

Two steps forward, one step back

Community attitudes to violence against women

Progress and challenges in creating safe and healthy environments for Victorian women

A summary of findings

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Community attitudes to violence against women:

Progress and challenges in creating safe, respectful and healthy
environments for Victorian women

A summary of findings of the Violence Against Women Community
Attitudes Project

Violence against women:

progress and challenges



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Disclaimer

This summary document is a VicHealth document and, while it draws on some of the research and findings from the several sub-components which comprise this project (including the full technical report of the survey), the context, referencing, cited research and interpretation of the findings in the summary document have been compiled by and are the responsibility of VicHealth. The opinions and interpretations expressed in this document do not necessarily reflect those of the project contributors.

Publications of the Violence Against Women Community Attitudes Project

Web-based reports on which this publication is based are:

- Taylor, N & Mouzos, J, 2006, *Community Attitudes to Violence Against Women Survey: A Full Technical Report (Paper One)*, Australian Institute of Criminology, Canberra.
- Donovan, RJ & Vlasis, R, 2006, *VicHealth Review of Communication Components of Social Marketing/Public Education Campaigns Focusing on Violence Against Women (Paper Two)*, Mental Health and Wellbeing Unit, Victorian Health Promotion Foundation, Melbourne.
- Flood, M & Pease, B, 2006, *The Factors Influencing Community Attitudes in Relation to Violence Against Women: A Critical Review of the Literature (Paper Three)*, Mental Health and Wellbeing Unit, Victorian Health Promotion Foundation, Melbourne.
- Rees, S & Pease, B, Immigrant Women's Domestic Violence Service, 2006, *Refugee Settlement, Safety and Wellbeing: Exploring Domestic and Family Violence in Refugee Communities (Paper Four)*, Immigrant Women's Domestic Violence Service.

Available on www.vichealth.vic.gov.au/cas



About this publication

This publication summarises the key findings of the Violence Against Women Community Attitudes Project supported by the Victorian Health Promotion Foundation (VicHealth) in 2006. The project was undertaken to inform future work to prevent violence against women by improving understanding of how community attitudes contribute to this problem.

Definitions

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

Gender refers to the economic, social and cultural attributes and opportunities associated with being male or female in a particular point in time. **Sex** refers to the biological characteristics which define humans as female or male.

Gender equality means equal treatment of women and men in laws and policies, and equal access to resources and services within families, communities and society at large. Gender equity means fairness and justice in the distribution of benefits and responsibilities between women and men. It often requires women-specific programs and policies to end existing inequalities (WHO 2006).

Scope

The focus of this project is on community attitudes toward interpersonal forms of gender-based violence as they affect adult women, including:

- domestic violence, also referred to as intimate partner violence, family violence or relationship violence;
- sexual harassment;
- sexual assault, including rape; and
- stalking.



Table of contents

1.	Eliminating violence against women: Everybody's business, everybody benefits	7
2.	Project overview and recommendations	8
3.	Prevalent, serious and preventable: Violence against women is a public health issue	13
4.	Why address community attitudes on violence against women?	17
5.	Community attitudes and beliefs and changes since 1995: A summary of main findings	21
6.	The formation and change of community attitudes: Theory and evidence	28
7.	Learning from past campaigns to change attitudes	31
8.	What do the project findings mean?	35
9.	VicHealth's contribution to the primary prevention of violence against women	39
	Appendix Community attitudes and beliefs and changes since 1995: The main findings in more detail	41
	Project Advisory Group	72
	References and bibliography	73

1 Eliminating violence against women: Everybody's business, everybody benefits

VicHealth's mission is to foster change in the social, economic and physical environments that influence the health of all Victorians and to strengthen the understanding and skills of individuals in ways that support their efforts to achieve and maintain health. Our work is underpinned by the following tenets: That health is a fundamental human right, that everyone shares responsibility for promoting health and that everyone should benefit from improved health outcomes.

This approach is encapsulated in our work to address violence against women, which is part of a program of activity to promote mental health and wellbeing. It follows a study we undertook in 2004 in conjunction with the Victorian Department of Human Services (DHS) that formally quantified the health burden associated with one form of this violence – intimate partner violence. That study, the first of its kind internationally, found this violence to be the largest preventable contributor to the disease burden in women aged 15–44 years. 60% of that burden was due to associated mental health problems.

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. It is vital that this work continues. However, violence against women is too serious and too prevalent for us to confine our efforts to dealing with its direct casualties. We also need to invest in initiatives to prevent violence before it occurs.

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.

Through this work we aim to raise awareness of violence and its impacts. We also seek to 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 respectful relationships between men and women are valued and nurtured. One of our major partners in this work is the Australian Football League (AFL). Together, through the Respect and Responsibility Project, we hope to reach many millions of men, women and children via elite, state and community-based football.

The Violence Against Women Community Attitudes Project will enable us to understand community attitudes and beliefs better and to target future efforts more effectively. It also provides important benchmark data against which we can monitor progress, both past and future. In this respect, it tells us that while some advances have been made since the Australian community was last surveyed in 1995, there is a need to ensure that these gains are maintained and that problem areas and emerging issues are addressed.

Violence against women has negative consequences for all members of society and places a major burden on our economy. A recent international study also demonstrated a strong correlation between the health of men and violence against women, with male mortality rates being generally higher in those countries in which violence against women is prevalent (Stanistreet, Bamba & Scott-Samuel 2005). These findings suggest that prevention efforts will not only protect and promote the health and human rights of women affected by violence, but will also benefit men, women and children in the wider community.

We trust that this publication will assist in this endeavour by providing cause for optimism, motivation for continued effort and a foundation for more effective and better-targeted interventions.

Dr Rob Moodie
Chief Executive Officer
Victorian Health Promotion Foundation



2 Project overview and recommendations

There is increasing recognition internationally that sexual assault and intimate partner violence are common problems with serious health, social and economic consequences for women, their families and communities. Women are more likely than men to be the victims of these forms of violence and to suffer associated health consequences (WHO 2002).

Although attitudes are not the only factor contributing to violence against women, violence-supportive attitudes are associated with the perpetration of violence and can negatively influence the responses of victims, service providers and the wider community.

The aims of the Violence Against Women Community Attitudes Project were to:

- gauge community attitudes on violence against women and assess changes since 1995; and
- improve understanding of the factors involved in forming and changing community attitudes.

The project involved:

- administration of a survey to a random sample of 2000 Victorians 18 years and over and a booster sample of 800 people from selected culturally and linguistically diverse (CALD) backgrounds. The survey was based in large part on one conducted nationally in 1995 by the then Federal Office of the Status of Women (OSW 1995). Findings from the 2006 random sample were compared with those from the 1995 survey;
- qualitative research involving the general community and Indigenous communities;
- a review of theory and evidence relating to factors influencing attitude formation and change; and
- a critical review of past social marketing strategies to address violence against women.

Recommendations

Maintaining and building on positive developments

- 1 That the Australian and Victorian Governments continue to support whole-of-population activity to address attitudes toward violence against women, with a view to maintaining and building upon the positive changes in attitudes apparent in this project.
- 2 That the Victorian Government take steps to inform the community about recent law reform and efforts to increase the efficacy of the justice system in its response to family and sexual violence, given evidence in the survey of some uncertainty about justice system responses.

Beyond attitudes – investing in comprehensive primary prevention

3 That the Australian and Victorian Governments:

- support an approach to the primary prevention of violence against women which is implemented across sectors and involves multiple and reinforcing strategies. These strategies should include research and evaluation, direct participation programs, communications and marketing, community development, workforce and organisational development, advocacy and legislative reform; and
- continue to support broader social policy measures to achieve gender equality and gender equity.

This recognises both the complex processes involved in attitude and behavioural change and the fact that attitudinal change is a necessary but not a sufficient condition for the elimination of violence against women.

4 That the Australian and Victorian Governments consider the evidence-informed strategies for achieving attitudinal change outlined in Table 1 (see p11) in their primary prevention activity.

Addressing underlying social norms contributing to violence

5 That increased emphasis be given to addressing the underlying social norms that contribute to violence given the link between attitudes to gender roles and gender relations and attitudes towards violence against women found in this project.

Future communications and marketing activity

6 That the following be incorporated into future communications and marketing activities to address violence against women:

- information about the rights, entitlements and supports available to those affected by violence. This should be targeted to women and children affected by violence as well as to their families and friends who may be in a position to support them. A particular target should be women from CALD backgrounds and their communities, given the finding that women in the selected CALD communities in the survey were least likely to know where to secure advice and support in relation to violence against women;
- information about ways in which family members and friends can best support and assist women affected by violence and the barriers to women taking action to end violence in their relationship;
- information about the efficacy of the justice system in responding to violence against women;
- information about the patterns, dynamics and impacts of violence. This should include information relating to non-physical forms of violence and information addressing myths and misunderstandings about sexual assault;
- messages communicating that violence is unacceptable and a violation of human rights, regardless of the cultural background of the victim or perpetrator;



- messages communicating that non-violent and respectful communication is important for sound intimate and family relationships, while violent behaviour threatens men's relationships with their partners and children;
- campaigns to foster a safe environment for women and to advocate improvements in policy and systems (with particular emphasis being placed on the safety of women in the course of separation); and
- messages to achieve changes in social norms about violence and aspects of gender relations and gender identity that endorse or tacitly condone violence and to communicate that the exercise of male power has negative impacts for the health and wellbeing of all.

Improving prevention across the population

7 That, given the finding of this project that some groups are more likely to hold violence-supportive attitudes than others, future activities designed to address attitudes about violence towards women be targeted to, tailored for and delivered through settings relevant to:

- adult men;
- CALD communities, in particular men in these communities; and
- boys and young men.

Emphasis should be given in this activity to informing CALD communities of the laws pertaining to domestic and sexual violence and efforts to increase the efficacy of the justice system's response to these problems.

8 That the Australian and Victorian Governments give priority to supporting the primary prevention of violence against women in Indigenous communities, given evidence that women in these communities are particularly vulnerable to violence.



Table 1: Evidence-informed strategies to improve community attitudes to violence against women^a

Public health strategy	Strategies to improve attitudes to violence against women
Direct participation programs	<ul style="list-style-type: none"> • Early intervention programs for children and families affected by violence • Education programs on gender relations and violence for young people • Initiatives supporting increased participation in higher education • Programs to support men and women to intervene constructively in situations of violence
Communications and marketing	<ul style="list-style-type: none"> • Communications and marketing programs – both whole-of-population and targeted to specific sub-populations • Initiatives to improve the portrayal and reporting of violence against women in the media • Programs in schools to improve media literacy (i.e. the capacity to critically consider media messages) • Regulation of media and popular culture content and the content and availability of pornography
Community development	<ul style="list-style-type: none"> • Development and encouragement of events, activities and networks to raise awareness of violence and promote positive social norms in both geographic communities and communities of interest (e.g. Indigenous and CALD communities) • Education targeted to local cultures shown to have greater tolerance for violence against women, such as youth sub-cultures
Workforce and organisational development	<ul style="list-style-type: none"> • Education on attitudes to violence against women targeted to key workforces (e.g. criminal justice and health and social service personnel) • Education targeted to institutions and organisations shown to have greater tolerance for violence against women, such as some sporting codes • Partnerships with faith-based institutions and religious leaders to address attitudes toward violence against women • Initiatives to enhance the application of criminal justice responses to violence against women
Advocacy	<ul style="list-style-type: none"> • Community-based social movements and campaigns to raise awareness of violence, promote positive social norms and advocate social policy and legislative change
Legislative reform	<ul style="list-style-type: none"> • Social policy and legislative initiatives that condemn the use of violence and ensure the application of criminal justice responses to violence against women

^a A complete list of references on which this table was based can be found in Pease & Flood www.vichealth.vic.gov.au/cas (see p3).

3 Prevalent, serious and preventable: Violence against women is a public health issue

Violence against women has been identified as a significant health problem requiring urgent attention by a number of bodies at the national, international and local levels. These include the World Health Organisation (WHO) in its landmark World Report on Violence and Health (WHO 2002), the Australian Government through its Women's Safety Agenda (formerly the Partnerships Against Domestic Violence Initiative), the Victorian Government through its Women's Safety Strategy (OWP 2002) and Women's Health and Wellbeing Strategy (DHS 2006), the Public Health Association of Australia (PHAA 2002) and the Australian Medical Association (AMA 1998).

Evidence accumulated by these bodies indicates that violence against women is common, with WHO estimating prevalence rates of domestic violence of between 10% and 69% in countries around the world and rates of sexual violence of up to 47% (WHO 2002).

In 2004, VicHealth and DHS commissioned a study which demonstrated that intimate partner violence alone contributes 9% to disease burden in Victorian women aged 15–44 years, making it the largest known contributor to the preventable disease burden in this group (VicHealth 2004).

The 2005 Personal Safety Survey, a rigorous national study based on face-to-face interviews with over 17,300 Australians, found that:

- one in three women had experienced physical violence since the age of 15;
- nearly one in five women had experienced sexual violence since the age of 15; and
- 16% of women had experienced violence by a current or previous partner since the age of 15 (ABS 2006).

Studies yield contradictory findings in relation to whether domestic violence affects some groups more than others on the basis of their socio-economic status or cultural and linguistic background (Heise, Ellsberg & Gottemoeller 1999; Rees & Pease 2006; Mouzos & Makkai 2004). Nevertheless, there is clear evidence that gendered violence is not *confined* to women in any particular group but rather affects women across the social spectrum.

Indigenous women, however, are significantly more likely than other women to be the victims of violence (Mouzos & Makkai 2004; National Crime Prevention 2001). This is understood to be due to both historical and contemporary factors affecting this community, in particular a history of colonisation (Victorian Indigenous Family Violence Task Force 2003).

Violence against women has serious social and economic consequences for women, their families and communities:

- Women who have been exposed to violence have a greater risk of developing a range of health problems, including stress, anxiety, depression, pain syndromes, phobias and somatic and medical symptoms (WHO 2000).
- Women who have been exposed to violence report poorer physical health overall, are more likely to engage in practices that are harmful to their health and experience difficulties in accessing health services (WHO 2000).



- 34% of women experiencing violence by a current partner and 39% of those by a former partner report that the violence was witnessed by children in their care (ABS 2006). This exposure increases children's risk of mental health, behavioural and learning difficulties in the short term (Laing 2000); of developing mental health problems later in life (Edleson 1999), and in the case of boys of perpetrating violence as adults (Indermaur 2001).

The total estimated cost of domestic violence in Australia in 2002–03 was \$8.1 billion. Of this, \$848 million was borne by the Federal Government, \$487 million by state and territory governments, \$175 million by employers, \$4.05 billion by victims, \$1.19 billion by the community and \$555 million by the perpetrators (Access Economics 2004).

There is also evidence to suggest that:

- The influence of violence can persist long after the abuse has stopped.
- The more serious the abuse the greater its impact on women's physical and mental health.
- The impact over time of different types and multiple episodes of abuse appear to be cumulative (Golding 1999; Taft 2003; WHO 2000).

Accompanying increased awareness of the extent of the problem is an emerging consensus that:

- Violence against women is a problem best dealt with in a human rights, legal and health framework, through the development of multi-level strategies across sectors (OWP 2002; WHO 2002).
- Although its causes are complex, factors in our social, economic and cultural environments play a significant part. Addressing these factors can help to prevent the occurrence and consequences of violence against women (WHO 2004).
- Significant among these factors is the unequal distribution of power and resources between men and women (Heise 1998; OWP 2002; WHO 2002).


The public health sector's contribution: a public health response

VicHealth identified violence against women as a priority for action in 2003 and is seeking to address the issue 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.

