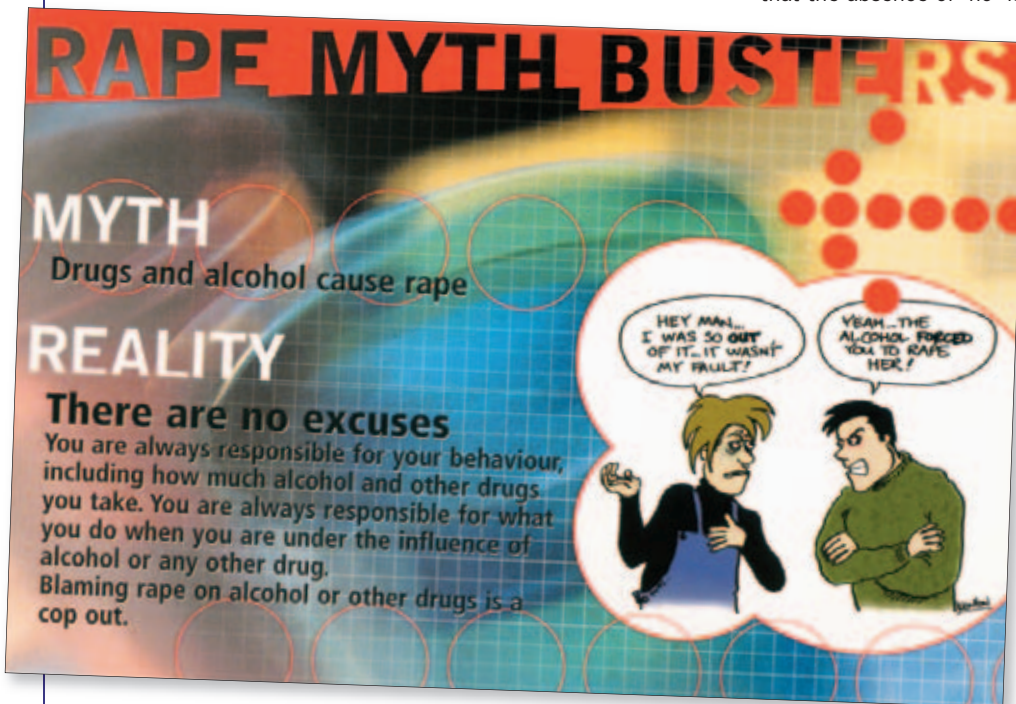
Like many in her field, Crabbe is a ‘mythbuster’. Aside from ‘stranger danger’, one of the biggest myths is the narrow definition of sexual assault. “Many young people also think it’s much less common than it is,” she says.

Students can be quick to blame a victim for sexual assault but this changes as they explore the meaning of consent. “I can see their minds ticking over thinking, ‘we’ve just talked about real consent having to be freely given, without pressure, and that the absence of ‘no’ is not enough,’” says Crabbe. “They

remember that you don’t give consent to sex by what you’re wearing or where you’re walking.”

Crabbe also works with groups of girls identified as being ‘at risk’ – whether they’re in relationships with older men, or experiencing assault, or showing signs of being in an unhealthy relationship. Many girls think they have to be in an intimate relationship to ‘be someone’, she says, which can put them at a much higher risk of experiencing violence.

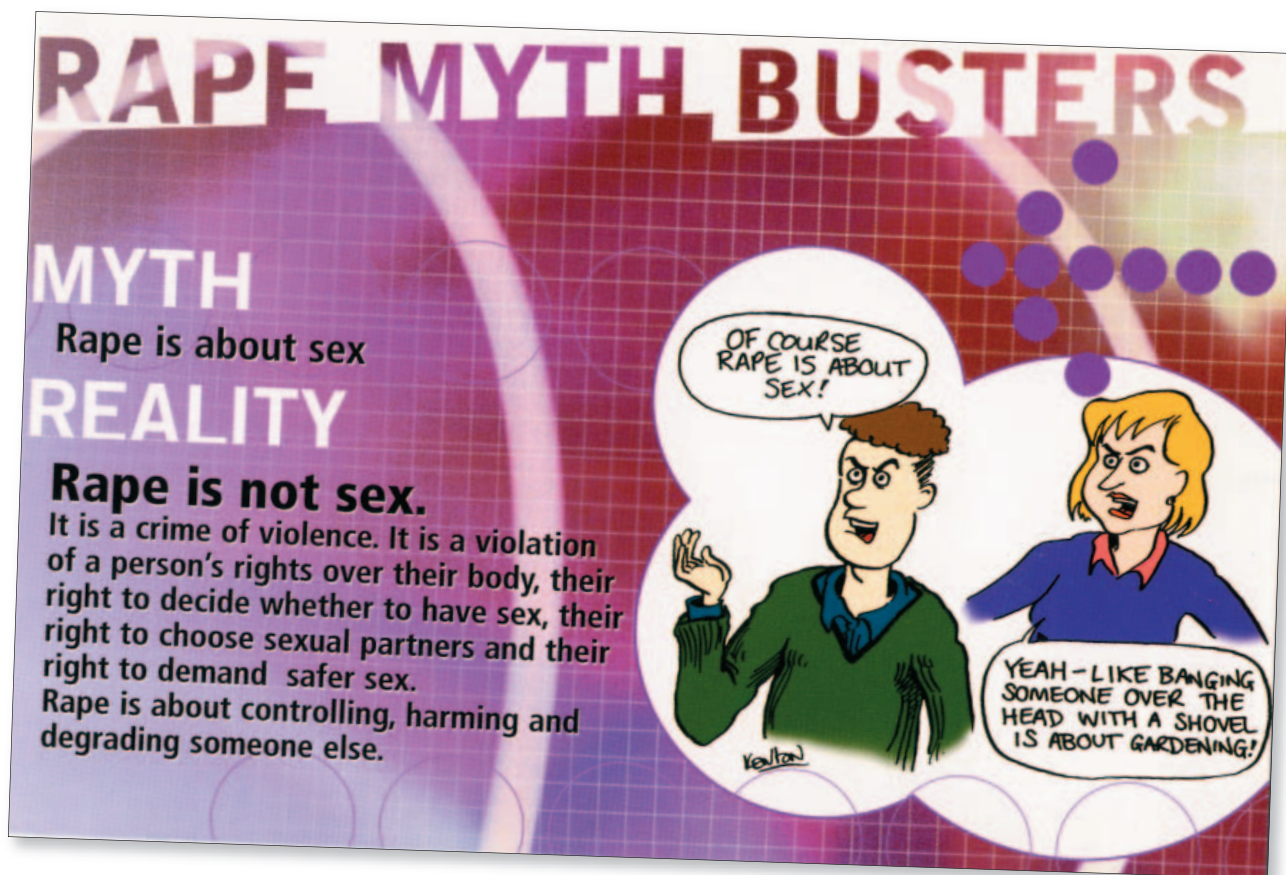
Crabbe would like to see emotional literacy – and establishing good practice around ‘self care’ – receive more attention at school, especially given today’s sexualised, raunch culture. “We need to give young people some critiquing ability.”



