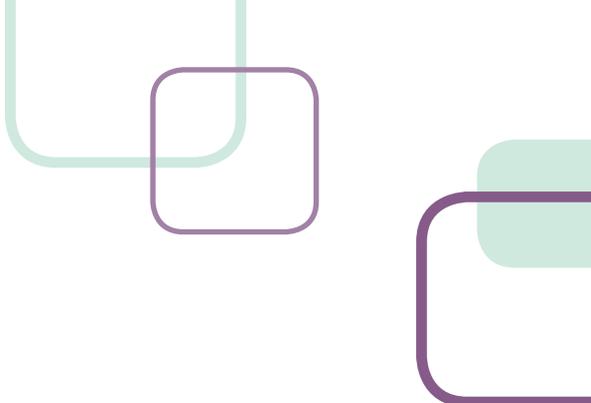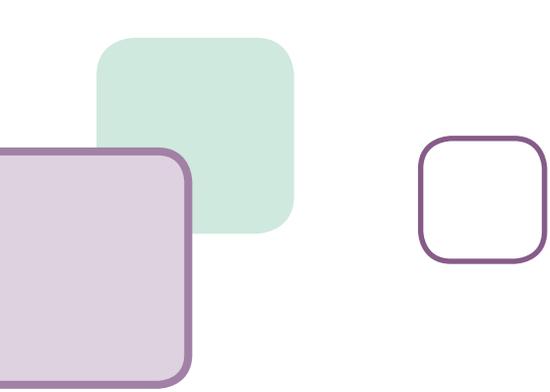# Preventing violence before it occurs

A framework and background paper to guide the primary prevention of violence against women in Victoria

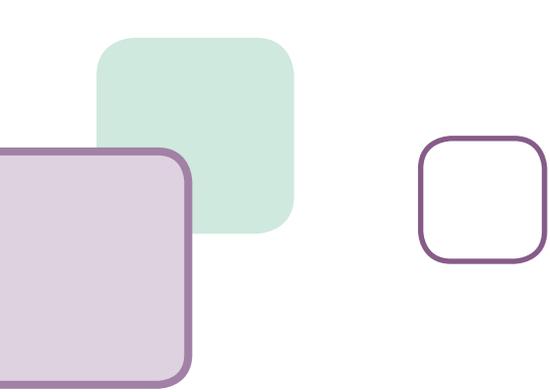# Preventing violence before it occurs

A framework and background paper to guide the primary prevention of violence against women in Victoria

Contents

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Foreword

In 2004 the Victorian Health Promotion Foundation identified the prevention of violence against women as a priority for action. At that time we knew that violence against women was prevalent (Australian Bureau of Statistics, 1996: 2003), was the most significant risk factor for the health of women aged 15–45 years (VicHealth 2004) and cost the Australian community $8.1 billion per annum (Access Economics 2004).

In light of past achievements in reducing factors which cause ill health, we also knew that the prevention of violence against women, while a daunting proposition, was within our reach.

This report, commissioned by the Victorian Government in 2006, was designed to review international evidence regarding the factors causing violence against women and models of good practice designed to prevent it. An associated aspect of the work was development of an evidence–based framework to support future efforts to prevent violence against women.

The project was supported by a large number of academics and practitioners with expertise in issues pertaining to violence against women and a shared commitment to changing environments, attitudes and behaviours which perpetuate this violence.

As a consequence of work conducted through the project it has been confirmed that the prevention of violence against women is not an aspirational goal but, rather, is well within our reach. We now know that practice in the prevention of violence against women has an evidence base, sound rationale for action and support for development by government, non-government, philanthropic and corporate sectors.

Through work being undertaken by a large number of people from across sectors, momentum in this area is being achieved. We have seen development of legislative, policy and program reform designed not only to improve our responses to those affected by violence but also to prevent its occurrence. We have also seen rapid growth in the number of cross-sector organisations who have integrated a focus on the prevention of violence against women into their core operations, thus creating the critical mass of activity which is fundamental to our success in this area.