In applying this approach to address violence against women, VicHealth is working in partnership with government, service providers, the research community, women's and men's groups and the philanthropic and corporate sectors to:

- support community development and strengthening approaches to foster understanding of the problem and encourage dialogue and action to address it at the local level;
- share information about violence against women through local, regional and national media as well as through other avenues such as community meetings, conferences and forums;

- 
- develop education and training programs to strengthen the capacity of workforces across sectors to implement evidenced-based prevention strategies;
 - develop the capacity of organisations to work collaboratively across sectors to implement preventative initiatives and to create safe and welcoming environments for women;
 - undertake communications and marketing activities to increase knowledge about and address attitudes to violence against women;
 - support research and evaluation to increase understanding of such violence and assess the effectiveness of prevention strategies; and
 - advocate policy and program development, resource allocation and legislative reform.

An emphasis on primary prevention

Violence against women and its consequences can be prevented through:

- *Intervention*
These strategies are implemented after violence has occurred and aim to deal with the violence, prevent its consequences and ensure that violence does not occur again or escalate.
- *Early intervention*
Early intervention is targeted to individuals and groups who exhibit early signs of violent behaviour or being subject to violence. These strategies aim to change behaviours or increase the skills of individuals and groups.
- *Primary prevention*
These strategies seek to prevent violence before it occurs by changing environments so that they are safer for women, building the skills and knowledge of individuals or changing behaviour. Interventions that do not have a particular focus on violence, but address its underlying causes (such as gender inequality and poverty), are also primary prevention strategies (VicHealth 2005).

While supporting activity at each of these levels, VicHealth is particularly interested in building the evidence and knowledge base for primary prevention. That is, for preventing violence *before it occurs*.

The Violence Against Women Community Attitudes Project is one of a program of activities currently being supported by VicHealth to address the health impact of violence against women. It was conducted by a team of researchers with input from a range of experts from across Australia.

4 Why address community attitudes on violence against women?

The wider socio-cultural context has been identified as a significant factor contributing to violence against women. Studies have shown that this violence tends to be more prevalent in communities in which there is limited social censure of violence against women and in which there is strong socio-cultural support for the privacy of the family and the right of men to exercise authority over women (Heise, Ellsberg & Gottemoeller 1999; WHO 2002). Attitudes and beliefs about violence are an important part of this context.

Violence-supportive attitudes and beliefs

Numerous studies have identified attitudes and beliefs held in the community that 'support' violence (Taylor & Mouzos 2006; Burt 1980; Murnen, Wright & Kaluzny 2002). They do this by:

- trivialising violence and its impacts (as, for example, when domestic violence is portrayed as nothing more than normal relationship conflict, or rape is portrayed as something women fantasise about);
- attributing blame to the victim of violence (as in the belief that women 'ask for rape' in their manner of dress);
- denying that violence occurred (as in the case of claims that women frequently falsify violence) or that certain behaviours are not violence (illustrated by the view that forced sex within marriage is not rape, reflected in the Victorian criminal law until 1981);
- denying that public agencies and the wider community have responsibility for violence (as in the view that 'domestic violence is a private matter that should be dealt with in the family', a view held despite the fact that this form of violence is a serious criminal offence); and
- justifying or excusing violence (such as the belief which diminishes men's responsibility for rape by asserting that it occurs because they cannot control their need for sex).

Attitudes and beliefs: Their influence on responses to violence

The causes of violence against women are complex and attitudes are not the only contributing factor (Heise 1998; WHO 2002, 2004). Further, the relationship between attitudes and behaviour is only partial. Whether a person acts on their attitudes in any given situation depends on their assessment of what others think and the presence of other factors in the broader social environment that either censure or permit violent behaviour (Ajzen & Fishbein 2005; Potter & Weatherall 1987; Prislín & Wood 2005). Attitude surveys measure what people say they will do and this might not always be what they will actually do. For example, racial discrimination persists in Australia despite surveys demonstrating that very few people claim to hold prejudiced attitudes and beliefs (Fiske 1998, cited in Ajzen & Fishbein 2005).

However, violence-supportive attitudes have been found to shape:

- *The perpetration of violence against women*
Men who hold violence-supportive attitudes are more likely to use violence against women (Alder 1992; Anderson, Simpson-Taylor & Hermann 2004; Heise 1998; O'Neill & Harway 1997) and violence is more common in those communities in which these attitudes are more prevalent (Heise 1998).




- *Women's responses to violence*
Women holding violence-supportive attitudes are more likely to blame themselves for assault, less likely to report it to police and other authorities, and suffer greater stress and trauma as a consequence of exposure to violence (Margolis 1998; Neville et al. 2004). Research shows that victims do not report violence because of their perceptions of others' attitudes, and their fears that they will be blamed and stigmatised by family and friends and that the criminal justice system will not provide appropriate redress (Lievore 2003).
- *Informal community responses to violence*
Attitudes and beliefs have an impact on whether family members, friends, acquaintances and bystanders respond with empathy to victims and offer them support. For example, people who make negative attributions to victims of violence are also less likely to say that they would report violence to the police and more likely to recommend lenient or no penalties for the offender (Pavlou & Knowles 2001).
- *Institutional responses*
Studies across a range of human service, law enforcement and criminal justice contexts demonstrate the influence of attitudes on whether violence is identified and appropriate responses are taken (Nayak et al. 2003; Stewart & Maddern 1997; Tilden et al. 1994; Ward 1995).

The influence of attitudes on community and institutional responses are particularly important, since these in turn contribute to the development of broader social norms that either sustain or sanction violence.

Tracking changes over time

National surveys of community attitudes to violence against women, undertaken by the then Office of the Status of Women in 1987 and 1995, showed that there had been improvements in community attitudes over time (OSW 1995). Since 1995 there have been social and economic shifts that may have influenced attitudes toward violence against women. There has also been increasing effort by communities, governments and health authorities nationally and internationally to address violence against women. Initiatives of particular significance to the Victorian community include:

- the Victorian Government's Women's Safety Strategy (OWP 2002), a five-year plan to guide coordinated action to reduce the level and fear of violence against women;
- the establishment in 2002 of statewide steering committees to reduce family violence and sexual assault comprising both government and non-government personnel from across sectors;
- the development and implementation of a \$35.1 million plan to reform service system responses to family violence in Victoria (DVC 2005; Statewide Steering Committee to Reduce Family Violence 2005);

- 
- a range of violence-prevention activities supported through the Australian Government Partnerships Against Domestic Violence Initiative (introduced in 1999), now the Women's Safety Agenda, including a national advertising campaign, 'Australia Says No';
 - improvements to Victoria Police responses to family violence, including development of the Code of Practice for the Investigation of Family Violence (2004) and amendments to the *Crimes (Family Violence) Act 1987* to facilitate removal of the violent offender from the family home;
 - a range of statewide and regional community education and development initiatives to raise awareness of and prevent violence against women;
 - landmark research reports estimating the prevalence and patterns of violence against women (ABS 1996; 2006) and the health impacts (VicHealth 2004) and economic costs of domestic violence (Access Economics 2004);
 - the allocation of some \$34.2 million in the 2006/7 state budget to support victims of sexual assault; and
 - reform of the law and court responses, including the introduction of stalking into the *Crimes Act 1958* in 1997, introduction of the *Crimes (Sexual Offences Act) 2006* amending rape laws, the creation of a Family Violence Division of the Magistrates Court and the appointment of a magistrate to supervise family violence and stalking protocols.

Tracking changes over time enables us to monitor whether prevention efforts have been effective and whether there are any continuing or emerging issues that need to be addressed.

5 Community attitudes and beliefs and changes since 1995: A summary of main findings

The survey

As part of the Violence Against Women Community Attitudes Project, a 25-minute telephone survey was administered to 2800 Victorians over the age of 18 years on their attitudes to violence against women. There were two samples. The first, referred to here as the 'main sample', was of 2000 people randomly selected from the Victorian population. The second sample comprised 200 people selected from each of the Italian, Greek, Chinese and Vietnamese communities (800 respondents in all). This sample comprised people born or with a parent born in one of these countries. It is referred to in this publication as the Selected Culturally and Linguistically Diverse Community (SCALD) sample. Interpreters or bilingual interviewers were available for both samples and translated versions of the survey were used in the SCALD sample. The results reported from the SCALD sample cannot be said to represent the views of all Victorians from CALD backgrounds or any one of the individual communities within the sample. These four groups were selected as they are among the largest of Victoria's CALD communities and include both established and more recently arrived groups. They also include groups from two of the main world regions from which Australian migrants originate.

To enable changes in community attitudes to be tracked over time, the survey was based largely on the 1995 survey undertaken by the Office of the Status of Women (OSW). There were some differences in the composition of the 1995 and 2006 samples, however. The 1995 survey was conducted nationally whereas the 2006 survey was conducted only in Victoria. There was also some resequencing and rewording in the 2006 survey and a broader range of response options were available. As it is not possible to determine if these differences affected responses or analysis, comparisons between the 1995 and 2006 surveys can be considered as crude indicators of change only. Nevertheless, the 1995 survey is the best available benchmark.

Qualitative research

The survey was complemented with:

- focus groups involving men and women from a range of backgrounds and from both rural and metropolitan Victoria; and
- focus groups with Victorians from Indigenous backgrounds and interviews with key stakeholders in the Indigenous community.

The main findings of the survey and qualitative research are summarised below. Specific findings are included in greater detail in the Appendix. A detailed technical report is available at www.vichealth.vic.gov.au/cas.



Key findings¹

Overall	<p>Progress</p> <p>Most Victorian women and men, regardless of their socio-economic status or cultural background, did not hold 'violence-supportive' attitudes² on many of the measures used in the survey. Attitudes had improved on most measures since 1995.</p> <p>Challenges</p> <p>Nonetheless there were concerning numbers who held attitudes which may serve to either condone or trivialise violence against women or undermine efforts to address it:</p> <ul style="list-style-type: none">• nearly one in four respondents <i>disagreed</i> with the statement that 'women rarely make up false claims of being raped' and a further 11% were unsure;• approximately one in six people agreed that in relation to sex 'women often say no when they mean yes' and a further 8% were unsure; and• just over one in ten people believe that women who are sexually harassed should sort it out themselves.• nearly two in five respondents agreed that 'rape results from men not being able to control their need for sex'. <p>Other issues of concern discussed further below include the sizeable proportions who did not have a good understanding of the serious nature of emotionally abusive and controlling behaviours that are often a feature of violent relationships and who believed that domestic violence could be excused in certain circumstances. Despite evidence to the contrary, there is a high level of belief that men and women are equally likely to perpetrate domestic violence and that women often falsify claims of domestic violence to gain tactical advantage in cases of contested child custody.</p> <p>Men and those born overseas were on average significantly more likely to hold attitudes that may serve to support violence than women and those born in Australia. Men in the SCALD sample were, on average, more likely to hold violence-supportive attitudes than women. Violence-supportive attitudes were also more likely to be held by respondents with a low level of support for gender equality than respondents supporting gender equality. While this project only surveyed adults, prior research indicates that violence-supportive attitudes are more prevalent among young men than their older counterparts.</p>
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¹ All figures cited in this summary are from the main sample.

² 'Violence-supportive' attitudes are discussed in more detail on p17.



Definition of violence against women	<p>Progress</p> <p>Most Victorians surveyed understood domestic violence as comprising a range of behaviours including physical and sexual assault, property damage and threats of harm to family members as well as social, psychological, verbal and economic abuse. Stalking and harassment by phone and email were widely recognised as violence against women. The proportion of the Victorian community identifying most behaviours included in the survey as violence in 2006 was greater than in the 1995 national sample.</p> <p>Challenges</p> <p>Compared with physical and sexual violence and threats, Victorians were less likely to recognise emotional, social and economic abuse as domestic violence. 17% did not believe that controlling the social life of one's partner by preventing their contact with family and friends or repeatedly criticising one's partner are violence and nearly one in three did not believe that trying to control one's partner by denying them money is violence. This is despite evidence showing that domestic violence is often characterised by a pattern of physical and other controlling behaviours that have a significant impact on the victim.</p>
Beliefs about the prevalence and seriousness of violence against women	<p>Progress</p> <p>Most people surveyed agreed that physically violent and threatening behaviours are serious (e.g. slapping and pushing to cause harm and fear, forcing one's partner to have sex, throwing and smashing objects and threatening to hurt family members). Similarly, sizeable proportions agreed that stalking and email and telephone harassment are serious. Most people believed that violence against women is serious (98% of women and 93% of men) and a large proportion agreed that it is common, though women were more likely to do so than men (82% versus 66%). Nearly all respondents understood that domestic violence is a crime (97%) and the proportion agreeing with this statement was greater in 2006 than in the 1995 national survey (93%). 93% disagreed with the statement 'a woman cannot be raped by someone she is in a sexual relationship with', suggesting a wide understanding that forced sex in the context of a relationship is also a crime.</p> <p>Challenges</p> <p>Emotional, social and financial abuse were generally less likely to be seen as serious, despite research evidence demonstrating their negative health and social consequences for women. 23% of the Victorians surveyed in 2006 did not believe that yelling abuse at one's partner is serious and 17% did not believe that criticising one's partner to make them feel bad and useless is serious.</p>



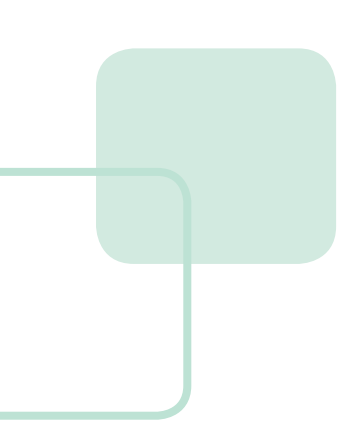
<p>Understanding of who perpetrates and is affected by violence</p>	<p>Progress</p> <p>Domestic violence is perpetrated mainly by men and the overwhelming majority of victims are women. Most respondents (77%) understood this to be the case. There was also a sound understanding that women are more likely than men to suffer physical harm.</p> <p>Challenges</p> <p>A considerable proportion of Victorians surveyed in 2006 (20%) believed that domestic violence is perpetrated equally by both men and women. This is a greater proportion than in the 1995 national sample (9%). Sizeable proportions also believed that the psychological and emotional harms are equal for both men and women. This suggests that there is a poor understanding that domestic violence is committed mainly by men against women and is frequently characterised by a persistent pattern of controlling and abusive behaviours.</p>
<p>Belief in explanations diminishing men's responsibility for violence</p>	<p>Progress</p> <p>The overwhelming majority of respondents (97% or more) did not believe that violence was justified in most of the scenarios presented in the survey and most did not believe that there are circumstances in which it can be excused. There was limited support for beliefs that attribute blame to the victim of sexual assault (e.g. that 'women who are raped often ask for it' or that 'women say no to sex when they mean yes'). The proportion supporting the belief that 'women who are raped often ask for it' was smaller in the 2006 survey than in 1995 (6% versus 15%).</p> <p>Challenges</p> <p>In contrast to the very small number of people prepared to justify violence, there was evidence of support for beliefs excusing it. Nearly one in four respondents 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. Nearly two in every five respondents believed that 'rape results from men not being able to control their need for sex'. While support for attitudes attributing blame to the victim was limited, it was still of concern. For example, as indicated above, one in six people agreed that 'women often say no to sex when they really mean yes'. The difference between surveys in the proportions agreeing to this was not significant.</p> <p>Beliefs that women falsify claims of violence continued to be common, with nearly one in four respondents <i>disagreeing</i> that 'women rarely make false claims of being raped' and almost half of all respondents (46%) agreeing that 'women going through custody battles often make up claims of domestic violence to improve their case'. There are no studies proving that claims are falsified. Attitudes pertaining to falsification in cases of child custody are of particular concern given their potential to compromise women's access to support and protection at a time when violence frequently escalates.</p>