## LINKS

Find out more about SHine SA's *share* project at: [www.shinesa.org.au](http://www.shinesa.org.au)





Postcards © Copyright SHine SA – *Putting Sexual Health on the Agenda*, developed as part of Guys Talk Sexual Health Project.

“One of the things I try to say to each class is that everybody deserves to be treated well,” she says. “The most significant factor in people’s lives – whether they’ll be happy or not – is not how rich they are, or how smart they are, or even how healthy they are, it’s how they’re being treated and how they’re treating other people.”

### Empowering young people

Last year, SHine SA (Sexual Health information networking and education South Australia) finished a 3-year trial into how best to educate and inform school students about relationships and sexual health.

The resulting ‘share’ project was inspired by continuing high rates of unplanned teen pregnancy, abortion, and sexually transmitted infections such as chlamydia, as well as harassment and sexual violence. “It was clear that young people were making damaging choices,” says program author Jane Flentje. “We wanted to empower young people in an educational setting about knowledge [of relationships and sexual health] and health services.”

What they came up with is a full package of teacher training, resource materials and back-up support for a 3-year program of cumulative, age-appropriate curriculum. Designed for students in years 8, 9 and 10, the share program runs over 15 hours each year. It is now being used by 19 schools across the state.

Flentje says it’s important that teachers from the schools teach this material because it builds goodwill, knowledge and support across the whole school.

In its early days, the program attracted attention from some parents who objected to its upfront content. “We respect the importance of parents’ role as the primary educators in this,” says Flentje, “and we’re not there to influence the kids’ values. Ours is a complementary role.” She says the evaluation showed that kids were more comfortable talking to their parents as a result of the project.

With homophobia a serious problem among young people, some of the most challenging material relates to discussing the need for respect of sexual diversity. Issues of consent are also a problem. “We talk about the fact that any sexual behaviour needs to be consensual and there needs to be open communication.”

But it can be hard going. The recent ‘Big Brother’ incident virtually put sexual coercion on national television as an ‘approved’ behaviour, says Flentje. “Our program is about empowering young people with skills and knowledge to make healthy choices for themselves.”

*Krista Mogensen is a freelance writer and editor specialising in education and health.*

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# Strengthening the Community Response

Collaborative community projects around Victoria are helping women transform and heal their experiences of violence.

## Finding strength and transformation

All women are welcome at the Women's Circus, in Melbourne's Footscray, set up 15 years ago to help survivors of sexual abuse or violence. Initial training is aimed at building trust, confidence and strength, then performance skills such as stilt walking or juggling are introduced. While some women choose to train for acrobatics and aerials the following year, all perform or contribute in some way to the annual show. "There's always something in circus that people can do," says training director Faye Stevens.

Since last year, the circus' outreach work has significantly grown as word spreads of the benefits of circus training in helping women overcome past trauma. "The culture of the circus allows women to be scared, to say no, and then to say, 'I'll try it later'," says Stevens. "The process of overcoming fear associated with a circus trick can have broader implications in a person's life."

The circus now provides short programs to other organisations involved with health and wellbeing and these vary from one-day to eight-week workshops. "Circus activities demand calculated risk-taking, getting to know your limits, when to push them and when to listen to them," says Stevens. "It can be extremely physical and people become strong. Strength and confidence in the body has a positive effect on self-esteem and self-confidence."

There are other arts organisations also very committed to helping women rebuild their lives, including Somebody's Daughter, a theatre company which had its beginnings in Fairlea Women's Prison in 1980.

## Where the healing happens

Theatre group The Torch Project has been using the arts to work with communities on the issues that divide them – such as family violence, sexual assault and substance abuse – for 7 years now.

A deep respect for process is an essential part of each Torch Project play, which is conceived and written with members of the local community. "If a person is involved and sharing their story, the process of them getting to that point, and sharing

that, is where the healing happens," says executive officer Steve Payne.

At the beginning of each project the group seeks the consent of local Indigenous elders. "We have 'three permission sticks': permission to speak, to hunt and gather – in this case, information – and permission for song and dance," says Payne.

Projects vary from one-day minor events to five-week touring shows that involve 12 to 18 months of preparation. "We're now tending to work in communities for 2 to 3 years," says Payne, "because it enables us to work deeper."

Payne has seen the benefits flow through each person who participates in the project, whether they're committee members, workshop participants, community actors or the audience.

"There was one stolen generations man who'd had a very hard life," recalls Payne. "He talked about the project healing him, enabling him to move beyond the anger and frustration, and going back to his community and being a positive force."