Development of safe and supportive environments for all citizens is an integral aspect of a healthy, productive and just society. This report is submitted to the Victorian Government in the hope that it will provide a useful foundation with which to inform future planning to prevent violence against women. It is also submitted as a seminal report that has the capacity to inform the activity of future governments, and the corporate and non-government sectors.

Todd Harper
Chief Executive Officer

Peter Gordon
Acting Chairperson
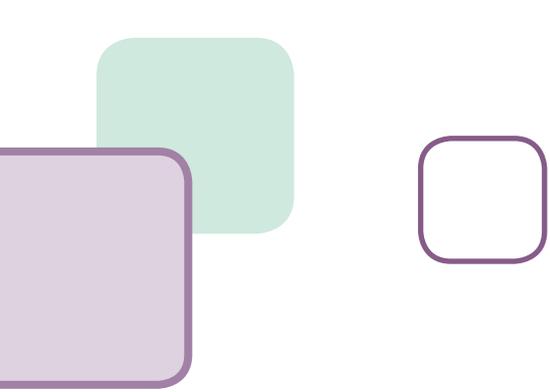
Background

Men's use of violence against women is a significant public health issue with serious social, economic and health consequences for women, their families and communities.

In Victoria significant advances have been made to improve assistance to women and children directly affected by this violence. Communities and agencies across the state have continued their work of decades in providing accommodation, legal advice, information, material aid and social support. Public awareness campaigns have expanded and there is evidence that the great majority of Victorians – 98% of women and 93% of men – identify violence affecting women as a serious problem (VicHealth 2006).

In 2002 the Victorian Government developed its *Women's Safety Strategy,* a five-year plan to guide coordinated action across government to reduce the level and fear of violence against women (OWP 2002). In 2005 some $35.1 million was allocated as part of the government's *Fairer Victoria* initiative to implement a plan to reform service system responses to family violence (DPC 2005, 2007; Statewide Steering Committee to Reduce Family Violence 2005).

Such efforts are critical to mitigate the effects of violence, such as depression and homelessness, and to prevent further harm and the escalation of abuse. While it is essential that this work continues there is also increasing awareness of the need for new efforts to prevent violence against women from occurring in the first place. A commitment to strengthening efforts in prevention is reflected in both the *Women's Safety Strategy* and, more recently, the *Fairer Victoria* initiative (DPC 2005, 2007).

While primary prevention of violence is an emerging area of practice worldwide, there is a growing consensus that it is possible to prevent violence against women before it occurs (WHO 2002). There is also mounting agreement that this problem is too prevalent and its consequences for individuals and communities too great to limit efforts to responding after violence has occurred (WHO 2002). Rather, there is a need to develop a spectrum of prevention responses. This involves building on existing work with affected individuals and families to include strategies to support primary prevention (WHO 2002).

In 2003 the Victorian Health Promotion Foundation (VicHealth) identified violence against women as a priority in its broader program of activity aimed at addressing the preventable causes of poor mental health given the strong evidential link between this form of violence and anxiety, depression and other mental health problems (VicHealth 2004).

VicHealth has placed particular emphasis on strengthening primary prevention responses to this problem, working in partnership with others across a range of sectors and settings. This has included a project with the Australian Football League (AFL) to engage both elite and community-based football communities in prevention; work with the Victorian research community to improve understanding of the causes and prevention of violence; and a program to support schools, local governments, businesses, and community and non-government organisations to implement primary prevention activity. In partnership with the Domestic Violence and Incest Resource Centre, support is also being offered to build skills in the primary prevention of violence among personnel working with children and young people.

In 2006 the Family Violence Interdepartmental Committee, in consultation with the Statewide Steering Committee to Reduce Family Violence, undertook to support the development of a whole-of-government plan to guide activity in the primary prevention of violence against women. This undertaking was made recognising that while there was a growing momentum of support for primary prevention it was important this was consolidated and sustained through sound evidence-informed policy, coordinated action and appropriate resource allocation.