Beliefs about victim, community and systemic responses to violence	<p>Progress</p> <p>Most Victorians surveyed rejected the beliefs that domestic violence is a private matter that should be dealt with in the home (82%) or that women who are sexually harassed should sort it out themselves (86%). The proportions doing so were higher than those sampled nationally in 1995 (when they were 80% and 78% respectively). Many believed that women are now more likely to talk about being a victim of domestic violence (72%).</p> <p>There is evidence of increased confidence in the legal system, with fewer people in the 2006 survey than in 1995 agreeing that the legal system treats rape victims badly (65% compared with 77%). 40% of Victorians surveyed in 2006 believed that the police now respond more quickly to domestic violence calls than they did in the past. There was overwhelming support (91%) for removing the violent offender (rather than women and children) from the home, consistent with Victorian Government policy.</p> <p>Challenges</p> <p>Less than half (41%) of the sample believed that people are more likely to intervene in domestic violence than they were 10 years ago. There continued to be a high degree of uncertainty about legal system and court responses, suggesting that many Victorians simply do not know about the legal system's response to violence against women. This is a concern given that the perceived efficacy of criminal justice responses is understood to be a factor in both deterring violent behaviour and in whether women access legal assistance. While confidence in legal system responses has improved, understanding of women remaining in violent relationships remains unchanged. The majority of respondents in both the 1995 and 2006 surveys agreed that 'it is hard to understand why women remain in violent relationships'. The proportion holding this view was slightly greater in the 2006 Victorian survey (81%) than in the 1995 national survey (77%), though these differences were not statistically significant. The apparent lack of change in this area is of concern given evidence that barriers to women separating from violent partners persist.</p>
Preparedness to intervene in situations of domestic violence	<p>Progress</p> <p>Most Victorians reported that they would intervene in some way in a situation of domestic violence, including where the victim was a stranger (81%), neighbour (84%) or family member or friend (95%).</p> <p>Challenges</p> <p>Sizeable numbers of people reported that they would intervene in ways that are discouraged by experts working with families affected by violence (for example, intervening personally and confronting the perpetrator rather than calling the police or offering support to the woman). Australian research shows that the responses of family and friends to women experiencing violence are frequently unhelpful. This suggests that community education targeted to family and friends of victims is important.</p>



Predictors of attitudes to violence against women	<p>The strongest and most consistent predictors of holding violence-supportive attitudes were being male and having weak support for gender equality. These findings confirm prior research indicating an association between violence-supportive attitudes and gender and beliefs regarding gender relations and gender equality.</p> <p>Educational attainment, occupation and employment were also predictors although their effects were sporadic. Where they did emerge as predictors, people with higher education, who were employed and who were in white-collar occupations were less likely to have violence-supportive attitudes.</p> <p>Whether born in Australia, length of time in Australia and whether English was spoken at home were predictive of some of the violence-supportive attitudes in the SCALD sample.</p>
Reach of media coverage and information on violence against women	<p>Progress</p> <p>Most Victorians (74%) recalled hearing, reading or seeing something recently about violence against women in the media.</p> <p>Challenges</p> <p>A quarter of Victorians did not recall any media content on violence against women. Media and advertising is tending to reach those least likely to hold violence-supportive attitudes. About 40% of Victorians would not know where to get advice and support if a person they knew was experiencing violence, and this was a particular concern for women in the SCALD sample. Proficiency in English was a significant predictor of whether people had seen, read or heard anything in the media about gendered violence, suggesting that language is a barrier to reaching CALD communities.</p>



6 The formation and change of community attitudes: Theory and evidence

To establish what factors contribute to the development and change of community attitudes towards violence against women, a review of studies and theoretical literature largely published between 1995 and 2005 was conducted.

The review identified a number of factors that are strongly associated with the development of violence-supportive attitudes (see Table 2 opposite). A significant finding was the overarching influence of gender. There is a strong relationship between attitudes to violence and gender and attitudes towards gender roles and relations:

- Men are more likely than women to hold violence-supportive attitudes.
- Individuals (both men and women) who support traditional gender roles and relationships are more likely to express violence-supportive attitudes.

It was found that attitudes towards violence against women stem from and are intertwined with attitudes towards women, gender and sexuality. Violence-supportive attitudes are often reflected in 'normal' sexual, intimate and family relations. This means that factors shaping attitudes towards violence against women cannot be considered in isolation from factors shaping gender.

Gender divisions and inequalities occur across countries, cultures and communities. However, the ways in which they are expressed varies between different groups and communities within a country, from one culture to another and between different occupational and socio-economic groups.

Group, community and cultural specific norms and social relations have a profound influence on violence against women. For example, at the global level violence against women is generally lower in those countries in which decision-making power is more equally distributed between men and women and gender roles are less rigidly defined (Heise, Ellsberg & Gottemoeller 1999).

Sex and support for gender equality were found to be significant factors associated with attitudes in the 2006 Victorian survey. Variations were also found between groups based on their place of birth and socio-economic status.

The review identified evidence of a number of strategies that are effective in addressing attitudes to violence against women. These strategies have been summarised in Table 1 on p11.



Table 2: Factors associated with violence-supportive attitudes^a

Level	Factors	
	Violence-supportive	Factors with the potential to facilitate or inhibit violence-supportive attitudes
Individual	Childhood exposure to violence-supportive cultural norms Support for traditional gender roles and relationships Weak support for gender equality Age and stage of development (boys and young men) Masculine orientation/sense of entitlement (men) Lower levels of education (women) ^b Lower workforce participation (women) ^b	Childhood exposure to violence (negative impact greater for males)
Organisational	Masculine contexts such as sporting sub-cultures, college fraternities and the military	Churches and faith-based organisations Criminal justice and social service and health system practices Workplace cultures
Community	Male peer cultures	Faith-based communities Culturally specific norms regarding gender and sexuality Neighbourhood culture
Societal	Pornography Advertising portraying women in highly sexualised ways	Television, music, film and media portrayals of women, violence and gender relations Campaigns and social movements addressing issues associated with violence and gender relations

^a A complete list of references on which this table was based can be found in Pease & Flood at www.vichealth.vic.gov.au/cas (see p3).

^b These factors have been found to positively influence attitudes to gender equality which have in turn been found to positively influence attitudes to violence against women. However, there is as yet no direct evidence demonstrating a relationship between these factors and violence-supportive attitudes.

“Family violence can’t be excused if you lose control ... if you are going to freak out, go somewhere by yourself and do it.”

“Zero tolerance of violence is becoming a reality.”

“Emotional violence has a long-term affect on women and for some it takes years to heal.”

Indigenous community focus group participants,
Violence Against Women Community Attitudes Project

7 Learning from past campaigns to change attitudes

A review of national and international communications and marketing activity to address violence against women was also conducted. This included campaigns implemented between 1995 and 2005 with the specific objective of influencing community attitudes towards violence against women. Campaigns targeted to groups with particular needs, such as CALD communities or people with disabilities, were not included.

Types of campaigns

The review documented a number of campaign themes and approaches that have been undertaken. These include:

Shifting general community attitudes

Many campaigns have attempted to change general community attitudes concerning violence against women, either to change the community's tacit acceptance of such violence or to achieve more specific objectives.

Social norms marketing

Some campaigns have attempted to inform men that fewer of their peers condone violence against women than they might think.

Campaigns focusing on women who experience violence

A number of campaigns have focused on encouraging women experiencing violence to phone a family violence helpline. They have attempted to assure women that family violence is unacceptable and 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. The helpline will then encourage them to enrol in a men's behaviour change program.

Prevention campaigns targeting youth

These campaigns focus on encouraging young men and women to notice and respond to the warning signs when men are behaving abusively in relationships. The objective is to encourage young women to expect respectful relationships and 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

These campaigns 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.



Developing an effective program of activity

Drawing on evaluations of these campaigns, social marketing and health promotion theory and understanding of the factors that facilitate or inhibit violence, the review found that an effective program of communications and marketing activity would comprise:

- individual-level campaigns targeting the immediate safety of women and children;
- societal and specific institutional campaigns that foster an environment to achieve the immediate safety of women and children;
- societal campaigns that target whole communities to support and advocate policy and legislative action to ensure appropriate responses to those affected by violence;
- societal campaigns to achieve changes in social norms about violence in general and in various connotations and concepts of masculinity that endorse or tacitly condone male violence; and
- societal campaigns to challenge male privilege and its negative impact for the health and wellbeing of all.

Good practice strategies

Evidence from the review suggests that the following are critical for an effective campaign:

- interventions should be based on comprehensive theoretical models of health promotion and social marketing;
- formative research should be undertaken to map the attitudes, beliefs, knowledge and skills relevant to the behavioural and communication objectives of the campaign. It is critical that this include pre-testing with primary and secondary audiences to guard against unintended negative consequences;
- media advocacy strategies (e.g. liaison with journalists to support the development of feature articles or documentaries, staging community events that attract media attention) should be developed alongside a campaign to ensure that unhelpful media representations of violence against women do not undermine campaign messages;
- campaigns should be sustained beyond a single 'dose'. This can be achieved through activities which extend beyond the immediate media coverage (e.g. websites, community development programs), having a phased approach, or by building on an existing campaign as the need to address new messages or target new audiences becomes apparent;
- mass media advertising and media advocacy strategies should be integrated and mutually reinforce other activities such as community development, community education or improvements in the way organisations respond to violence. This is best achieved through inter-agency partnerships and, where necessary, policy and legislative changes;



- ideally campaigns should include a primary message with a specific behavioural objective (e.g. support a neighbour affected by violence by helping her to call a helpline) with a secondary message that seeks to foster positive social norms in respect of violence (e.g. we all share responsibility for addressing violence);
- political support for interventions should be maintained by keeping all major stakeholders informed of the communication campaign, its objectives, outcomes and role in an integrated strategy to address violence against women; and
- campaigns should be monitored and evaluated.

Possible new campaign messages and approaches

The review identified several approaches that would be worth exploring in future initiatives, including:

- a campaign conveying messages about the efficacy of the criminal justice system in responding to violence against women;
- campaigns using relationship incentives by emphasising how men's violence is getting in the way of positive relationship values and men's desire for a good relationship; and
- messages targeted to men identifying that violence may potentially result in the loss of their partner and children.

8 What do the project findings mean?

Overall, the Victorian community has a good understanding of violence against women and does not support men's use of violence. To the extent that the 1995 national and 2006 Victorian surveys can be compared, there have been improvements on most measures since 1995. There is also increasing confidence in community and systemic responses to violence. Most people report that they would personally intervene to address violence affecting a stranger, family member, neighbour or friend. The survey provides cause to be cautiously optimistic that efforts by governments, service providers and community groups in recent decades have had some impact.

It is important that these gains are maintained and that action is taken to address issues of concern identified in this project.

Attitudes are only part of the story

Violence against women continues to occur. Even with considerable reform efforts in recent years, there is evidence that women affected by violence continue to experience inappropriate responses from family and friends (Keys Young 1998) and within the social service and criminal justice systems (Statewide Steering Committee to Reduce Family Violence 2005; VLRC 2003, 2004, 2006). This is despite the fact that most violence-supportive attitudes and beliefs assessed in this survey are rejected by the great majority of Victorians.

In part, this is because violence against women is a complex problem with multiple causes. Attitudes, though important, are only one contributing factor (Heise 1998; WHO 2002). Further, attitudes are not the only determinant of behaviour. Also important is the broader social context that influences whether attitudes are manifest in behaviour. Together these suggest the need for a comprehensive primary prevention approach that identifies and addresses the range of factors implicated in violence against women.

To date, communications and marketing strategies have been the main tool used in Australia for the primary prevention of violence. While this approach is both important and effective, the findings of this project suggest the need for an integrated range of mutually reinforcing strategies to create community, organisational and broader societal environments that support and promote respectful relationships between men and women and in which there are strong social and other sanctions against the use of male violence.

The public health approach introduced in this publication provides a useful framework to guide this work.

There is a continuing need for whole-of-population approaches

Evidence from other health areas, such as tobacco control and the prevention of AIDS, indicate the importance of sustaining activity to maintain improvement at the population level after high levels of attitudinal and behavioural change have been achieved. For this reason, continued efforts targeted to the whole community will be necessary to maintain the gains demonstrated in the 1995 and 2006 surveys.

Within whole-of-population approaches, particular emphasis should be placed on strategies, settings and messages to reach men, given evidence that they are on average more likely to hold violence-supportive attitudes than women.



Attitudes needing to be addressed in future activity

While the survey found limited obvious support for violence against women in the general community, there was evidence of more subtle manifestations of violence-supportive attitudes. For example, a large proportion of Victorians surveyed did not recognise the serious nature of emotional abuse and controlling behaviours and many believed that domestic violence is perpetrated equally by both men and women, despite evidence to the contrary. The future challenge will be to develop and implement ways of addressing these attitudes.

Violence occurs within a particular social context, with this project finding a strong link between violence-supportive attitudes and attitudes toward gender roles and relations and gender equality. This suggests strategies that seek to address violence in the context of challenging some of these broader norms are likely to be effective. These include approaches promoting women's right to respect in relationships, emphasising the responsibility we all share to address violence and challenging men's right to exercise power in relationships.

There are also a number of specific areas indicated in the survey as requiring attention in future activities. These include information on:

- women's increased vulnerability to violence in the course of separation and the importance of assistance at this time. This is vital given the finding that almost half of all Victorians surveyed believed that women often falsify claims of domestic violence to gain a tactical advantage in cases where child custody is contested. Social service, law enforcement and criminal justice personnel are a particularly important target for this information;
- the barriers women may face in leaving a violent relationship or reporting to the police;
- the gendered patterns and dynamics of violence, the differential impacts of violence for men and women and the factors that distinguish domestic violence from non-violent relationship conflict;
- the occurrence and consequences of non-physical forms of violence;
- the most appropriate ways in which family, friends and neighbours can support women who are experiencing domestic violence along with information on sources of advice and support;
- the fact that violence is a crime and a violation of human rights which is unacceptable regardless of the cultural background of the victim or perpetrator (Rees & Pease 2006). This is important given the finding in the general community focus groups that people were sometimes reluctant to intervene in domestic violence situations where the affected couple was from a CALD background because they were unsure whether violence was acceptable in other cultures;
- recent reforms in law enforcement and the criminal justice systems to improve responses to violence, given the level of uncertainty found in relation to these in the survey. Evidence suggests that perceptions of efficacy influence both the deterrent effect of the law as well as women's confidence in accessing legal remedies (Donovan & Vlasis 2005); and
- sexual assault, with the survey indicating that sizeable proportions of Victorians continue to hold rape-supportive attitudes, such as 'women often say no when they mean yes', 'women often make false claims of being raped' and 'rape results from men not being able to control their need for sex'.



Target populations

There are variations in attitudes between groups and current strategies appear to be reaching those least likely to hold violence-supportive attitudes. The following sub-populations should be targeted for future work:

- boys and young men, given evidence both of the increased likelihood of this group holding violence-supportive attitudes and the potential to influence the development of positive attitudes into adulthood;
- CALD communities, with a particular focus on CALD men and those who are recently arrived in Australia. CALD women should be a specific target for information about sources of help and assistance; and
- Indigenous communities, as women in these communities are particularly vulnerable to violence.

Multi-strategy approaches are more likely to be effective with these groups as they provide greater flexibility to reach them through everyday settings such as schools and faith-based organisations. Since these settings enable affected communities to be engaged in the development of strategies, they can be more readily tailored to particular group and local contexts.