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**"Once we get that shift, people will say, 'hang on, I don't want to live in a community that supports family violence or sexual assault!'"**

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## Local government in the picture

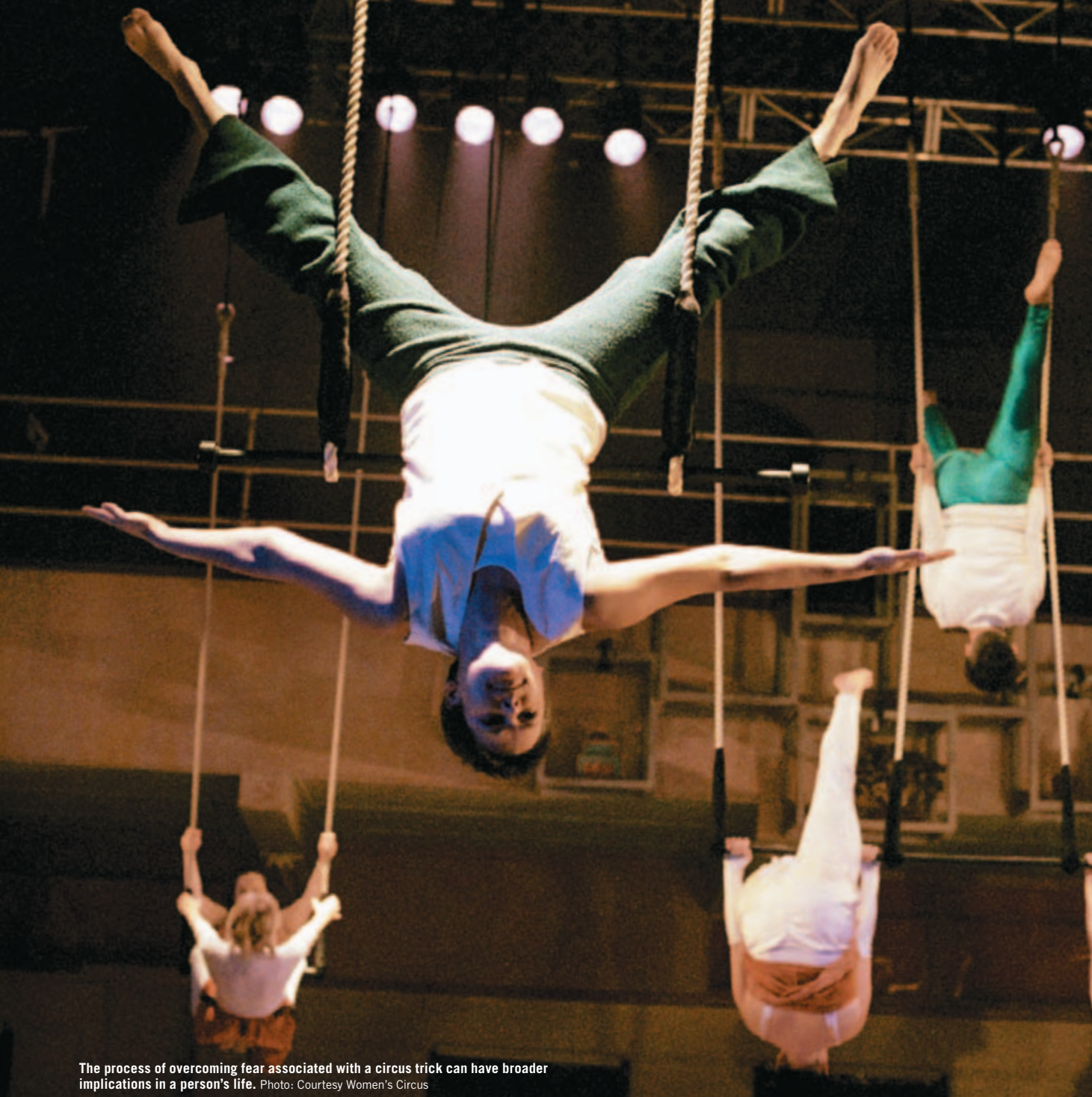
A new research project aims to produce a blueprint for local governments and community agencies to work together for better violence prevention. Led by Melbourne University social planner Dr Carolyn Whitzman, the Australian Research Council/VicHealth project brings together four municipal and community agency partnerships – in Maribyrnong, Casey, Bendigo and Loddon. "They've all expressed interest in violence prevention as part of their municipal community safety plan," says Whitzman, "and they're interested in learning what's working and what they can do."

The project is drawing upon international initiatives to reduce violence, such as the comprehensive public education campaign led by the mayor in Charlottetown, Canada (which has put anti-family violence logos on every public vehicle and on the flag that flies at the top of the city), as well as local safety programs, such as at Darebin and Yarra. "We're hoping to come

## LINKS

*101 Ways Great & Small to Prevent Family Violence* is a Victorian resource kit bursting with community-based education projects to end family violence. Published in September 2004 by the Domestic Violence & Incest Resource Centre, it's available in PDF from [www.dvirc.org.au](http://www.dvirc.org.au) or email [dvirc@dvirc.org.au](mailto:dvirc@dvirc.org.au)





The process of overcoming fear associated with a circus trick can have broader implications in a person's life. Photo: Courtesy Women's Circus

up with local government programs, policies, networks and ways of evaluation, which can then be shared," says Whitzman. The project is due to report in early 2008.

### Holistic healing services

One of the key recommendations to come out of the 2003 Victorian Indigenous Family Violence Task Force was the importance of a holistic community healing approach. As a result, four diverse healing centres are now being set up around Victoria, each reflecting the needs of the local Indigenous community.

"The philosophy of the healing centre is to reflect our cultural framework," says Daphne Yarram, manager of the East Gippsland Indigenous Healing Service. "In Indigenous communities, family violence is seen as a family and

community issue. Providing safety for women and children is a priority, but there is also a profound concern about supporting the men who are caught in a cycle of violence," says Yarram.