VicHealth supported the planning process in the first phase, documented in this paper, in the context of a partnership between it and the Victorian Government. It involved the development of a conceptual framework to guide action to prevent violence against women, based on a review of existing research evidence and input from a range of local and national experts. The framework is designed to provide a sound theoretical and evidence base to develop a statewide, whole-of-government primary prevention plan. It identifies priority strategies, settings and population targets.

It is anticipated that the second phase will draw on the background material developed in this paper and engage a wide range of players from across government and the corporate, community and non-government sectors to develop a whole-of-government primary prevention plan for Victoria.

It is also hoped that this paper will be a useful resource for policy and program development personnel involved in planning primary prevention activities in a wider range of contexts.
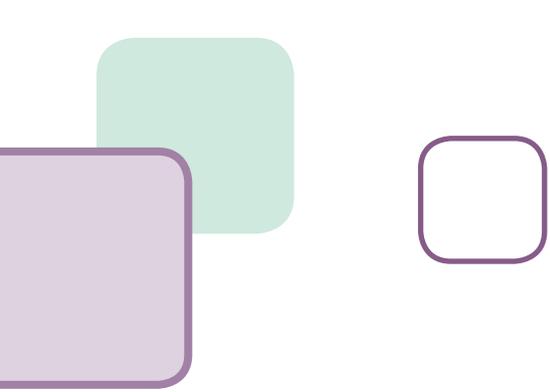
Definitions and concepts

Violence against women is understood to occur on a continuum of economic, psychological and emotional abuse through to physical and sexual violence. It 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).

Interpersonal violence is violence occurring between individuals either known or unknown to one another. It is distinguished from collective violence (such as violence occurring in the course of war) and self-directed violence (such as suicide and other forms of self-harm) (WHO 2002).

Gender refers to the economic, social and cultural attributes and opportunities associated with being male or female at a particular point in time.

Sex refers to the biological characteristics that define humans as female or male.

Social norms consist of rules of conduct and models of behaviour expected by a society or social group. They are rooted in the customs, traditions and value systems that gradually develop in a society or social group.

A **determinant** is an attribute or exposure which increases the probability of the occurrence of a disease or other specified outcome (in this paper, violence against women). The term **risk factor** is sometimes used interchangeably with this term in the literature.

Preventing violence against women – a spectrum of strategies

There are three levels at which strategies to prevent violence against women can be implemented. While there is some variation in the way these strategies are defined and the terms used to describe them in the expert literature, for the purposes of this paper the following distinctions are made and definitions used.

Intervention strategies – intervening after violence has occurred

Intervention (sometimes referred to as tertiary prevention) involves providing support and treatment to women and children who are affected by violence or to men who use violence. Intervention strategies are implemented after violence occurs. They aim to deal with the violence, prevent its consequences (such as mental health problems) and to ensure that it does not occur again or escalate. Intervention includes things such as crisis accommodation and social support for victims and criminal justice and therapeutic interventions for perpetrators.

Early intervention strategies – taking action on the early signs of violence

Early intervention (sometimes referred to as secondary prevention) is targeted at individuals and groups who exhibit early signs of perpetrating violent behaviour or of being subject to violence. Early intervention strategies can be aimed at changing behaviours or increasing the skills of individuals and groups. Violence against women takes many forms. It often begins with subtly controlling behaviours and escalates into a pattern of coercion and physical violence. At the individual level early intervention can seek to address controlling behaviours before they become established patterns. Early intervention strategies can also be targeted at environments in which there are strong signs that violence may occur (for example, peer groups or sporting clubs in which there is a strong culture of disrespect for women).