Priority settings

Settings in which effort could be most profitably targeted include:

- organisations and local cultures with which young men are associated, including university colleges, sporting clubs, workplaces, youth clubs and military institutions;
- faith-based institutions, particularly through collaboration with religious leaders; and
- the criminal justice, health and social service systems, through new and existing training and education initiatives.

The role of broader social policy initiatives

WHO proposes that broader social policy initiatives to address gender inequality and improve the status of women are critical to reducing violence against women (WHO 2004). The review of evidence for factors influencing attitude formation conducted as part of this study supports this. It found a close relationship between attitudes towards violence against women and gender roles and relations.

The finding that length of residence in Australia has an impact on attitudes suggests that the extent to which people have settled in a new country may have an influence on attitudes. This indicates that initiatives to improve the settlement prospects of migrants and refugees and their access to resources such as employment, education and social connection are likely to have a positive impact on violence-supportive attitudes in these communities.

Similarly, social policy initiatives designed to address Indigenous disadvantage in key areas such as employment, housing and education are important given evidence of the link between violence in these communities and contemporary and historical oppression, in particular a history of colonisation.

9 VicHealth's contribution to the primary prevention of violence against women

In its *World Report on Violence and Health*, the WHO challenges the international community and governments at all levels to address the unacceptable prevalence of violence, identifying violence against women as a particular issue for action. It stresses that fundamental solutions to violence lie in collaborative action between government and the community and across a broad range of sectors and disciplines (WHO 2002).

In Victoria, this response is coordinated through the whole-of-government Women's Safety Strategy (OWP 2002). Violence against women has also been identified as an issue in the DHS Women's Health and Wellbeing Strategy and a priority by Women's Health Victoria in their recently developed Ten-Point Plan (WHV 2006).

VicHealth has a role in adding value to this whole-of-government approach through the application of a range of public health strategies, including those outlined below.

Direct participation programs

- Through its arts and active recreation programs, VicHealth will continue to support initiatives that seek to 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.

Community development and strengthening

- A program providing small to medium grants to community groups to develop initiatives for the primary prevention of violence is being developed.
- Forums and conferences to discuss and develop local responses to violence against women will continue to be supported.

Organisational and workforce development

- Through the Respect and Responsibility Project, an AFL–VicHealth partnership, work will be supported to ensure that elite, state and community-based football environments offer safe environments for women and foster mutually respectful gender relations.
- Activity to build the capacity of organisations to undertake primary prevention activity will be supported through the small grants scheme.
- Relevant workforces will be supported to build skills in primary prevention activity to address violence against women.
- This publication will be disseminated to relevant workforces.



Communications and marketing

- Activity to address violence against women will be supported through the Respect and Responsibility Project.
- The small grants scheme will support local and statewide initiatives to improve media literacy and address disrespectful portrayals of women in the media and advertising.
- Support will continue to be given to men's organisations in Victoria to facilitate participation in the annual UN-sponsored White Ribbon Campaign that encourages men to take responsibility for violence perpetrated against women.
- Media activity will be undertaken to raise awareness of violence against women and its health consequences.
- Support will continue to be given to arts organisations to utilise creative mediums to explore issues and educate members of the public about violence against women.

Research and evaluation

- In partnership with the Victorian Government, VicHealth is developing an evidence-based framework for primary prevention of and early intervention in domestic violence.
- Promising projects from the small grants scheme will be 'scaled up' and rigorous impact evaluation will be undertaken to help build evidence and practice knowledge in the primary prevention of violence against women.
- Attitudes towards violence against women will continue to be monitored through periodic surveys.
- Research to understand violence against women better and to document good practice in primary prevention and early intervention will continue to be supported.
- Data from this current study will be shared with other researchers.

Policy development, advocacy and legislative reform

- VicHealth will continue to advocate for the Australian and Victorian Governments to allocate resources to primary prevention activity and for the development of a whole-of-government plan for the primary prevention of intimate partner violence.
- Opportunities will be taken to ensure that the health impact of violence against women and issues identified in this research as requiring attention are considered in local, state and national policy forums.
- VicHealth will brief relevant personnel from the Australian and Victorian Governments and non-government organisations on the findings of the Indigenous component of the project.
- This publication will be distributed to relevant state and national ministers, departmental personnel and peak advocacy bodies.

Appendix

Community attitudes and beliefs and changes since 1995: The main findings in more detail¹

Theme One: Definition of violence against women

One of the universally accepted definitions of violence against women is that developed by the United Nations (see p4). This definition underpins the Women's Safety Strategy, the Victorian Government's planning framework to address violence against women. Among other things, it recognises that violence is not confined to behaviours causing physical harm, but includes those that may result in psychological harms.

Domestic violence is distinguished from the arguments or disagreements that occur in respectful and equal relationships where both partners feel free to state their own opinions, to make their own decisions, to be themselves and to say no to sex (DVIRC & VCCAV 2001). In a violent relationship, a partner is dominated through physical harm, criticism, financial control and demands, sexual pressure or isolation from others (VLRC 2006; WHO 2005). Qualitative research shows that emotional abuse and controlling behaviours can be as damaging as behaviours of a physical nature (Martinez & Schröttle 2006; VLRC 2006; WHO 2005).

Understanding what constitutes violence influences whether perpetrators perceive their behaviour as violence (and therefore as wrong) and whether women perceive themselves or are perceived by others as victims. In turn, this may influence whether action is taken to address violence.

Identifying what behaviours the community understands to be violence is important for:

- designing the content of, and framing messages for, community education and other prevention strategies;
- interpreting research on women's experiences of violence so that accurate estimates of prevalence can be made across the population and prevention initiatives can be appropriately targeted. This is because women's perceptions can influence whether they identify as victims when surveyed about their experiences (Mouzos & Makkai 2004); and
- informing law reform activities.

Respondents to both the 1995 and 2006 surveys were asked whether a range of behaviours were domestic violence or violence against women (see Table 3 p44). These issues were also discussed in focus groups and interviews.

¹ Note that the term 'significant' in this Appendix is used to denote that findings were statistically significant, rather than necessarily substantial in size. That is, these differences were likely to be due to actual differences between the samples rather than to sampling error. All differences reported in this Appendix are statistically significant unless otherwise stated.



Key findings

A broad understanding of violence

The great majority of respondents in both the main and SCALD samples in 2006 understood domestic violence as comprising both physically violent behaviours (such as slapping and pushing and forcing one's partner to have sex) and a range of abusive behaviours (such as controlling one's partner by preventing them from having contact with their family and friends or repeatedly criticising them to make them feel bad and useless). There was also wide agreement that stalking and harassment by email and phone are violence against women (see Table 3 p44).

Women in both samples were more likely to regard most of the behaviours as violence than their male counterparts.

Indigenous participants in the interviews and focus groups also understood violence as comprising a range of behaviours, though women were more likely than men to identify controlling and other psychologically damaging behaviours as violence. They noted that the term 'family violence' was a more appropriate term in this community as it communicated that violence could involve and/or affect the wider family. This is consistent with prior research and consultation (Bagshaw et al. 2001; Mow 1992; Victorian Indigenous Family Violence Task Force 2003).

Higher agreement on physical violence

While there is recognition that non-physical forms of abuse can be domestic violence, the qualitative research demonstrated that physical violence and threats of harm were foremost in the minds of most people when thinking about domestic violence. In the survey, a larger proportion of people believed that physical behaviours were always violence than was the case for emotionally abusive and controlling behaviours. For example, 98% or more of respondents in the main sample in 2006 agreed that physical behaviours including slapping or pushing, forcing one's partner to have sex, threatening family members and throwing objects were domestic violence (see Table 3 p44). In comparison:

- 17% believed that controlling the social life of one's partner by preventing their contact with family and friends was not violence.
- 17% believed that repeatedly criticising one's partner to make them feel bad and useless was not violence.
- 29% believed that trying to control one's partner by denying them money was not violence.

Women in both samples were more likely than men to believe that non-physical behaviours and harassment were violence. Both men and women in the SCALD sample were less likely than their counterparts in the main sample to regard slapping and pushing, forcing one's partner to have sex, throwing or smashing objects and stalking as violence. Men in the SCALD sample were less likely than all other groups to view stalking and harassment by phone and email as 'always' violence.

Concern was expressed by participants in the Indigenous qualitative research that a minority in their community continued to define violence narrowly, seeing it only in terms of physical violence.

Whether it is understood as domestic violence depends on the context

It was apparent from the focus groups that whether certain behaviours are understood to be violence is dependent on the context. While in some circumstances it was agreed they were, in others they were seen to be a part of everyday relationship conflict. This was confirmed in the 2006 survey where respondents were asked whether different types of violence were 'always', 'usually', 'sometimes' or 'never' domestic violence. Variation was far greater for non-physical forms of abuse than it was for physical violence:

- 84% of men and 86% of women in the main sample believed that forcing one's partner to have sex was 'always' domestic violence.
- In comparison, only 40% of men and 55% of women in the main sample agreed that 'repeatedly criticising one's partner to make them feel bad and useless' was 'always' violence, with 38% and 33% respectively believing that this was either 'usually' or 'sometimes' the case.

Uncertainty about whether certain behaviours were violence tended to be higher in the SCALD sample than in the main sample, particularly in relation to forcing one's partner to have sex, denying one's partner money, stalking and email harassment.

Changes over time

The proportion believing that the behaviours are domestic violence was greater in the 2006 survey than in 1995. This was significant for all but one of the behaviours in the survey (slapping or pushing to cause harm and fear).

Table 3: Identification of behaviours as violence – 1995 and 2006 (%)

	1995 (n=2004)			2006 (n=2000)		
	Yes	No	Unsure	Yes	No	Unsure
Are these behaviours domestic violence?						
Slapping or pushing to cause harm or fear	97	2	1	98	2	<1
Forcing partner to have sex	94	4	2	98 [^]	1	<1
Throwing or smashing objects near partner to frighten or hurt them	91	8	1	98 [^]	<1	<1
Yelling abuse at partner	77	20	3	87 [^]	12	<1
Controlling the social life of partner by preventing contact with friends and family	74	23	3	82 [^]	17	1
Repeatedly criticising to make partner feel bad or useless	71	26	3	83 [^]	17	<1
Controlling partner by denying them money	62	33	5	69 [^]	29	2
Threatening to hurt ^a	88	10	2	n/a	n/a	n/a
Threatening to hurt family members ^b	n/a	n/a	n/a	99	1	<1
Are these behaviours violence against women?						
Stalking ^b	n/a	n/a	n/a	93	6	1
Harassment by phone ^b	n/a	n/a	n/a	90	9	1
Harassment by email and text messaging ^b	n/a	n/a	n/a	86	12	2

a Question not asked in 2006

b Question not asked in 1995

[^] Proportions responding 'yes' differed between the 1995 and 2006 samples at p<0.01

Source: Taylor & Mouzos 2006, VicHealth Community Attitudes to Violence Against Women Summary (CATVAWS) [weighted data]; OSW 1995.

Theme Two: Views about the prevalence and seriousness of violence against women

In recent decades, there has been increasing recognition of violence against women as a prevalent problem with serious health, social and economic consequences (WHO 2002). Efforts have been made to address this issue through legislative, systemic and organisational reform. A major focus of this work has been on improving legislative and criminal justice system responses to violence against women with the aim of ensuring that it is treated as any other serious criminal behaviour (Statewide Steering Committee to Reduce Family Violence 2005; VLRC 2003; 2004; 2006).

The serious and prevalent nature of violence has also been the subject of a number of national, state and local level campaigns and community education and strengthening strategies (Finucane & Finucane 2004; Partnerships Against Domestic Violence 2003).

As well as supporting behaviour change among those who use or are exposed to violence, recognition of violence against women as a serious and prevalent issue is a critical factor in ensuring ongoing commitment by governments, organisations and communities to address the problem.

Key findings

Understanding of violent behaviours as serious

Respondents' views on the seriousness of the range of behaviours outlined in Table 3 were sought. Most believed that they were either 'very serious' or 'quite serious'. Physical forms of violence such as slapping and pushing were generally more likely to be identified as serious than were abusive and controlling behaviours:

- 8% of Victorians did not believe or were unsure whether slapping and pushing to cause harm and fear were serious.
- Nearly one-quarter (24%) did not believe or were unsure whether yelling abuse at one's partner was serious.
- 17% did not rate repeatedly criticising one's partner to make them feel bad or useless as serious.

Women in both samples were more likely than men to believe that the behaviours were serious. Compared with those in the main sample, those in the SCALD sample were less likely to regard forcing one's partner to have sex, threats, stalking and phone harassment as serious. Men in the SCALD sample were less likely than women in the SCALD sample and men and women in the main sample to regard many of the behaviours as very serious.

Understanding of violence against women as serious

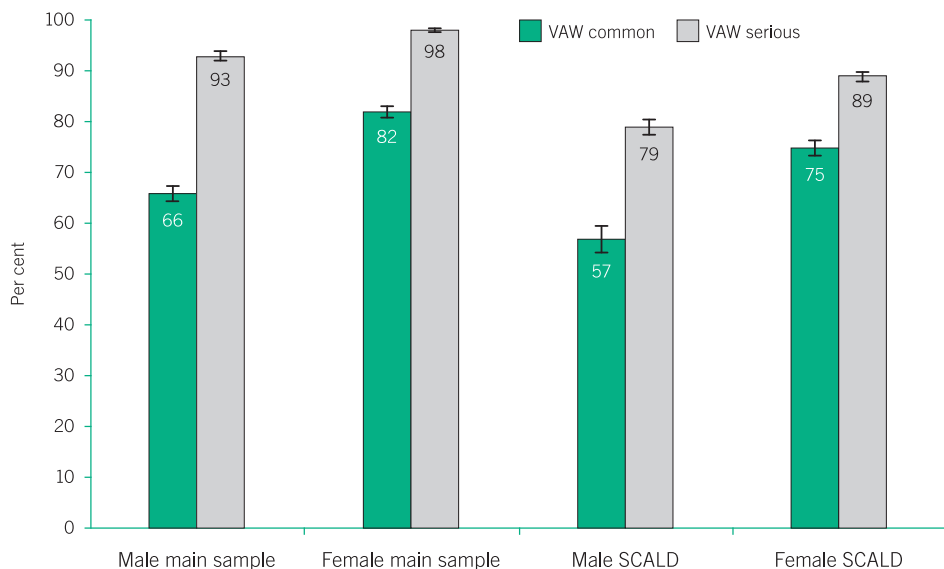
The majority of respondents in both samples believed that violence against women was serious; however, women in both samples were more likely to believe this to be the case than men. Men in the SCALD sample were the least likely to believe that violence against women was serious (see Figure 1).

Domestic and family violence were identified as issues of concern by participants in the focus groups and interviews held with Indigenous Victorians, though many thought that it was not regarded as seriously as it ought to be. They attributed this to the relative prevalence of the problem, believing that this led to it being accepted to some degree. Nevertheless, there was recognition that recent attempts to address family violence in Indigenous communities, in particular the Victorian Government's Indigenous Family Violence Strategy, had had an impact on raising awareness of the problem and its serious impact.

Belief that violence against women is common

The majority of women in both samples (82% in the main sample and 75% in the SCALD sample) believed that violence against women was common (see Figure 1). Men in both samples were less likely to believe this to be the case (66% of men in the main sample and only 57% in the SCALD sample).

Figure 1: Did respondents believe that violence against women (VAW) is common and/or serious?



Note: Differences between males and females within each sample significant to $p < 0.01$. VAW thought to be significantly more common by males in the main sample than in the SCALD sample, $p < 0.01$. Sex differences between samples for seriousness significant to $p < 0.01$. Bars represent relative standard errors.

Source: Taylor & Mouzos 2006, VicHealth CATVAWS [weighted data].