The healing centres will include services for Indigenous men, including behaviour change, men's 'time out' programs and support around issues of identity, self confidence, or overcrowding or unemployment. "And we want to put in place some supports to assist them to reconnect with their family," says Yarram.

"From an Indigenous perspective, an Aboriginal person needs to know that it is safe and accessible and they'll be treated with respect and dignity."

In Gippsland, nearly every family has a link through kinship networks or through history, says Yarram. "We want to work

Find out more about the featured community projects: Women's Circus ([www.womenscircus.org.au/](http://www.womenscircus.org.au/)), The Torch Project ([www.thetorch.asn.au/](http://www.thetorch.asn.au/)), Dr Carolyn Whitzman's ARC Linkage project ([www.abp.unimelb.edu.au/research/fund/](http://www.abp.unimelb.edu.au/research/fund/)), Victorian Indigenous Family Violence Task Force Report ([www.office-for-children.vic.gov.au](http://www.office-for-children.vic.gov.au)), CASA and Darker Tones CD ([www.casa.org.au/](http://www.casa.org.au/)), Islamic Women's Welfare Council of Victoria (<http://home.vicnet.net.au/~iwwcv/>).

## LINKS



with our families and communities to let them know they're not isolated and alone and that they have extensive and extended links with other people throughout the region."

### 'Accepting the sunshine'

In Bendigo, the local Centre Against Sexual Assault (CASA) is involved in violence prevention programs in kindergartens and primary schools and, next year, will target university and TAFE students in 'O' week. "We need to change the attitudes that shape our environment," says CASA manager Carolyn Wallace. "Once we get that shift, people will say, 'hang on, I don't want to live in a community that supports family violence or sexual assault'."

The centre recently funded the release of a CD of songs entitled *Darker Tones* by Castlemaine visual artist Linda Newton. For Newton, this represented an extraordinary step of speaking publicly about something which had been hidden for almost 30 years. Initially misdiagnosed with depression, Newton now recognises she had post traumatic stress disorder as a result of family violence when she was a child and adolescent. "I'm a very private person and it's hard to go public, but you find out you're not alone."

The process of speaking out and receiving support has helped Newton deal with the vulnerability and isolation typically experienced by those who have suffered family violence. "At some stage you have to come out and talk about it," she says. "I don't like the word 'hope' – it's overused – but it's about confidence and accepting the sunshine."

*Darker Tones* is available for sale through CASA centres.

### Interpreting the Qur'an

Through its community education program, the progressive Islamic Women's Welfare Council of Victoria has been exploring different interpretations of the Qur'an.

With much of the current debate around Islam driven by misogyny or racism, "we wanted to look at the verses which relate to women, and which relate to violence, and look at critiques of the various interpretations," says council manager Joumanah El Matrah.

What they found were multiple references to harmony, love and respect between husband and wife, she says. "At its time, the Qur'an was a source of liberation for women, and it instructs men to treat all women with dignity, respect, kindness and justice."

An interpretation of a verse in the Qur'an that suggests a man may 'tap' a woman with 'the equivalent of a toothbrush' cannot be taken literally, says El Matrah. There's still a lot of controversy about what certain words actually mean and anyone using this verse to justify violence against women is 'actively' misinterpreting the Qur'an, she says. "The tradition in all religions has been to actively use religion to promote men's interests and men's power, and Islam is no different in that regard."



Image from *Darker Tones*, a CD by Castlemaine visual artist Linda Newton.

The Council is compiling a resource guidebook entitled *Islam Opposes Violence Against Women* that looks at domestic violence from several perspectives – including human rights, Islam, welfare, and psychological health and wellbeing – to be launched in late 2006.

*Those working on the front line have been helping women transform and heal their experiences of violence for decades. We are now seeing acknowledgement and leadership across sectors of the extent of this issue, which means grass-roots organisations should no longer have to go it alone. Together we can work together for better violence prevention.*

**Krista Mogensen is a freelance writer and editor specialising in education and health.**

## LINKS

The Grampians Family Violence Prevention Network ([www.cafs.org.au/?id=familyviolencepreven](http://www.cafs.org.au/?id=familyviolencepreven)) project *From Behind Closed Doors – A Creative Response to Family Violence* is an inspiring exhibition featuring the artwork of people who have experienced family violence. The exhibition will be launched on 17 November 2006 at The Royal Women's Hospital, Carlton. Material will be on display in the foyer from 8 November until Christmas. Phone (03) 9344 2007 for more info.

# Violence against women: global thinking, local action

*“Violence against women persists in every country in the world as a pervasive violation of human rights” – UN Secretary-General’s study on violence against women, October 2006*

**A** global human rights approach to preventing violence against women enables activists to support efforts in other jurisdictions to bring attention to violations, and to share prevention practices found to be effective in local environments. As collaboration is facilitated by new technologies, new thinking about prevention and new interpretations of old concepts can enable us to envision a world where women’s rights are actually human rights.

In the last 20 years, global organising for women’s human rights has created new possibilities to address violence against women. Over this time, women’s activists, campaigners and policy-makers of every nation have fought to bring the issue of violence against women to international attention.

The global human rights movement is still in its infancy. The possibilities for global organisation emerged after WWII when in 1948 the Universal Declaration of Human Rights was developed, with most nations agreeing to this set of universal standards. What followed was a range of other conventions and declarations that set out international human rights standards.

Yet the fact that the human rights standards did not appear to include women or at least to address the greatest blight on women’s membership of the human community – gender-based violence – became the focus of women’s activism for the next 60 years. Over this time, the women’s movement advocated for special recognition of the particular discriminations perpetuated against women, most particularly gender-based violence.