Primary prevention – preventing violence before it occurs

Primary prevention strategies seek to prevent violence before it occurs. Interventions can be delivered to the whole population (universal) or to particular groups that are at higher risk of using or experiencing violence in the future (targeted or selective). Some primary prevention strategies focus on changing behaviour and/or building the knowledge and skills of individuals. However, the structural, cultural and societal contexts in which violence occurs are also very important targets for primary prevention. Strategies that do not have a particular focus on violence against women but address its underlying causes (such as gender inequality and poverty) are also primary prevention strategies.

It is not always possible to make a clear distinction between these three levels of prevention. For example, a policy reform such as a police code of practice mandating arrest of perpetrators of domestic violence is clearly designed to facilitate intervention after violence has occurred. However, it may also have a primary preventative effect (by communicating to the wider community that violence against women is a serious issue) and an impact on early intervention by deterring potential perpetrators.
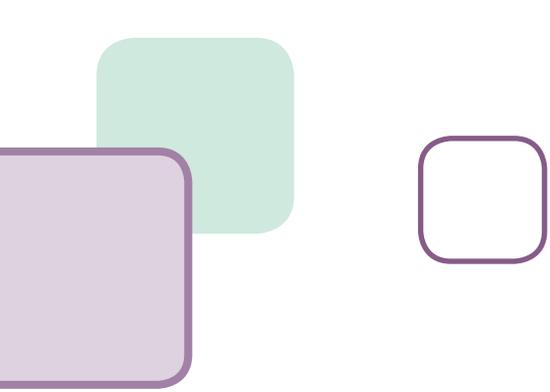
The scope of this paper

A focus on primary prevention

Clearly it is important to develop strategies across the spectrum described above to reduce the occurrence and impact of violence against women. However, this paper is particularly concerned with building the evidence and knowledge base for primary prevention.

A focus on violence perpetrated against women by men known to them

This paper focuses on violence against women by men known to them because evidence suggests that most violence against women is perpetrated by a male acquaintance, intimate or other relative. The recent Personal Safety Survey (ABS 2006) found that:

- Most women assaulted in the last 12 months were assaulted by either a current or previous partner (31%), a male family member or friend (28%) or another male person (12%). In comparison, men were more likely to be assaulted by a stranger (70% of assaults) and in the great majority of cases the perpetrator was another man. Only a very small proportion of assaults against men were perpetrated by women known to them and a former or current female intimate partner was the perpetrator in only 4.3% of assaults (Flood 2006).

- 78% of women who had been sexually assaulted since the age of 15 were assaulted by someone known to them.

While this violence can occur in a range of settings (such as workplaces, schools, pubs and clubs), it most commonly occurs in the home, with 74.9% of all assaults against women since the age of 15 occurring in this setting (ABS 2006). Women have also been found to be particularly vulnerable to the health impacts of violence occurring in relationships (VicHealth 2004). There have been no well-designed population studies comparing the consequences of male and female relationship and acquaintance violence in Australia. However, Canadian data indicate that compared with male victims of relationship violence, women are:

- three times more likely to be injured as a 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).

Similarly, a recent US study comparing the mental health impacts of intimate partner violence for men and women found that women were markedly more likely to suffer impacts than men (Romito & Grassi 2007).

The relative impact of relationship violence on women is further evidenced by the fact that women comprise the majority of victims in cases of domestic violence brought to the attention of law enforcement agencies. 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). Data from the Personal Safety Survey also indicates that women reporting violence in intimate relationships are significantly more likely than men to experience repeated violence (ABS 2006).