Understanding that violence against women is a crime

There is wide understanding that both domestic violence and forced sex in the context of an intimate relationship are crimes, with 97% of the main sample agreeing that domestic violence is a crime¹ (a larger proportion than in 1995) and only 5% agreeing that ‘a woman cannot be raped by someone she is in a sexual relationship with’ (see Table 4).

Both men and women in the SCALD sample were more likely than their counterparts in the main sample *not* to recognise forced sex in a relationship context as violence (6% of men in the main sample versus 16% in the SCALD sample and 4% of women in the main sample versus 13% in the SCALD sample). One in ten men in the SCALD sample did not believe or did not know that domestic violence is a crime, compared with 3% of women in both samples and 4% of men in the main sample.

There was also some degree of uncertainty in the SCALD sample regarding whether these behaviours were crimes.

Table 4: Beliefs about whether domestic and sexual violence against women are crimes – 1995 and 2006 (%)

Statement	1995 (n=2004)			2006 ^a		
	Agree	Disagree	Unsure	Agree	Disagree	Unsure
Domestic violence is a criminal offence ^b	93	5	2	97 [^]	2	1
A woman cannot be raped by someone she is in a sexual relationship with ^c	n/a	n/a	n/a	5	93	2

a To maximise the number of questions while containing survey length, some questions were asked of approximately half the 2006 sample (see notes b and c).

b In 2006 this question was asked of 1007 respondents.

c In 2006 this question was asked of 996 respondents. This question was not asked in 1995.

[^] Proportion responding ‘agree’ differed between 1995 and 2006 samples at $p < 0.01$.

Note: The category ‘unsure’ in 2006 includes those who neither agreed nor disagreed, or who did not know.

Source: Taylor & Mouzos 2006, VicHealth CATVAWS [weighted data]; OSW 1995.

Changes over time

People were more likely to rate throwing and smashing objects to frighten one’s partner, and repeatedly criticising one’s partner to make them feel bad and useless as very serious in 2006 than in 1995. However, they were *less likely* to identify as very serious slapping or pushing one’s partner to cause harm and fear and controlling one’s partner by denying them money.

The proportion of people believing that domestic violence is a crime was greater in the 2006 survey than in 1995.

¹ Not all of the behaviours canvassed in this report are crimes and there is some variation in definitions of domestic violence between Australian jurisdictions and between the civil and criminal law.



Theme Three: Understanding of who perpetrates and is affected by violence

Data on sexual and domestic violence across countries indicate clear gendered patterns, which in turn have implications for violence prevention efforts. In the great majority of cases, the victims of these crimes are female and the perpetrator is male. In a large proportion the perpetrator is known to the victim, in many cases being the woman's current or former intimate partner. This was confirmed in the Australian Personal Safety Survey which found that:

- Most women assaulted in the last 12 months were assaulted by someone known to them in the most recent incident, either a current or former partner (30.6%) or a family member or friend (36.8%). In comparison men were more likely to be physically assaulted by a stranger (65.7%), with a former or current intimate partner being the perpetrator in only 4.4% of assaults;
- 78% of women who had been sexually assaulted since the age of 15 were assaulted by someone known to them; and
- 19% of women had experienced sexual violence since the age of 15 compared with 5.5% of men (ABS 2006).

It is estimated that 87% of victims of domestic violence in Australia are female, with 98% of perpetrators being male (Access Economics 2004). An analysis of reported incidents of domestic assault in NSW between 1997 and 2004 indicated that 71.1% of victims were female and 80.4% of offenders were male (People 2005). Three-quarters of intimate partner homicides involve men killing their partners (Mouzos & Rushforth 2003).

A commonly held view in the community is that many of the behaviours under consideration in this study are really just everyday relationship conflict in which men and women participate equally. However, studies of women's experiences show that, on the contrary, domestic violence is often characterised by a pattern of controlling and abusive behaviours by the male partner (WHO 2005). Men's greater physical strength means that they have greater capacity to cause harm and generate fear in victims. Compared with male victims of relationship violence, women are:

- three times more likely to be injured as the result of violence;
- five times more likely to require medical attention or hospitalisation;
- five times more likely to report fearing for their lives (Statistics Canada 2003); and
- more likely to experience repeated violence, with a larger proportion of women affected by intimate partner violence reporting more than one incident (46%) than men (26%) (ABS 2006).

Women's experience of violence is further compounded by the fact they continue to assume primary responsibility for the care of children and the effects of the unequal distribution of power and resources between men and women. For example, research shows that women's poor access to the resources required to protect themselves from violence, such as safe housing and legal protection, increases their vulnerability as victims (Chung et al. 2000; Keys Young 1998; Radford, Sayer & AMICA 1999; Kaye et al. 2003; Middleton 2005).

Until recently, domestic violence was viewed as primarily confined to low socio-economic status and socially marginalised groups and hence due largely to the effects of stress and poverty (Women's Policy Coordination Unit 1985; Minnesota Advocates for Human Rights 2006). As indicated elsewhere in this report, there are contradictory research findings concerning whether violence affects all groups equally. However, there is clear evidence that it does occur across the social spectrum (see p13).

Gauging the extent to which these gendered patterns of violence and their impacts are understood in the community is important as they:

- affect women's own understanding of the contexts in which they are likely to be vulnerable to violence, in particular sexual violence;
- are an important marker of understanding of violence and its impacts on individual women among service providers and families and friends to whom they may turn for help; and
- influence views about to whom and to which settings resources ought to be targeted. For example, some groups have argued on the basis of their belief that domestic violence affects men and women equally that more resources should be allocated to male victims of violence (Lone Father's Association, cited in Flood 2004).

A number of governments and international bodies such as WHO and the UN have asserted that efforts to increase gender equality and gender equity will be critical to reducing the prevalence of violence against women (UN 1993, 2006; WHO 2004). A wide understanding in the community and among governments that sexual assault and domestic violence are gendered crimes is important to ensure ongoing commitment to address gender inequality and inequity as being among the underlying causes of these problems.

Key findings

Beliefs about who commits violence

Most respondents in the main sample (77%) agreed that domestic violence is perpetrated mainly by men (combined response for 'mainly men' and 'both, but mainly men', see Table 5 p50). However, despite evidence to the contrary, 20% believed that it is perpetrated by both sexes equally; the proportion believing this to be the case was larger in 2006 than was the case in 1995 (9%).

There were also sex differences in response to this question. The view that violence is more likely to be perpetrated by men was held by a significantly larger proportion of women in the main sample (81%) than men (73%). The difference between men (70%) and women (65%) in the SCALD sample believing this to be true was not statistically significant. Men were more likely in the main sample to believe that both men and women equally commit domestic violence (24%) than women (17%), while this pattern was reversed in the SCALD sample (21% and 31% respectively).

Table 5: Beliefs about who commits domestic violence – 1995 and 2006 (%)

Who commits acts of domestic violence?	1995 (n=2004)			2006 (n=2000)		
	Men	Women	Overall	Men	Women	Overall
Mainly men	49	51	50	42	39	40
Both, but mainly men	35	37	36	31	42	37
Both men and women equally	10	9	9 [^]	24 ^{**}	17	20
Both, but mainly women	3	1	2	1	1	1
Mainly women	2	1	2	1	0	0
Unsure	1	1	1	1	1	2

[^] Proportions responding 'both men and women equally' differed between 1995 and 2006 samples at p<0.01.

^{**} Sex difference within sample for 2006 significant to p<0.01.

Source: Taylor & Mouzos 2006, VicHealth CATVAWS [weighted data]; OSW 1995.

Beliefs about the impacts of violence for men and women

There is wide appreciation of women's greater vulnerability to the physical effects of violence, with 94% of men and 91% of women in the main sample believing that the physical impacts of violence were worse for women. However, its psychological and emotional impacts were less well understood:

- Nearly one-half of respondents in the main sample believed that the level of fear experienced by victims is the same for men and women compared with less than one-third in the SCALD sample. Women in the SCALD sample were significantly more likely than men to believe that the level of fear was worse for women. No sex difference existed in the main sample.
- Nearly 40% in the main sample believed that the emotional harm suffered by victims is either greater for men or the same for both men and women; about 60% of both men and women thought that women suffer more emotional harm. Women in the SCALD sample (72%) were significantly more likely than men (47%) to believe that women suffer more emotional harm, while no sex differences existed in the main sample.
- Women in the SCALD sample were more likely than women in the main sample to believe that the level of fear was higher for women, while no difference existed for men. SCALD men were least likely to believe that the emotional harms were greater for women, while women in the SCALD sample were the most likely to do so (see Table 6).

Table 6: Perceptions of fear and harm resulting from domestic violence by whether victim is male or female – 2006 (%)^a

	Male main sample	Female main sample	Male SCALD sample	Female SCALD sample
Level of fear for victims				
Worse for males	1	1	6	1
Worse for females	56	51 [^]	62 [*]	72
Same for males and females	42	48	29	26
Don't know	1	1	3	1
Who suffers physical harm?				
Men	1	1	4	2
Women	94 [^]	91	81 [*]	88
Both men and women equally	5	8	11	7
Don't know	0	0	4	2
Who suffers emotional harm?				
Men	7	3	11	3
Women	61 [^]	60 [^]	47 ^{**}	72
Both men and women equally	31	36	39	24
Don't know	1	1	3	1

^a This issue was not addressed in 1995.

Sex differences within sample significant to * $p < 0.05$ ** $p < 0.01$

[^] Sex differences between samples significant to $p < 0.05$


Source: Taylor & Mouzos 2006, VicHealth CATVAWS [weighted data]

Understanding of violence transcending social class boundaries

In both the 1995 and 2006 surveys, respondents were asked whether they agreed with the statement 'domestic violence rarely happens in wealthy neighbourhoods'. While most disagreed, one in six (15%) either agreed or were uncertain about this statement. Men in the main sample were more likely to agree with this than women (14% versus 5%).

Understanding of the risk of sexual assault by someone known to the victim

Nearly one in four (24%) respondents either disagreed or were unsure about whether 'women are more likely to be raped by someone they know than a stranger', suggesting that a sizeable proportion of Victorians have a poor understanding of the contexts in which women are most likely to be at risk of sexual violence. Again, this proportion was the same in both the 1995 and 2006 samples.



45% of men and 48% of women in the SCALD sample either disagreed with or were unsure about this statement compared with 28% of men and 20% of women in the main sample. The level of uncertainty, while high in both samples, was particularly high in the SCALD sample.

Theme Four: Belief in explanations diminishing men's responsibility for violence

One of the principles underpinning the Victorian Government's Women's Safety Strategy and current family violence system reform efforts is that men are responsible for their use of violence and must take responsibility for learning non-violent behaviour (OWP 2002; Statewide Steering Committee to Reduce Family Violence 2005). Beliefs that justify violence risk creating an environment in which there is permission for men to use violence. Those that excuse violence work against efforts to ensure that men assume responsibility for violent behaviour. They may also influence whether women believe their victimisation warrants intervention and their faith that those to whom they turn for help will take appropriate action.

Key findings

Justification of violence

To assess the extent to which the community believes that domestic violence can be justified, survey respondents were presented with a series of scenarios. Some additional scenarios were included in the 2006 survey so that attitudes could be assessed in light of recent changes in gender roles (in particular, women's increasing role in paid employment). Given evidence that violence often continues or indeed escalates following separation (Kaye, Stubbs & Tolmie 2003; Keys Young 1998), further scenarios were added to assess attitudes regarding the justification of violence toward a former partner.

Almost all in the main sample (97% or more respondents) agreed that violence could not be justified in any of the scenarios presented (see Table 7). The main exception was the scenario in which a current partner admits to having sex with another man. 4% in the main sample agreed that violence could be justified in this circumstance and a further 3% neither agreed nor disagreed or were unsure. This was the only circumstance in which there were significant differences between men and women in the main sample (with women being less likely to agree that violence was justified in this circumstance).


When responses to all of the behaviours were combined, force was seen on average as less justified when used against an ex-partner than when used against a current partner.

Table 7: Beliefs about whether violence can be justified – 1995 and 2006 (%)

Scenario	Level of agreement that violence is justified (%)					
	1995 (n=2004)			2006 (n=2000)		
	Agree	Disagree	Unsure	Agree	Disagree	Unsure
When a current wife or partner:						
Argues with or refuses to obey her partner	1	98	1	1	98	1
Wastes money	1	98	1	2	97	1
Keeps nagging her partner	2	96	2	2	97	1
Doesn't keep the house clean	1	98	1	n/a	n/a	n/a
Doesn't have meals ready on time	1	98	1	n/a	n/a	n/a
Refuses to sleep with her partner	1	98	1	n/a	n/a	n/a
Admits to sleeping with another man	6	90	4	n/a	n/a	n/a
Admits to having sex with another man	n/a	n/a	n/a	4	93	3
Doesn't keep up with domestic chores	n/a	n/a	n/a	1	98	1
Refuses to have sex with her partner	n/a	n/a	n/a	1	98	1
Doesn't keep the children well behaved	n/a	n/a	n/a	2	97	1
Socialises too much with her friends	n/a	n/a	n/a	2	97	1
Puts her own career ahead of the family	n/a	n/a	n/a	1	97	1
In the case of a former wife or partner:						
If she refuses to return to the relationship	n/a	n/a	n/a	1	98	1
In order to get access to his children	n/a	n/a	n/a	2	97	1
If she tries to turn the children against her partner	n/a	n/a	n/a	1	97	2
If her partner thinks she is unreasonable about property settlement or financial issues	n/a	n/a	n/a	1	97	1
If she commences a new relationship	n/a	n/a	n/a	1	98	1

Note: The category 'unsure' in 2006 includes those who neither agreed nor disagreed, or who did not know.

Source: Taylor & Mouzos 2006, VicHealth CATVAWS [weighted data]



While the proportion in both samples believing that violence was justified was very low, those in the SCALD sample were on average more likely than those in the main sample to believe this to be the case.

Agreement with one scenario was correlated with agreement with others. This suggests that an attitude that force can be justified is not necessarily related to a specific circumstance. Rather, it appears to reflect a generalised belief that the use of physical force is legitimate.

There were no differences between the 1995 and 2006 samples concerning the circumstances in which violence could be justified.


Excuses for violence

In contrast, there continues to be a relatively high level of support for some beliefs *excusing* violence. Five explanations that are sometimes invoked to excuse domestic violence or sexual assault or diminish men's responsibility were explored (see Table 8).

Disturbingly, nearly two in every five respondents (38%) agreed that rape results from men not being able to control their need for sex and a further 5% reported being unsure about this. Men in both samples were more likely to believe this to be the case than their female counterparts. Contrary to this belief, studies show that rates of sexual violence vary markedly between societies and even between communities within societies (Heise, Ellsberg & Gottemoeller 1999). This indicates that a physiologically based need for sex is not a determinant of sexually aggressive behaviour, but rather that this behaviour is influenced by the way in which social relations are organised within any particular society or community.

While the majority of respondents did not believe that violence could be excused in the other four explanations presented to them, a concerning proportion did.

Nearly one in four respondents in the main sample (23%) believed that domestic violence can be excused if it results from people getting so angry they temporarily lose control and a further 2% were unsure. The Victorian Law Reform Commission, in its recent report on domestic violence, noted that only a small number of people have an illness, injury or neurological disorder that interferes with their thinking resulting in violent or impulsive behaviour (VLRC 2006). The proposition that domestic violence is due to poor anger control has very little expert or empirical support (Feldman and Cidley 1995). Further, although men who are violent in their intimate relationships are more likely than other men to also be violent outside the home (Mouzos & Makkai 2004), there are also many who do not use violence elsewhere (Ptacek 1988; Shipway 2004; Marrin, Nada-Laja & Langley et al. cited in Romans et al. 2000). Studies of relationships in which violence occurs also suggest that many men are discriminating about where, when and how they exercise violence in order to escape detection (VLRC 2006; Pringle 1995). These facts suggest that men can and do exercise control over their violent behaviour.