One of these measures is the standard articulated in the declaration of the Convention on the Elimination of all Forms of Discrimination Against Women (CEDAW), which was adopted in 1979 by the UN General Assembly and is often described as an international bill of rights for women. CEDAW promotes a substantive notion of equality or non-discrimination; however, there is no explicit mention of violence against women. This limitation was redressed by the *Declaration on the Elimination of Violence Against Women* in 1993.<sup>1</sup>

Campaigning by women also saw the appointment of a UN Special Rapporteur on Violence Against Women, which in 1994 created an institutional mechanism for regular in-depth review and reporting on violence against women around the world.<sup>2</sup> In her 2006 report to the General Assembly she focused on the concept of ‘due diligence’. Under this obligation, the

Special Rapporteur described the duty of states to take *positive* action to prevent and protect women from violence, to punish perpetrators of violence and to compensate victims.<sup>3</sup>

As the concept of due diligence gains a foothold in each nation, international bodies such as the United Nations, Amnesty International and Human Rights’ Watch have increasingly encouraged individual nations take up the challenge of violence prevention as part of the obligation of states.

Most recently, the global women’s movement has contributed to the compilation of the United Nations Secretary-General’s *Study on Violence Against Women*, published in October 2006. This study draws a global road map to understanding gendered violence, its causes and prevention.

The study confirms that prevention measures must recognise the contextual and cultural factors that affect the forms that violence against women may take, and women’s experiences of gendered violence. The study identifies the need for a coordinated systemic approach that includes: legislation, the criminal justice sector, economic and social policies, services, awareness raising and education.

The Secretary-General’s study also notes that ‘violence against women intersects with other factors, such as race and class and with other forms of violence including ethnic conflict’. Linking measures to end violence to more general measures to end women’s inequality (such as ensuring “free and fair” elections are also free and fair for women) expands the front on which violence against women is to be eliminated. ▶

**A new global prevention movement is being realised.**  
Photo: GETTY IMAGES



The Convention on the Elimination of All Forms of Discrimination against Women ([www.un.org/womenwatch/daw/cedaw/](http://www.un.org/womenwatch/daw/cedaw/)), adopted in 1979 by the UN General Assembly, defines what constitutes discrimination against women and sets up an agenda for national action to end such discrimination.

It also recognises the link, for example, between women's equal involvement in governance and decision-making and the prevention of violence against women.

What have each of these declarations and conventions or global reports have to do with the lives of women surviving violence in Australia or Azerbaijan? On the face of it, the links between the achievements of the global women's movement and individual women appear tenuous. However, the global movement is a composite of local women's movements.

Women from around the world contribute to a global agenda and increasingly Indigenous women and women in developing countries are shaping the agenda, so prevention efforts do not simply reflect white, developed-world perspectives.

The benefits of a global response to violence against women can also mean that violence is no longer an individual woman's problem or a local or even a national problem, but the problem of all women (and men) around the globe. A global approach also allows human rights defenders to support the efforts of women in other countries and to bring attention to human rights violations or to promote prevention practices in one place that have been found to be effective in others.

### **The global prevention effort: challenges for the future**

As the human rights approach to violence obliges states to undertake prevention activity, a public health approach provides a methodology to guide prevention activity.

Contemporary leadership in relation to a public health approach has come from the World Health Organisation (WHO), at the insistence of women advocates within the global community.<sup>4,5,6</sup> The *World Report on Violence and Health*<sup>7</sup> brought together a wealth of experience and evidence on the impact of violence on health. WHO has since supported the development, documentation and evaluation of violence-prevention initiatives.

### **The benefits of a global response to violence against women can also mean that violence is no longer an individual woman's problem.**

While recent studies have successfully measured the incidence and prevalence of violence against women, our understanding of how to make comparisons between countries has been limited. An international standard has also been lacking against which we can measure: the effectiveness of our interventions; the different responses of women; effects on women from different cultures, disabilities or sexualities; or the impact of multiple discriminations.



Multi-country studies and studies which enable comparisons and evaluations across communities are early in their development. WHO has recently published the first of its findings in the *Multi-country Study on Women's Health and Domestic Violence Against Women*<sup>8</sup> and contributed to the *International Violence Against Women Surveys* which involved 15 countries. Each individual country has now published the results of its survey and the work on an international comparative study of the survey results has begun.<sup>9</sup>

A combination of the public health approach, which emphasises the methods (and cost-savings) of violence prevention, and the obligation on states to exercise due diligence will increasingly propel countries individually and collectively toward prevention activity. Numerous challenges remain: inadequate resources; lack of comprehensive and integrated approaches; lack of funding; failure to end impunity; the intersection of multiple forms of discrimination and a lack of evaluation.<sup>10</sup>

However, the global women's movement has faced such barriers before – and achieved much: 'the issue of violence against women came to prominence because of the grass-roots work of women's organisations and movements around the world'.<sup>11</sup>

In the year 2000, women around the world marched in an unprecedented series of actions in 157 countries against poverty and violence against women. New technologies<sup>12</sup> are providing new ways for women to organise and a new global prevention movement is being realised.

*Thérèse McCarthy is a researcher, writer and activist working as a consultant to NGOs and government in the area of violence against women, health and justice.*

#### **FOOTNOTES**

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## **LINKS**

2007 is the United Nations year for violence prevention. Find out more at: [www.who.int/violence\\_injury\\_prevention/media/news/23\\_7\\_03/en/](http://www.who.int/violence_injury_prevention/media/news/23_7_03/en/)



# Challenging Violence Against Women through Public Education

Public education has an important role in an overall public health approach towards addressing violence against women.

In this article we draw upon our 2005 report – *VicHealth Review of Communication Components of Social Marketing/ Public Education Campaigns Focusing on Violence Against Women* – to provide some examples of the range of campaigns conducted in Australia and overseas.

As we can only provide a small taste of some of the campaigns here, we encourage you to download our report for more details. The report provides a comprehensive outline of the various messages and approaches used in different campaigns, which readers could find useful when developing local community education strategies or when promoting family violence services.

Each of the campaigns we reviewed focused on one or more of the following:

## Shifting general community attitudes

Given that broad community attitudes provide a social environment that facilitates or inhibits the expression of violence against women, many campaigns have attempted to increase attitudes that would inhibit such violence. Some campaigns accompany changes in legislation, such as the Tasmanian *Safe At Home* campaign (2005), which was aimed at creating community awareness of the significant improvements in domestic violence legislation in that state, and what this meant for women experiencing violence and men using it.

Others attempt to change longstanding cultural concepts and values. For example, the US *My Strength is Not for Hurting* campaign invites men to redefine masculinity as involving non-violence and respect for women. Other campaigns such as *Let's Stop It...Now* in the Northern Territory (2001–2003), *Zero Tolerance* in the UK and the New Zealand Police Family Violence campaign in the mid-90s targeted a wide range of community attitudes and beliefs.



## Social norms marketing

Campaigns such as *Violence Against Women – It's Against All the Rules* in NSW (2001) have attempted to inform men that fewer of their peers condone violence against women than they might think. This campaign centred on mass media materials focusing on high-profile sportsmen declaring the unacceptability of violence against women (eg, former cricketer Michael Slater stating "Sledging a woman? That's verbal abuse!"). The media materials were accompanied by community development activities in local sporting clubs and at leisure events. Social norms marketing campaigns in the US have, for example,

focused on attempting to persuade college students that the majority of their peers do not condone non-consensual sex.

### **Campaigns focusing on women who experience violence**

A number of campaigns have focused on encouraging women experiencing violence to phone a family violence specialist helpline. These have often used themes such as 'There is No Excuse for Domestic Violence', 'Break the Silence, Make the Call', 'Domestic Violence, End the Silence', and so on. They have attempted to assure women that family violence is unacceptable, is not their fault, and that by obtaining help they can make a big difference to their (and their children's) lives.

### **Campaigns focusing on men who use violence**

These campaigns invite men to take steps to stop their use of violence, such as to phone a helpline (that will then encourage them to enrol in a men's behaviour change program). The *Freedom From Fear* campaign that began in Western Australia in the late 1990s, for example, found through formative research that men using violence were most likely to respond positively to messages that emphasised the harm that their violent behaviour towards their partner causes their or their partner's children.

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**"Well-informed...well-executed campaigns can perform an important role in changing beliefs and mobilising community action."**

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### **Prevention campaigns targeting youth**

Campaigns such as *Choose Respect* in the US and *Expect Respect* in the Northern Rivers region of NSW focus on encouraging young men and women to notice and respond to the warning signs when men are behaving abusively in relationships. The objectives are to reach young people at a stage when they are developing expectations of what a healthy relationship should entail, to encourage young women to expect respectful relationships and to encourage young men to stop their use of disrespectful behaviours that could worsen into more severe patterns of violence.

### **Campaigns focusing on friends and family members**

Campaigns such as the *Friends and Family* campaign by the Texas Council on Family Violence (2004–2005), and the cross-agency Victorian *Family and Friends* campaign in 1999 attempt to encourage friends and family members of someone using or experiencing violence to phone a helpline for advice, or to talk with the person in helpful ways.

## **Soul City – combining social marketing and social change**

Taking a big-picture view, we believe that a comprehensive communication strategy addressing violence against women should include:

- Both local and population-wide campaigns promoting the immediate safety of women and children.
- Whole-of society and institution-specific campaigns to foster positive institutional and policy environments to facilitate the above.
- Societal campaigns to achieve changes in social norms about violence in general and in various connotations/ concepts of masculinity that endorse or tacitly condone male violence.
- Societal campaigns to achieve changes in perceptions and realities of men's patriarchal power and privilege.

Perhaps the best example we found of a comprehensive campaign operating at these levels was the *Soul City* violence against women initiative in South Africa in 1999. The campaign arose to pressure the South African government to speed up the implementation of legislation that provided greater protection for women experiencing family violence. The campaign had three main target audiences:

1. Relevant politicians and public servants.
2. Women experiencing violence (to encourage them to phone a national hotline).
3. The general public, with the campaign aiming to shift social norms away from colluding with violence against women and with the actions of men engaging in violence, and towards behaving in ways that express active opposition (both in the home and in public) against such violence.

The campaign employed a comprehensive public health model addressing the factors causing and maintaining violence against women at the individual, community and societal levels. Its strategies included:

- Television and radio drama series focusing on violence against women themes, and a comprehensive print media campaign.
- An extensive media liaison strategy through training and supporting numerous local advocacy groups to obtain helpful media coverage.
- Social advocacy to facilitate the lobbying of politicians and government officials.
- National and provincial public mobilisation initiatives such as public meetings and rallies to enhance the existing efforts of women and men to collectively organise against violence against women and the power imbalances that perpetuate it.



## **LINKS**

Find out more about the Soul City violence against women initiative in South Africa at: [www.soulcity.org.za/06.01.asp](http://www.soulcity.org.za/06.01.asp)

## Do these campaigns work?

Determining the long-term success of these campaigns is complex and costly, and unsurprisingly very few have attempted these assessments. It is difficult to know whether many campaigns have successfully changed the very specific attitudes and beliefs that can contribute to violence against women, or that inhibit the community to take a stand against it.

We believe, however, that there is sufficient evidence that well-informed, carefully thought-through and well-executed campaigns can perform an important role in changing beliefs and mobilising community action regarding health and social issues in general. There is considerable potential for social marketing campaigns to be successfully applied towards reducing violence against women.

## Work with your audiences from the beginning ... and be careful!

Public education in the violence against women field is particularly tricky. If not done carefully, well-intentioned campaigns have the potential to inadvertently reinforce some of the attitudes and beliefs that perpetuate the problem. Pre-testing messages and campaign materials is necessary to ensure they don't model inappropriate responses that might place

women further at risk, and that they challenge rather than reinforce the excuses that men use to rationalise their violence.