Nearly one in four respondents (24%) believed that violence can be excused if the violent person genuinely regrets afterward what they have done. Men were significantly more likely to believe this to be the case than women (29% of men in the main sample, compared with 19% of women). This is a particular concern given evidence that domestic violence is commonly repeated and escalating and occurs in a cyclical fashion with violent episodes being interspersed with periods of remorse and regret (Hale, Borg & McClure 2006; Heise, Ellsberg & Gottemoeller 1999; VLRC 2006; Walker 1984). Support for this excuse has the potential to compromise women's own resolve to take action as well as the responses of service providers and law enforcement personnel.

Most respondents in the main sample (96%) did not believe that sexual assault can be excused if the perpetrator or victim is heavily affected by alcohol. The same was true for domestic violence (92% if the perpetrator is affected and 91% if the victim is affected).

Men and women in the SCALD sample were more likely than their main sample counterparts to believe that domestic violence could be excused due to temporary loss of control, if there is genuine regret afterwards and if the offender is affected by alcohol.

Participants in the Indigenous interviews and focus groups were also asked whether violence could be excused due to temporary loss of control or if alcohol was involved. Their responses mirror those in the general community. That is, there was a broad consensus that violence cannot be excused if alcohol is involved, but some variability in views about whether violence can be excused due to temporary loss of control.

Table 8: Beliefs about whether domestic and sexual violence can be excused – 2006 (%)^a

Statement	Level of agreement that violence can be excused (%)		
	Male main sample	Female main sample	Overall
Domestic violence			
Domestic violence can be excused if it results from people getting so angry they temporarily lose control ^b	25	20	23
Domestic violence can be excused if the victim is heavily affected by alcohol ^b	8	8	8
Domestic violence can be excused if the offender is heavily affected by alcohol ^b	9	7	8
Domestic violence can be excused if the violent person genuinely regrets afterward what they have done ^b	29†	19	24
Sexual assault			
Rape results from men not being able to control their need for sex ^c	44†	32	38
Sexual assault can be excused if the victim is heavily affected by alcohol ^c	5	3	4
Sexual assault can be excused if the offender is heavily affected by alcohol ^c	4	2	3

a These questions were not asked in 1995. To maximise the number of questions while containing survey length, some questions were asked of approximately half the 2006 sample (see notes b and c).

b In 2006 this question was asked of 993 respondents.

c In 2006 this question was asked of 996 respondents.

† Sex differences within sample significant to $p < 0.01$.

Source: Taylor & Mouzos 2006, VicHealth CATVAWS [weighted data]

Belief in attribution of blame to the victim

Sexual assault includes any form of non-consensual or forced sexual activity or touching, including rape (Mouzos & Makkai 2004). Whether sexual behaviour was consensual or enforced is frequently contested in sexual assault cases before the courts. The *Crimes Act 1958* was amended in 1991 and 2006 to define consent and to clarify the circumstances in which a person can be said to be freely agreeing to sexual contact. This includes a requirement that juries be directed that:

- ‘the fact that the person did not say or do anything to indicate free agreement to a sexual act at the time at which the act took place is enough to show that the act took place without that person’s free agreement’; and
- ‘agreement cannot be said to have been freely given because the person did not physically resist, did not sustain physical injury, or on an earlier occasion had freely agreed to engage in sex with the accused or another person’ (s.36).

Community education campaigns to reduce sexual assault have asserted that the responsibility for securing consent lies with men (Temkin 1987; Friedman 1998).

The great majority of respondents did not agree with the two statements attributing blame to the victim included in the survey (see Table 9). However, in both cases a small proportion did:

- 8% of respondents in 2006 agreed with or were unsure about the statement ‘most women who are raped often ask for it’. This was a smaller proportion than in 1995 (17%). Men in the SCALD sample were significantly more likely than men in the main sample and women in both samples to agree with this.
- 15% agreed that in relation to sex ‘women often say no when they mean yes’ and a further 8% were unsure. There were minimal differences between 1995 and 2006.

Respondents in the SCALD sample were more likely to agree that ‘women often say no when they mean yes’, though the level of agreement was higher for men than for women in this sample. There was also a higher degree of uncertainty in relation to this question in the SCALD sample.



Table 9: Beliefs about whether blame for sexual violence can be attributed to the victim – 1995 and 2006 (%)

Statement	1995 (n=2004)			2006 ^a		
	Agree	Disagree	Unsure	Agree	Disagree	Unsure
Women often say no to sex when they mean yes ^b	18	79	3	15	77	8
Women who are raped often ask for it ^c	15	83	2	6 [^]	92	2

a To maximise the number of questions while containing survey length, some questions were asked of approximately half the 2006 sample (see notes b and c).

b In 2006 this question was asked of 1004 respondents.

c In 2006 this question was asked of 996 respondents.

[^] Proportions responding 'agree' differed between 1995 and 2006 samples at p<0.01.

Note: The category 'unsure' in 2006 includes those who neither agreed nor disagreed, or who did not know.

Source: Taylor & Mouzos 2006, VicHealth CATVAWS [weighted data]; OSW 1995.

Belief that claims of rape and domestic violence are often falsified

Most women who are sexually assaulted do not report this to the police (ABS 2006). The perception of false allegations has been one of the most contested areas within law reform and enforcement responses to rape. However there is little evidence to prove that women and girls lie about rape. Research in this area is difficult to undertake given the problems of distinguishing false complaints from the range of victim and system related factors contributing to cases of sexual assault being withdrawn from the criminal justice process (Kelly, Lovett & Regan 2005).

Existing research indicates that the rate of false reporting is very low. North American studies suggests that it is around 2% (Katz & Mazur 1979, cited in Kelly, Lovett & Regan 2005), while UK studies estimate the rate to be around 3% (Kelly, Lovett & Regan 2005). Australian data are available for South Australia and Victoria where it is estimated that false reports comprise 1.4% and 4.8% of all reports respectively (VLRC 2004).

Attitudes towards whether women falsify claims of rape were addressed in both the 1995 and 2006 surveys (see Table 10 below). In the 2006 survey a question was added to assess community support for the claim that 'women going through custody battles often make up or exaggerate claims of domestic violence in order to improve their case'. This was because the issue of violence following separation has been the subject of considerable discussion in the media, particularly in the context of recent changes to child custody provisions in Commonwealth family law. In the public discussion preceding the introduction of these changes, some groups argued that women frequently falsify claims of violence to improve the likelihood of a favourable outcome in cases where child custody is contested (Lone Fathers Association, cited in Flood 2005).

Table 10: Beliefs about whether women falsify claims of domestic and sexual violence – 1995 and 2006 (%)

Statement	1995 (n=2004)			2006 ^a		
	Agree	Disagree	Unsure	Agree	Disagree	Unsure
Domestic violence						
Women going through custody battles often make up or exaggerate claims of domestic violence to improve their case ^b	n/a	n/a	n/a	46	29	25
Sexual assault						
Women rarely make false claims of being raped ^c	59	34	7	66 [^]	23	11

a To maximise the number of questions while containing survey length, some questions were asked of approximately half the 2006 sample (see notes b and c).

b In 2006 this question was asked of 993 respondents. This question was not asked in 1995.

c In 2006 this question was asked of 1004 respondents

[^] Proportions responding 'agree' differed between 1995 and 2006 samples at $p < 0.01$.


Note: The category 'unsure' in 2006 includes those who neither agreed nor disagreed, or who did not know.

Source: Taylor & Mouzos 2006, VicHealth CATVAWS [weighted data]; OSW 1995.

A large number of respondents believed that women do falsify claims of rape and physical assault:

- Nearly one in four respondents (23%) disagreed that 'women rarely make false claims of being raped' and a further 11% were unsure. The proportion disagreeing was smaller than in 1995 when 34% disagreed and 7% were unsure.
- Almost half of all respondents (46%) in the main sample agreed that 'women going through custody battles often make up or exaggerate claims of domestic violence to improve their case' and a further 25% were unsure. While no sex differences existed in the main sample, men in the SCALD sample were significantly more likely to believe this than women in that sample. Women in the SCALD sample were the least likely to believe this to be the case.

There have been no Australian studies proving that women falsify claims of violence in contested custody cases to gain a tactical advantage. It is widely recognised that there is an increase in the number of protection orders at the time of separation (Flood 2005). This is likely to reflect a woman's increased vulnerability to violence at this time. Indeed, the risks of lethal and non-lethal violence are highest when women are leaving the male partners with whom they have been living in an intimate relationship (Carcach & James 1998; De Keseredy et al. 2004)



Such wide acceptance of the belief that women undergoing custody proceedings falsify violence has clear implications for the safety of women in this circumstance and the likelihood that support and protection will be forthcoming. Around 40% of women experiencing domestic violence from a previous partner do not report to the police (ABS 2006) and often do so as a last resort (Keys Young 1998). A study examining family court files in which children's matters were contested showed that in over one-third of cases in which violence was occurring women did not seek legal protection (Melville & Hunter 2001, cited in Flood 2005). This indicates that barriers to reporting prevail for this group despite their particular vulnerability.

Theme Five: Beliefs about victim, community and systemic responses to violence

The 2006 Personal Safety Survey indicated that the proportion of women reporting their victimisation to the police increased substantially in the past 10 years, with 36% of women experiencing physical assault by a male perpetrator in the last 12 months reporting to the police in 2005 compared with 19% in 1996. There has also been an increase in the proportion of women affected by sexual assault reporting, though it is less marked. 19% of women who experienced sexual assault in the last 12 months reported to the police in 2005 compared with 15% in 1996 (ABS 2006).

Nevertheless, the majority of women do not report to the police. Studies show that compared with other forms of violence, women who are victims of domestic and sexual violence are:

- less likely to disclose, particularly if the offender is known to them;
- less likely to report to the police;
- less likely to go to court;
- less likely to seek support; and
- less likely to name the act as violence (Heenan & Astbury 2004).

In the case of sexual assault, a range of factors has been found to contribute this, including:

- shame;
- fear of retribution by the offender or the offender's family and friends;
- fear of having to give evidence and be cross-examined;
- fear of being identified in the media;
- fear of not being believed;
- a belief that the matter is too trivial or inappropriate to report, that it is not a real crime or that harm was not intended; and
- lack of knowledge and access to help (Lievore 2003; VLRC 2003, 2004; Kelly, Lovett & Regan 2005).

Where violence is perpetrated by the woman's intimate partner additional contributors include:

- women's desire to protect their children or their relationship;
- fear that violence will escalate;

- economic and emotional dependence;
- social isolation;
- lack of confidence;
- religious, cultural and family pressures to maintain the unity and privacy of the family; and
- poor responses from friends and the social service and justice systems in the past (Keys Young 1998; Mouzos & Makkai 2004).

It is only in recent decades that violence against women has been recognised as an issue warranting the attention of government, the community and law enforcement and other public agencies (Easteal 1994; Pierce 2005). Historically, domestic violence was seen largely as a private matter to be dealt with in the context of the family. A consistent finding of research conducted throughout the 1980s and early 1990s into community, criminal justice, human service and popular culture responses to violence against women was that it had been largely ignored or trivialised as somewhat less serious than other criminal behaviours (Women's Policy Co-ordination Unit 1985; Easteal 1994; Pierce 2005; Cook & Bessant 1997, Schneider 2000; Dobash 1992). Considerable effort has been invested by women's groups and governments to ensure that women speak out and report violence and that appropriate action is taken when they do.

Key findings

No longer a private matter

There is wide agreement in the community that violence is not something that should be dealt with in the family or by women alone (see Table 11 p63). Nevertheless, a small minority still holds these views:

- Most Victorians in 2006 (82%) disagreed that domestic violence is a private matter to be handled in the family. This compared with 80% in the 1995 survey. However, in 2006 nearly one in five either agreed with (14%) or were unsure (4%) about this statement. This belief was more likely to be held by both men and women in the SCALD sample (39% and 23% respectively) and by men in both samples (18% of men in the main sample versus 10% of women).
- Just over one in ten people agreed that women who are sexually harassed should sort it out themselves rather than report it. However, this is a much smaller proportion than in 1995, when one in five people believed this to be the case. Men in both samples were more likely to believe this to be the case than their female counterparts (12% of men in the main sample compared with 9% of women and 19% of men in the SCALD sample compared with 7% of women in that sample).



Beliefs about community preparedness to talk about and take action on violence

When asked whether they believed people were more likely to talk about and take action on violence:

- 72% of respondents in the main sample agreed that people are more likely to talk about being an adult victim of violence than they were 10 years ago.
- 41% of respondents agreed that people were more likely to intervene in domestic violence than was the case 10 years ago, compared with 25% who believed that there had been no change and 27% who were of the view that people were less likely to intervene. Women in both samples were more likely to agree with this (47%) than men (36% in the main sample and 37% in the SCALD sample).

Again, uncertainty was greatest in the SCALD sample.

There was a high level of agreement in both 1995 and 2006 that ‘most people turn a blind eye to or ignore domestic violence’ (83% and 84% respectively). However, as discussed below, the majority (between 81% and 95%, depending on the relationship between the respondent and hypothetical victim) agreed that they would themselves intervene if a family member, friend or neighbour was affected by violence.

Participants in the qualitative research involving Indigenous Victorians agreed that there was a greater preparedness to talk about family violence in the community, though they reported that there continued to be a great deal of discomfort in talking about sexual violence.

Table 11: Beliefs about victim and system responses to domestic and sexual violence – 1995 and 2006 (%)

Statement	1995 (n=2004)			2006 ^a		
	Agree	Disagree	Unsure	Agree	Disagree	Unsure
Domestic violence						
Most people turn a blind eye to or ignore domestic violence ^b	83	14	3	84	10	6
It's hard to understand why women stay in violent relationships ^b	77	22	1	81	17	2
Domestic violence is a private matter to be handled in the family ^b	18	80	2	14 [^]	82	4
Police now respond more quickly to domestic violence calls than they did in the past ^b	n/a	n/a	n/a	40	17	43
Most women could leave a violent relationship if they really wanted to ^c	n/a	n/a	n/a	50	45	5
Where one domestic partner is physically violent toward the other the violent person should be made to leave the family home ^c	n/a	n/a	n/a	91	7	2
Sexual violence						
The legal system treats rape victims badly ^d	77	15	8	65 [^]	25	10
Women who are sexually harassed should sort it out themselves rather than report it ^d	20	78	2	11 [^]	86	3

a To maximise the number of questions while containing survey length, some questions were asked of approximately half the 2006 sample (see notes b, c and d).

b In 2006 this question was asked of 1007 respondents.

c In 2006 this question was asked of 993 respondents.

d In 2006 this question was asked of 1004 respondents.

[^] Proportions responding 'agree' differed between 1995 and 2006 samples at p<0.01.

Note: The category 'unsure' in 2006 includes those who neither agreed nor disagreed, or who did not know.

Source: Taylor & Mouzos 2006, VicHealth CATVAWS [weighted data]; OSW 1995.



Increased confidence in the police and courts

It appears that the community has increasing confidence in police and court responses to sexual assault and domestic violence:

- 40% of people believed that the police now respond to domestic violence calls more quickly than they did in the past, though there was a high degree of uncertainty about this, with 43% indicating that they were unsure.
- Nearly two-thirds (65%) of respondents agreed that the legal system treats rape victims badly; however, this is fewer than in 1995 when 77% agreed with this statement. 10% neither agreed nor disagreed or were unsure.

The high level of uncertainty in relation to these statements is of some concern, given that the perceived efficacy of criminal justice responses has been identified as a factor in both the deterrence of violent behaviour and whether women access legal assistance (Donovan & Vlasis 2005).