Campaign ideas and materials should be pre-tested not just with the primary target audience, but also with others who would be exposed to the materials. The *Freedom From Fear* campaign, for example, not only involved formative research with men, but also tested campaign concepts with women and children to minimise the possibility of negative consequences concerning them (eg, to ensure that the ads did not portray any message that women and children are responsible for the violence they receive).

To maximise the likelihood of achieving campaign objectives and to minimise the risk of causing unintended negative consequences, it is also important to make use of comprehensive health promotion and social marketing models when developing campaigns and to work closely with behavioural scientists and communication experts in the execution of the campaign materials.

*Rodney Vlasis is a psychologist and consultant. He is passionate about encouraging men to challenge patriarchy.*

*Rob Donovan is Professor of Behavioural Research in the Division of Health Sciences at Curtin University.*

## WHAT THE BUSINESS SECTOR CAN DO

"There is not one single group responsible for preventing violence against women," says The Body Shop's social affairs manager Eloise Bishop. Her organisation has taken a lead role in supporting their predominantly female workforce and customers by training all staff about domestic violence.

Eloise says that having a domestic violence policy in place is no different to other policies designed to look after staff, such as those for first-aid and annual leave and that many other organisations could easily follow suit.

"We need to be able to support women in the workplace when the issue arises," she says. "Whether a staff member is being hassled on the phone by her partner or he breaches an intervention order, we have a responsibility to act."

Staff are educated about the nature, extent and sensitivities around domestic violence and about the support services available so that they can help each other and their customers. Eloise is quick to point out that staff are not being asked to become counsellors. "It's about educating ourselves, and not being judgmental."

The Body Shop has long campaigned to stop domestic violence. Its third annual Stop Domestic Violence in the Home campaign is focusing on the impact on children. Funds raised from the sale of a limited-edition soap will be distributed to relevant not-for-profit organisations through a funding grants program in 2007 (more than \$75,000 of the \$100,000

target has been raised). Customers were also encouraged to complete a community attitudes survey (designed by the University of South Australia) about domestic violence and abusive relationships. In July and August, 34,000 people nationally completed the survey. Findings will be released in early 2007.

In addition, The Body Shop International has launched a global report, *Behind Closed Doors*, in conjunction with UNICEF (the United Nations Children's Fund) which reveals the devastating and lasting impact on children living with domestic violence.

For more information, go to: [www.thebodyshop.com.au](http://www.thebodyshop.com.au)







# VicHealth News

## VicHealth Letter Survey

Thank you to everyone who responded to our *VicHealth Letter* survey. We are delighted that so many of our readers find it a highly relevant and informative resource. We appreciate all the suggestions for next year's topics, and discovered just how far and wide readers are distributing their copies!

## VicHealth Awards

VicHealth's annual Health Promotion Awards are presented in recognition of outstanding achievements and innovative contributions to health promotion through VicHealth-funded projects. This year's awards will be presented at VicHealth's Annual General Meeting on 13 December 2006.

## New VicHealth Centre to Promote Mental Health

It's official: the newest VicHealth-sponsored centre has been renamed the McCaughey Centre – the VicHealth Centre for the Promotion of Mental Health and Community Wellbeing.

Located within The University of Melbourne's School of Population Health, the McCaughey Centre is named in honour of two outstanding Victorians: the late Davis McCaughey and his wife, Jean.

Professor John Wiseman, the McCaughey Centre's director, has selected a team of highly qualified staff whose work will help establish the Centre's identity and steer its future direction.

Professor Wiseman is also overseeing the establishment of Community Indicators Victoria (CIV). CIV supports the development and use of local community wellbeing indicators, and will be hosted by the McCaughey Centre.

A defining feature of the Centre's approach is its commitment to working collaboratively with like-minded community, public and private sector organisations. The Centre welcomes enquiries about potential joint projects and partnerships. Further information about the Centre's staffing and initial directions can be found at [www.vcpmhs.w.unimelb.edu.au](http://www.vcpmhs.w.unimelb.edu.au)

## VicHealth Mental Health and Wellbeing Short Course

There will be no more short courses in 2006. For future course information, please visit the VicHealth website in 2007: [www.vichealth.vic.gov.au/shortcourse](http://www.vichealth.vic.gov.au/shortcourse).

## Advance Notice: National Youth Conference – Are we there yet? Melbourne 1–2 May 2007

This is the first national youth conference in 8 years. It's for young people, youth workers, educators, policy-makers, academics

and researchers, community workers and anyone interested in youth affairs in Australia. It is being hosted by the Youth Affairs Council of Victoria. To register your interest and receive regular conference updates, email [conference@yacvic.org.au](mailto:conference@yacvic.org.au) with the subject line 'conference e-list'.

## DHS/VicHealth Health Promotion Priority Setting

The Rural and Regional Health and Aged Care Services (RRHACS) Division, Department of Human Services and VicHealth have been working together to develop the health promotion priorities for 2007–2012.

The Minister for Health has recently signed-off the seven priority issues, which aim to improve overall health and reduce health inequalities:

1. Promoting physical activity and active communities
2. Promoting accessible and nutritious food
3. Promoting mental health and wellbeing
4. Reducing tobacco-related harm
5. Reducing and minimising harm from alcohol and other drugs
6. Safe environments to prevent unintentional injury
7. Sexual and reproductive health

Neighbourhood Renewal sites were also confirmed as one of the priority settings for health promotion practice from 2007–2012.

## FUNDING ROUNDS OPEN

### Active Club Grants

Grants of up to \$2500 are available to sports clubs/ organisations to purchase equipment and/or volunteer training.

**Guidelines and Application Form:** [www.vichealth.vic.gov.au/activeclub](http://www.vichealth.vic.gov.au/activeclub) or phone VicHealth on (03) 9667 1333.

**Closing date:** 15 December 2006

### Active Participation Grants

Grants of up to \$60,000 per year for 3 years are available to community, sport and active recreation organisations in rural and regional Victoria. Grants will support projects that develop partnerships to increase participation in physical activity for population groups that are inactive or may traditionally encounter barriers to participation.

**Guidelines and Application Form:** [www.vichealth.vic.gov.au/active](http://www.vichealth.vic.gov.au/active) or phone VicHealth on (03) 9667 1333.

**Funding round opens:** 13 November 2006

**Closing date:** 19 December 2006

### Respect, Responsibility and Equality: Preventing Violence against Women

Grants of up to \$30,000 are available to support initiatives to engage a range of community groups, organisations and partnerships to undertake activities that aim to prevent violence against women.

**Guidelines and Application Form:** [www.vichealth.vic.gov.au/vaw](http://www.vichealth.vic.gov.au/vaw)  
**Closing date:** 13 December 2006

## SUBSCRIBE TO THE WEBSITE

If you are not already a subscriber to the VicHealth website, we recommend you sign up. You'll get regular updates about what's new on the site, including latest data, open funding rounds, new publications, upcoming seminars and learning events, and lots more. Go to [www.vichealth.vic.gov.au](http://www.vichealth.vic.gov.au), click on 'subscribe' in the top right hand corner and follow the prompts.



## NEW PUBLICATIONS & RESOURCES



### School's Out, Get Active *Learnings from the Out of School Hours Sports Program*

This publication summarises the findings from the evaluation of the Out of School Hours Sports Program. The evaluation was undertaken by the School of Human Movement and Sport Sciences at the University of Ballarat in 2005. Prepared for the Australian Sports Commission and VicHealth, the report will help those involved

in school sport and recreation programs at the local level give their programs every chance of success. Copies are available by contacting VicHealth on (03) 9667 1333 or from the VicHealth website: [www.vichealth.vic.gov.au/pubsphysical](http://www.vichealth.vic.gov.au/pubsphysical)



### Lively Neighbourhoods *Inspirational Stories from Victoria's Walking School Buses*

The success stories featured in this publication illustrate how the Walking School Bus program has had far-reaching effects on participants, the schools and the wider community. Beginning with four councils in 2001, the program is now running in 60 local government areas across Victoria. Copies are available by contacting

VicHealth on (03) 9667 1333 or from the VicHealth website: [www.vichealth.vic.gov.au/wsb](http://www.vichealth.vic.gov.au/wsb)



### Strategic Priorities 2006–2009

VicHealth's *Strategic Priorities 2006–2009* have been guided by our vision, mission, values, the requirements of the *Tobacco Act 1987* and a statewide consultation conducted in partnership with the Victorian Department of Human Services to establish statewide health promotion priorities for 2007–2012. The new directions were informed by an extensive review and included consultations

with stakeholders, Board and staff. Copies are available from VicHealth by phoning (03) 9667 1333 or visit the website: [www.vichealth.vic.gov.au/strategic](http://www.vichealth.vic.gov.au/strategic)



### Annual Report 2006

VicHealth's Annual Report for 2005–2006 was tabled in the Victorian Parliament on 4 October 2006. Copies are available from VicHealth by phoning (03) 9667 1333 or visit the website: [www.vichealth.vic.gov.au/annualreport](http://www.vichealth.vic.gov.au/annualreport)



### Two Steps Forward, One Step Back *Community Attitudes to Violence Against Women*

This publication looks at the progress and challenges in creating safe and healthy environments for Victorian women. The findings will enable us to better understand community attitudes and beliefs and to target future efforts more effectively.

The report also provides important benchmark data against which we can monitor progress. Copies are available by contacting VicHealth on (03) 9667 1333 or from the VicHealth website: [www.vichealth.vic.gov.au/cas](http://www.vichealth.vic.gov.au/cas)

### VicHealth Stakeholder Consultation 2005

Thanks to the many people who provided insightful and valuable input and feedback to VicHealth's third triennial stakeholder survey. The findings have informed VicHealth's *Strategic Priorities 2006–2009*. Copies of the Summary Report are available from VicHealth by phoning (03) 9667 1333 or visit the website: [www.vichealth.vic.gov.au/stakeholder](http://www.vichealth.vic.gov.au/stakeholder)

### More Sporting Chance Case Studies

In March this year, VicHealth published *A Sporting Chance: The inside knowledge on healthy sports clubs*, along with nine insightful and inspiring success stories from a range of different sports to illustrate the characteristics of a healthy and successful sporting club. To check out the latest case studies, go to the VicHealth website: [www.vichealth.vic.gov.au/sportingchance](http://www.vichealth.vic.gov.au/sportingchance)

## FUNDED CONFERENCES

Through the *Conference Support program*, VicHealth provides limited support to conferences held by other providers. Check the online events calendar ([www.vichealth.vic.gov.au/events](http://www.vichealth.vic.gov.au/events)) for more information about individual events listed below; entries are updated when more information comes to hand. Visit [www.vichealth.vic.gov.au/conference](http://www.vichealth.vic.gov.au/conference) to find out more about the program.

### 1–3 December 2006

#### Australian Sudanese Youth Conference

**Venue:** Copeland Theatre, Melbourne University

**Contact:** Madeleine Tempany, madtempany@yahoo.com.au, phone: 0403 286 485

**Organisation:** Researchers for Asylum Seekers

### 13–14 February 2007

**Health for All: Advocating for people who use alcohol and other drugs**

**Venue:** to be confirmed

**Contact:** Janine Bush, jrbush@vaada.org.au, phone: (03) 9416 0899

**Organisation:** Victorian Alcohol and Drug Association

### 16 February 2007

**Securing the Future**

**Venue:** Regent Theatre, Yarram

**Contact:** Diane Robinson, dianefr@netspace.net.au, phone: (03) 5184 1270

**Organisation:** Yarram Women on Farms Group

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Disclaimer: Views and opinions expressed in the VicHealth Letter do not necessarily reflect those of VicHealth. For information relating to this VicHealth Letter contact: Jackie Van Vugt (Director Communications and Marketing) Samantha McCrow (Publications Coordinator)

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