Recent legislative and system reforms in Victoria have aimed to reduce the impact of family violence on women and children by facilitating the removal of the violent offender from the home, rather than securing alternative accommodation for women and children (Statewide Steering Committee to Reduce Family Violence 2006). Among other initiatives, this included an amendment to the *Crimes (Family Violence) Act 1987* to create a holding power allowing police to direct a person who has allegedly used violence to go to and remain at a place stated by the police officer. 91% of respondents in the main sample agreed with the statement 'where one domestic partner is violent toward the other, they should be made to leave the family home'. This suggests that there is wide community support for the Victorian approach. Women in the main sample were more likely to agree with this than women in the SCALD sample.

Understanding of women remaining in and not reporting situations of domestic violence

Overall, improved confidence in the legal system and in community responses to violence are positive, in that they suggest that victims will be more likely to talk about and report violence. This would appear to be the case in practice, given the increase in the proportion of victims reporting to the police since 1996 (see above).

While community views of police and court responses are an indicator of confidence in the legal system, they are also a measure of the extent of community understanding of the barriers women face to reporting and taking action on violence. While confidence in systemic and community responses to violence has increased, there was evidence that, in relation to domestic violence, understanding of barriers to action remains poor.

- 50% of respondents in the main sample in 2006 agreed with the statement 'most women could leave a violent relationship if they really wanted to'. Men in the main sample were more likely than women to believe this (56% versus 44%). No sex differences existed within the SCALD sample.
- The majority of respondents in both the 1995 and 2006 surveys (77% and 81% respectively) agreed with the statement 'it's hard to understand why women stay in violent relationships'. The difference between the two samples was not statistically significant.

Participants in the Indigenous interviews and focus groups reported that women were generally unlikely to report to the police. This was explained in terms of women's reluctance to 'cause trouble' and jeopardise close familial relationships and the lack of alternative sources of material and social support. There was agreement that support for women should not be conditional on them leaving or reporting to the police, with moral support also being important for those who choose to stay.

Theme Six: Preparedness to intervene in situations of domestic violence

While most women affected by domestic violence do not report to the police, studies suggest that many do discuss their victimisation with family and friends (Keys Young 1998). Family, friends and neighbours are also in a position to offer assistance if they become aware that violence is occurring. For this reason, some recent campaigns have sought to increase both the likelihood that family and friends will intervene and that their intervention will be appropriate (see, for example, DVIRC & VCCAV 2001).

Key findings

Preparedness to intervene

Participants in the general community focus groups found decision-making about whether they would intervene in domestic violence quite complex. In the survey, the great majority of respondents in both samples agreed that they would intervene in some way in a domestic violence situation, although the type of intervention varied. The proportion was higher the greater the familiarity between the respondent and the hypothetical victim:

- The proportion of respondents in the main sample agreeing that they would intervene in any way at all in a domestic violence situation was 81% where the victim was a woman they did not know, 84% where she was a neighbour and 95% in the case of a close friend or family member.
- Respondents in the SCALD sample were less likely than those in the main sample to intervene if they did not know the victim well. However, they were just as likely to intervene when the victim was a close family member or friend. Women in the SCALD sample were the least likely to intervene when the victim was someone unknown to them.
- Men in both the main and SCALD samples were more likely to take confrontational action (confronting the perpetrator and intervening between the parties) and less likely than women to offer shelter or refuge or to suggest places to go for help, support or counselling.

Recent Victorian community education material designed to assist family and friends to assist in situations of family violence counsels against personal intervention when violence is occurring and advises caution in confronting the perpetrator (DVIRC & VCCAV 2001). The proportion in the survey reporting that they would take these courses of action suggests that there would be benefits in ongoing community education in this area. Information targeted to family and friends is further indicated by other Australian research that found that the responses of family and friends to women experiencing violence were not always optimal (Keys Young 1998).



Factors affecting intervention

Factors affecting intervention were explored in both the qualitative research and the survey. They included:

- the severity of the violence;
- whether the person had witnessed the violence (as opposed to overhearing it);
- the perception of personal threat;
- a belief that violence was wrong and that there is a social responsibility to intervene;
- uncertainty about the acceptability of violence in certain cultures; and
- a belief that violence is not the business of others and is up to the couple to sort out themselves (these were two most common reasons given in the survey for not intervening).

Views about intervention in the Indigenous interviews and focus groups were in contrast to those in the SCALD and main samples. This group indicated that intervention was unlikely, as to do so would be personally risky and contrary to beliefs within the Indigenous community of the importance of maintaining families and keeping them united.

Theme Seven: Factors associated with and predicting attitudes to violence against women

Information about the factors associated with attitudes can help to improve understanding of how attitudes are developed as well as how to target future activity more effectively to address them.

As indicated above, significant differences were found between the main and SCALD samples and between men and women in both samples on a number of measures. The patterns were not straightforward. On some measures there were no differences between the samples and the sexes or the differences, where they existed, were small. In the SCALD sample sex differences were not consistent across all of the measures and on some measures women in the SCALD sample were less likely to hold violence-supportive attitudes than their main sample counterparts. For example, they were more likely to rate the fear and emotional harm from domestic violence as worse for women and less likely to agree that women make up claims of domestic violence to improve their custody cases. Nevertheless, on average, respondents in the SCALD sample were more likely to hold violence-supportive attitudes than those in the main sample and men in both samples were more likely to hold violence-supportive attitudes than their female counterparts. These findings suggest an *association* between attitudes to violence against women and sex and gender as well as between attitudes and various factors associated with cultural heritage and being born overseas

More rigorous and detailed statistical modelling was undertaken with both samples to investigate the strength of sex, attitudes to gender equality, cultural heritage and other factors in predicting attitudes. This modelling enabled each of the variables to be assessed separately while taking the effects of other variables into account. This allowed the most important variables or combination of variables to be identified.

Key findings

Sex

A strong and consistent association between sex and attitudes toward violence against women was found on most of the attitudinal measures included in the survey. On average, men held more violence-supportive attitudes than women. This was the case for both the main and SCALD samples.

Support for gender equality

A consistent finding in prior research is a relationship between violence-supportive attitudes and beliefs about gender equality and gender relations (see p28). One of these measures – support for gender equality – was included in the survey. When the effects of other factors were controlled, weak support for gender equality proved to be a strong predictor of violence-supportive attitudes across most of the measures included in the survey. This was generally true in both the main and SCALD samples.

Socio-economic status

The influence of three indicators of socio-economic status were investigated – education, occupation (blue or white collar) and employment. The relationship between these indicators and violence-supportive attitudes was sporadic and not as consistent or strong as that of sex and attitudes to gender equality. However, these indicators were found to predict agreement with certain beliefs, such as women make up claims of domestic violence in order to gain tactical advantage in contested child custody cases (lower education), 'women rarely make false claims of being raped' (white collar worker), 'domestic violence can be excused if there is genuine regret afterward' (unemployed).

Age

Age emerged as a significant predictor with a small number of measures in the survey, although not always in a consistent direction. In general, younger respondents were less likely to hold violence-supportive attitudes than older respondents, both in the main and SCALD samples. For example, forcing a partner to have sex was significantly more likely to be regarded as domestic violence and very serious by younger rather than older respondents. Physical force against a current wife or partner was also viewed as significantly less justifiable, in both the main and SCALD samples, by younger rather than older respondents. This implies an age cohort effect in relation to acceptance and tolerance of violence against women. Preventing contact with family and friends and denying partner money were more likely to be viewed as domestic violence and very serious by older respondents, but only in the main sample.

This survey was of adults over the age of 18 years. Other studies involving those under the age of 18 have demonstrated that adolescent and young adult males are more likely to hold violence-supportive attitudes relative to other age cohorts and their female counterparts (National Crime Prevention 2001a; Davis & Lee 1996; Xenos & Smith 2001; Aromaki et al. 2002; Anderson et al. 2004).



Geographic location

Geographic location, whether urban or regional, was not found to be a consistent predictor of attitudes in this study. Strong disagreement with the justification of physical force against a current wife or partner was greater for those in urban rather than regional locations, while being in a regional location predicted greater agreement with the belief 'it is hard to understand why women stay in a violent relationship'.

Migration and settlement factors

Investigation of predictors particularly relevant to the SCALD sample indicated that there was some variation across the attitudes measured and the effects were sporadic. However, significant factors found to be associated with holding violence-supportive attitudes (in addition to sex and support for gender equality) were:

- being born overseas;
- speaking a language other than English at home;
- having arrived in Australia since 1980; and
- having Chinese or Vietnamese heritage (as opposed to Greek or Italian).

The differences found between men and women in the SCALD sample on many of the measures in the survey suggest that attitudes toward violence against women in SCALD communities are influenced by the intersecting effects of gender and factors which may be variously associated with cultural heritage, migration or settlement.

The fact that differences were found on some measures between the Italian/Greek and Chinese/Vietnamese samples after controlling for the other factors outlined above suggests that there are other factors not measured in this study which influence attitudinal differences between people of different cultural heritage.

Theme Eight: Reach of media coverage and information about violence against women

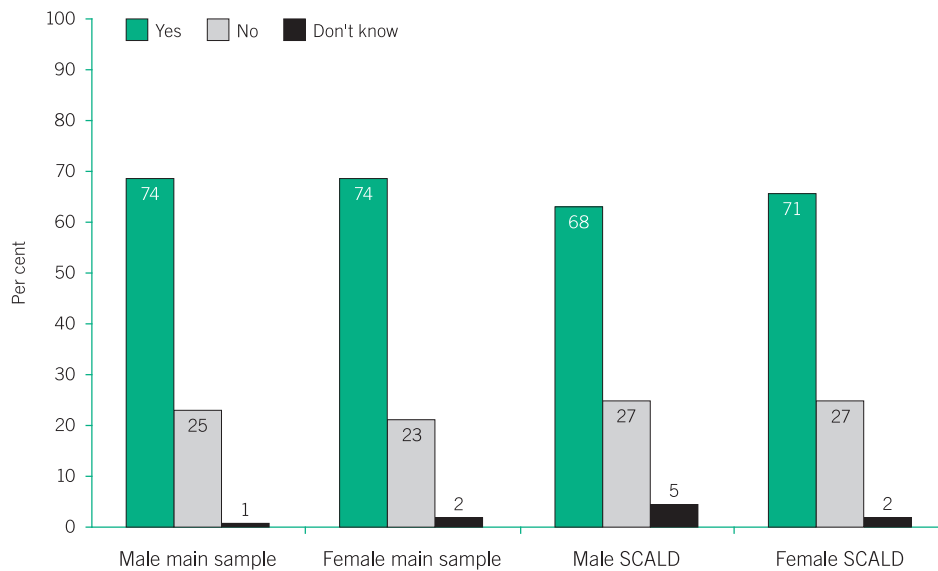
In recent years there have been a number of communication and marketing campaigns addressing violence against women (Donovan & Vlasis 2005). This includes an existing national campaign to address violence against women – the Australia Says No campaign. Issues related to violence against women have also been canvassed extensively in the media, including through coverage of several recent and controversial cases before the courts.

Key findings

Recognition of media coverage

Despite this coverage, one-quarter of respondents reported that they had not seen, read or heard anything about violence against women in the mass media recently (see Figure 2).

Figure 2: Had respondents recently seen, read or heard something in the media about violence against women?



Note: Difference between males in each sample to $p < 0.01$.

Source: Taylor & Mouzos 2006, VicHealth CATVAWS [weighted data].

Of those that had recalled anything, the largest proportion of recalls was of advertising on television. About 13% of recalls related to the Australia Says No campaign. A sizeable proportion of mentions were for news and current affairs.

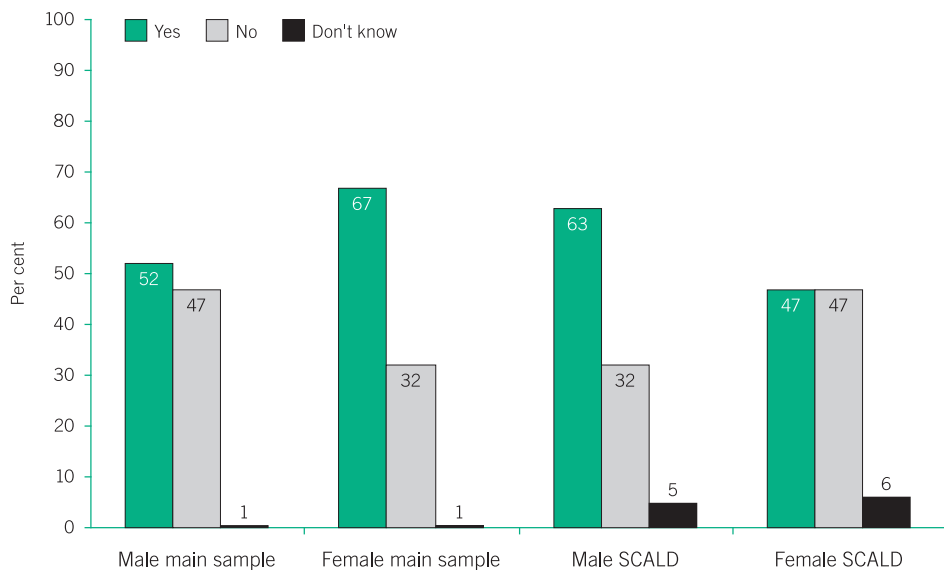
Knowledge of sources of advice and support

Respondents were also asked if they would know where to go for advice or support for someone about a domestic violence issue:

- Between one-third and one-half of respondents in both samples and of both men and women would not know where to go for advice and support.
- In the main sample, women were significantly more likely to know where to go for advice and support than men (67% compared with 52%).
- The reverse was true for the SCALD sample, with women being significantly less likely to know where to go for advice and support (47%) than men (63%) (see Figure 3).



Figure 3: Would respondents know where to go for outside help for someone about a domestic violence issue?



Note: Sex differences both within and between samples significant to $p < 0.01$

Source: Taylor & Mouzos 2006, VicHealth CATVAWS [weighted data].

There was some awareness of activities implemented to raise awareness of violence against women among Indigenous focus group and interview participants, with those being mentioned including:

- television advertising;
- brochures and flyers at Aboriginal health services;
- slogans on T-shirts; and
- local family violence action groups and grassroots meetings to discuss the issue.

Information reach

Existing information is either reaching or is more likely to be recalled by those least likely to hold violence-supportive attitudes:

- Those most likely to report having recently read, seen or heard anything about violence against women were those with a higher level of education, higher proficiency in English, a higher support for gender equality and a stronger belief that violence is a serious issue.
- Fewer people in the SCALD sample reported seeing the Australia Says No campaign, with only 4% of women in this sample who reported seeing, reading or hearing anything about violence against women citing this initiative.

Predictors of knowing where to go for advice and support in the main sample were being female, having a high level of support for gender equality and being higher educated. In the SCALD sample, predictors were being male, being a white-collar worker and having seen, read or heard something in the media recently relating to violence against women. The proportion of women in the SCALD sample (just under half) who did not know where to go for advice and support is a particular concern.

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References and Bibliography

- ABS 1996, *Women's Safety Australia*, Catalogue No. 4128.0, Australian Bureau of Statistics, Canberra.
- ABS 2006, *2005 Personal safety survey*, Cat no. 4906.0, Australian Bureau of Statistics, Canberra.
- Access Economics 2004, *The cost of domestic violence to the Australian economy: part 1*, Australian Government Partnerships Against Domestic Violence, Canberra.
- Ajzen, I & Fishbein, M 2005, 'The influence of attitudes on behaviour', in D Albarracin, B Johnson & M Zanna (eds), *The handbook of attitudes*, Lawrence Erlbaum Associates, London.
- Alder, CM 1992, 'Violence, gender and social change', *International Social Science Journal*, vol. 44, no. 132, pp. 267–276.
- AMA 1998, *Position statement on domestic violence*, Australian Medical Association, viewed 24 September 2006, <http://www.ama.com.au/web.nsf/doc/SHED-5FK5FQ>.
- Anderson, VN, Simpson-Taylor, D & Hermann, DJ 2004, 'Gender, age and rape-supportive rules', *Sex Roles: A Journal of Research*, vol. 50, no. 1-2, pp. 77–90.
- Aromaki, AS, Haebich K and Lindman RE 2002, 'Age as a modifier of sexually aggressive attitudes in men', *Scandinavian Journal of Psychology*, 43, 419–423.
- Bagshaw, D, Chung, D, Couch, M, Lilburn, S & Wadham, B 2001, *Reshaping responses to domestic violence (final report)*, University of Adelaide, Adelaide.
- Burt, MR 1980, 'Cultural myths and supports for rape', *Journal of Personality and Social Psychology*, vol. 38, pp. 217–230.
- Carcach C & James M 1998, 'Homicide between intimate partners in Australia', *Australian Institute of Criminology Trends and Issues in Crime and Criminal Justice*, no. 90.
- Cook, S & Bessant, J (eds) 1997, *Women's encounters with violence: Australian experiences*, Sage: Thousand Oaks, Calif.
- Chung, D, Kennedy, R, O'Brien, B & Wendt, S 2000, *Home safe home: the link between domestic and family violence and women's homelessness*, viewed 23 September 2006, [http://www.facs.gov.au/internet/facsinternet.nsf/VIA/homesafe/\\$File/homesafefhome.pdf](http://www.facs.gov.au/internet/facsinternet.nsf/VIA/homesafe/$File/homesafefhome.pdf).
- Davis, T, & C Lee 1996, 'Sexual assault: Myths and stereotypes among Australian adolescents', *Sex Roles*, 34 (11–12): 787–803.
- DeKeseredy WS, Rogness M & Schwartz MD 2004, 'Separation/divorce: The current state of social scientific knowledge', *Aggression and Violent Behaviour*, no. 9, pp 675–691.
- DHS 2006, *Women's health and wellbeing strategy 2006*, Department of Human Services.
- Dobash, R E 1992, *Women violence, and social change*, London; New York: Routledge.
- Donovan, R & Vlasis, R 2005, *Review of communications components of social marketing/public education campaigns focusing on violence against women*, Victorian Health Promotion Foundation, Carlton, Vic.
- DVC 2005, *Changing lives: a new approach to family violence in Victoria*, Department of Victorian Communities, Melbourne.
- DVIRC & VCCAV 2001, *Is someone you know being abused in a relationship? A guide for families, friends and neighbours*, Department of Human Services, Melbourne.



- Easteal, P 1994, 'Violence against women in the home: how far have we come? How far to go?' *Family Matters*, no. 37, pp. 86–93, viewed 23 September 2006, <http://www.aifs.gov.au/institute/pubs/fm1/fm37pe.html>.
- Edleson, J 1999, 'Domestic violence and children', *The Future of Children*, vol. 9, no. 3, Winter.
- Feldman CM and Ridley CA 1995 'The Etiology and treatment of domestic violence between adult partners' *Clinical Psychology: Science and Practice*, vol. 2, no. 4, Winter.
- Finucane, M & Finucane, S 2004, *101 ways great and small to prevent family violence*, Domestic Violence and Incest Resource Centre, Collingwood, Vic.
- Flood, M 2004, 'Backlash: angry men's movements', in SE Rossi (ed.), *The battle and backlash rage on: why feminism cannot be obsolete*, Xlibris Press, US.
- Flood, M 2005 'Fact sheet #2: The myth of women's false accusations of domestic violence and misuses of protection orders', *Women Against Violence Journal*, no. 16.
- Friedman B 1998, *Rape Myth Busters: A program for young men about rape prevention*, Sexual Health Information Networking Inc SA, South Australia.
- Golding, JM 1999, 'Intimate partner violence as a risk factor for mental disorders: a meta-analysis', *Journal of Family Violence*, vol. 14, no. 2, pp. 99–132.
- Hale, A, Borg, C & McClure, P 2006, 'Battered women's syndrome and self-defence', *Law Institute Journal*, vol. 8, no. 4.
- Heenan, M & Astbury, J 2004, *The prevalence and health effects of intimate partner violence*, Presentation to the World Conference on Health Promotion and Health Education.
- Heise, L 1998, 'Violence against women: an international, ecological framework', *Violence Against Women*, vol. 4, pp. 262–290.
- Heise, L, Ellsberg, M & Gottemoeller, M 1999, *Population reports: ending violence against women*, Center for Communication Programs, Johns Hopkins University, viewed on 23 September 2006, <http://www.infoforhealth.org/pr/111/violence.pdf>.
- Indemaur D 2001 'Young Australians and domestic violence', *Trends and Issues in Crime and Criminal Justice* no. 195, Australian Institute of Criminology, Canberra.
- Kaye, M, Stubbs, J & Tolmie, J 2003, 'Domestic violence and child contact arrangements', *Australian Journal of Family Law*, vol. 17, no. 2, pp. 93–103.
- Kelly L, Lovett, J & Regan, L 2005, *A gap or a chasm? Attrition in reported rape cases*, Child and Woman Abuse Studies Unit, London Metropolitan University, Home Office Research, Development and Statistics Directorate, London.
- Keys Young 1998, *Against the odds: how women survive domestic violence. The needs of women experiencing domestic violence who do not use domestic violence and related crisis services*, Partnerships Against Domestic Violence, Office of the Status of Women, Department of Prime Minister and Cabinet, Canberra.
- Laing L 2000, *Progress, trends and challenges in Australian responses to domestic violence*, Issues Paper 2, Australian Domestic & Family Violence Clearing House.
- Lievore, D 2003, *Non-reporting and hidden reporting of sexual assault: an international literature review*, Australian Institute of Criminology, Canberra.
- Margolis, D 1998, *Culturally sanctioned violence against women: a look at attitudes toward rape*, Unpublished PhD dissertation, Graduate School of Education, Boston College, Boston.



Martinez, M & Schröttle M. 2006, *State of European research on the prevalence of interpersonal violence and its impact on health and human rights*, viewed 23 September 2006, [http://www.cahrvi.uni-osnabrueck.de/reddot/CAHRVreportPrevalence\(1\).pdf](http://www.cahrvi.uni-osnabrueck.de/reddot/CAHRVreportPrevalence(1).pdf).

Middleton, S 2005, 'Matrimonial property reform: legislating for the "financial consequences" of domestic violence', *Australian Journal of Family Law*, vol. 19, p. 9.

Minnesota Advocates for Human Rights 2006, *Evolution of Theories of Violence* viewed October 2006 http://www.stopvaw.org/Evolution_of_Theories_of_Violence.html.

Mouzos, J & Makkai, T 2004, *Women's experiences of male violence: findings from the Australian component of the international violence against women survey*, Research and Public Policy Series no. 56, Australian Institute of Criminology, Canberra.

Mouzos, J & Rushforth, C 2003, 'Family Homicide in Australia', *Trends and Issues in Crime and Justice*, no. 255, Australian Institute of Criminology, Canberra.

Mow, KE 1992, *Tjunparni: family violence in Indigenous Australia*, report and literature review for the Aboriginal and Torres Strait Islander Commission, Canberra.

Murnen, SK, Wright, C & Kaluzny, G 2002, 'If "boys will be boys", then girls will be victims? A meta-analytic review of the research that relates masculine ideology to sexual aggression', *Sex Roles*, vol. 46, no. 11–12, pp. 359–375.

National Crime Prevention 2001, *Violence in Indigenous communities. Full report*, National Crime Prevention, Canberra.

National Crime Prevention 2001a, *Young People and Domestic Violence. National research on young people's attitudes and experiences of domestic violence. Full Report*, Attorney-General's Department, Canberra.

Nayak, M, Byrne C, Martin, M & Abraham, A 2003, 'Attitudes towards violence against women: a cross-nation study', *Sex Roles*, vol. 49, no. 7–8, pp. 333–342.

Neville, H, Heppner, M, Spanierman, E & Clark, M 2004, 'General and culturally specific factors influencing black and white rape survivors' self-esteem', *Psychology of Women Quarterly*, vol. 28, iss. 1.

O'Neil, JM & Harway, M 1997, 'A multivariate model explaining men's violence toward women: predisposing and triggering hypotheses', *Violence Against Women*, vol. 3, no. 2, pp. 182–203.

OSW 1995, *Community attitudes to violence against women: detailed report*, Office of the Status of Women, Department of Prime Minister and Cabinet, Canberra.

OWP 2002, *A coordinated approach to reducing violence against women. Women's safety strategy: a policy framework*, Office of Women's Policy, Victorian Government, Melbourne.

Partnerships Against Domestic Violence 2003, *Community awareness and education to prevent, reduce and respond to domestic violence. Phase 1 meta-evaluation report*, Australian Government, Canberra.

Pavlou, M & Knowles, A 2001, 'Domestic violence: attributions, recommended punishments and reporting behaviour related to provocation by the victim', *Psychiatry, Psychology and Law*, vol. 8, no. 1, pp. 76–85.

People, J 2005, 'Trends and patterns in domestic violence assaults', *Crime and Justice Bulletin*, vol. 89, pp. 1–16, viewed 23 September 2006, [http://www.lawlink.nsw.gov.au/lawlink/bocsar/ll_bocsar.nsf/vwFiles/cjb89.pdf/\\$file/cjb89.pdf](http://www.lawlink.nsw.gov.au/lawlink/bocsar/ll_bocsar.nsf/vwFiles/cjb89.pdf/$file/cjb89.pdf).



- Pierce, J 2005, 'Family violence and the law: putting "private" violence on the public agenda' in *Families matter*, proceedings of the 9th Australian Institute of Family Studies Conference, 9–11 February 2005, Melbourne, viewed 23 September 2006, <http://www.aifs.gov.au/institute/afrc9/peirce.pdf>.
- Potter, J & Weatherall, M 1987, *Discourse and social psychology: beyond attitudes and behaviour*, Sage, Newbury Park, CA.
- Prislin, R & Wood, W 2005, 'Social influence in attitudes and attitude change', in D Albarracin, B Johnson & M Zanna (eds), *The handbook of attitudes*, Lawrence Erlbaum Associates, London.
- Ptacek, J 1988, 'Why do men batter their wives?', in K Yllo & M Brogad (eds), *Feminist perspectives on wife abuse*, Sage, Newbury Park.
- PHAA 2002, *Domestic/family violence policy*, Public Health Association of Australia.
- Radford, L, Sayer, S & AMICA 1999, *Unreasonable fears? Child contact in the context of domestic violence: a survey of mothers' perceptions of harm*, Women's Aid Federation of England, Bristol.
- Rees, S & Pease, B 2006, *Refugee settlement, safety and wellbeing: exploring domestic and family violence in refugee communities*, Immigrant Women's Domestic Violence Service, Melbourne.
- Romans SE, Poore MR & Martin JL 2000 'The perpetrators of domestic violence', *Medical Journal of Australia*; 173, 484–488
- Schneider, E M2000, *Battered women & feminist lawmaking*, New Haven: Yale University Press
- Shipway, L 2004, *Domestic violence: a handbook for health professionals*, Routledge, London.
- Stanistreet, D, Bamba, C & Scott-Samuel, A 2005, 'Is patriarchy the source of men's higher mortality?', *Journal of Epidemiology and Community Health*, vol. 59, pp. 873–876.
- Statewide Steering Committee to Reduce Family Violence 2005, *Reforming the family violence system in Victoria*, Office of Women's Policy, Department of Victorian Communities, Melbourne.
- Statistics Canada 2003, *Family violence in Canada: a statistical profile 2003*, Statistics Canada, Canadian Centre for Justice Statistics, Ministry of Industry, Ottawa, Ontario.
- Stewart, A & Maddern, K 1997, 'Police officers' judgements of blame in family violence: the impact of gender and alcohol', *Sex Roles*, vol. 37, no. 11–12, pp. 921–933.
- Stubbs, J 2003, 'Sexual assault, criminal justice and law and order', *Women Against Violence: An Australian Feminist Journal*, vol. 14, p. 14.
- Taft, A 2003, *Promoting women's mental health: the challenge of intimate partner/domestic violence*, Issues Paper No. 8, Australian Domestic and Family Violence Clearing House, Sydney.
- Taylor N and Mouzos J 2006, *Community Attitudes to Violence Against Women Survey: A Full Technical Report, (Paper One)*, Australian Institute of Criminology, Canberra.
- Temkin, J 1987, *Rape and the legal process*, Sweet & Maxwell, London.
- Tilden, V, Schmidt, T, Limandri, B, Chiodo, G, Garland, M & Loveless, P 1994, 'Factors that influence clinicians' assessment and management of family violence', *American Journal of Public Health*, vol. 84, no. 4, pp. 628–633.
- UN 1993, *Declaration on the elimination of violence against women*, UN Resolution 48/104 (444), Proceedings of the 85th Plenary Meeting, United Nations General Assembly, Geneva.



UN 2006 *Secretary-General's study on violence against women. Background documentation for 61st session of the General Assembly Item 60 (a) on advancement of women*, available on <http://www.un.org/womenwatch.daw/vaw/violenceagainstwomenstudydoc.pdf>.

VicHealth 2004, *The health costs of violence: measuring the burden of diseases caused by intimate partner violence: a summary of findings*, Victorian Health Promotion Foundation, Melbourne.

VicHealth 2005, *A public health model for the prevention of violence against women*, Victorian Health Promotion Foundation, Melbourne.

Victorian Indigenous Family Violence Task Force 2003, *Final report*, Victorian Government Department of Victorian Communities, Melbourne.

VLRC 2003, *Sexual offences: interim report*, Victorian Law Reform Commission, Melbourne.

VLRC 2004, *Sexual offences: law and procedure: final report*, Victorian Law Reform Commission, Melbourne.

VLRC 2006, *Review of family violence laws: report*, Victorian Law Reform Commission, Melbourne.

Walker, LE 1984, *The battered women's syndrome*, Springer Publishing Company, 95–6.

Ward, C 1995, *Attitudes towards rape: feminist and social psychological perspectives*, Sage, London.

Watts, C & Zimmerman, C 2002, 'Violence against women: global scope and magnitude', *Lancet*, vol. 359, iss. 93, pp. 1232–1237.

WHO 2000, *Women and mental health: an evidence based review*, World Health Organization, Geneva.

WHO 2002, *World report on violence and health*, World Health Organization, Geneva.

WHO 2004, *Preventing violence: a guide to implementing the recommendations of the world report on violence and health*, World Health Organization, Geneva.

WHO 2005, *WHO multi-country study on women's health and domestic violence against women. Initial results on prevalence, health outcomes and women's responses (summary report)*, viewed on 23 September 2006, http://www.who.int/gender/violence/who_multicountry_study/summary_report/summary_report_English2.pdf.

World Health Organisation 2006, *Gender and Reproductive Rights: Glossary* on www.who.int/reproductive-health/gender/glossary.html accessed October 2006.

WHV 2006, *Women's health matters: from policy to practice. 10-point plan for Victorian women's health 2006–2010*, Women's Health Victoria, Melbourne.

Women's Policy Coordination Unit 1985, *Criminal assault in the home: social and legal responses to domestic violence*, Department of Premier and Cabinet, Melbourne.

Xenos, S and D Smith (2001), 'Perceptions of rape and sexual assault among Australian adolescents and young adults', *Journal of Interpersonal Violence*, November, 16(11): pp. 1103–1119.



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