The term family violence is preferred to describe this form of violence in Victorian Indigenous communities as it communicates that violence can involve and affect the wider family and community.
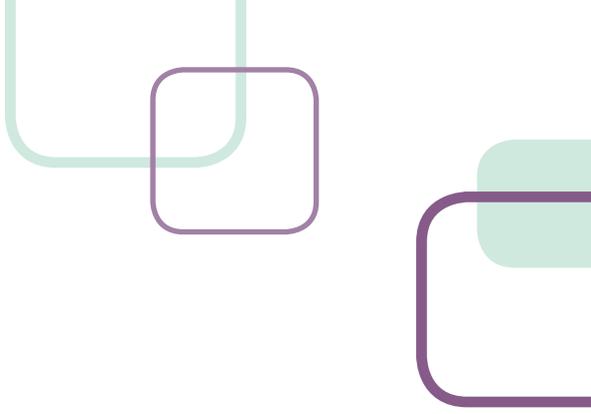
Violence also occurs in female and male same-sex relationships. Specific efforts are required to address this form of violence and many of the lessons learned in this review would be transferable to efforts to address this problem. However, this paper did not specifically focus on violence occurring in same-sex relationships.

Overlap with other forms of interpersonal violence affecting women

Studies suggest that while there are some differences, there is considerable overlap between determinants of violence occurring within relationships and determinants of gender-based interpersonal violence perpetrated by strangers (for example, stranger rape) (Heise 1998). These synergies suggest that many elements of the framework developed in this paper may be transferable to prevention activity to address these other forms of interpersonal violence affecting women.

A focus on the prevention of adult violence

As indicated later in this paper, children are an important population target for primary prevention of adult violence against women, given evidence of the influences of childhood exposure to later perpetration of violence and the effectiveness of intervening at an early stage of the life cycle (Edleson 1999). However, the primary prevention of violence perpetrated against children (child abuse) was beyond the scope of this paper.
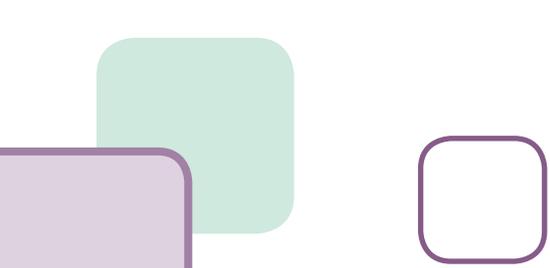
A summary of findings and their implications for planning

Primary prevention: benefits and possibilities

Violence against women is a prevalent problem with serious health, social and economic consequences. It is recognised as a violation of women's human rights under a number of treaties and conventions to which the Australian and Victorian governments are signatories.

Primary prevention involves intervening before violence has occurred. As it is an emerging area of practice, only a small number of primary prevention interventions have been rigorously evaluated. Nonetheless, there is a broad international consensus that the prospects for primary prevention are sound, with there now being a well-developed understanding of risk and protective factors for violence. There is a wealth of practice knowledge, experience and evidence indicating that such interventions are both viable and acceptable. Given the significant economic costs associated with violence against women, such efforts are also likely to reap savings for individuals, businesses and governments.

Factors underlying and contributing to violence against women and the means of prevention lie in a range of environments (such as schools, sports settings, faith-based institutions) and at multiple levels of influence – individual/relationship (including families), community and organisational, and societal.

Primary prevention efforts are most likely to be effective when a coordinated range of mutually reinforcing strategies is targeted across these levels of influence, including programs to reduce individuals' risk of perpetrating or being subject to violence; broad-scale social marketing campaigns to shift relevant attitudes and community norms; interventions to strengthen the capacity of communities, organisations and workforces to take action to prevent the problem; advocacy to secure community, government and corporate action; and reform of relevant policies and legislation. Many of the factors influencing violence cross boundaries traditionally existing between government departments, disciplines and settings and between the government and non-government sectors.

Together, these findings suggest that there would be benefits for governments in investing planning effort to support the primary prevention of violence against women through a statewide plan. Such a plan would:

- coordinate primary prevention effort across sectors of government and between government and relevant non-government and corporate sector actors from a range of settings and disciplines
- engage this range of actors in its development
- ensure that primary prevention is implemented in a way which is consistent with existing policies and programs to assist individuals and families affected by violence.

An overview of the framework

The framework is based on an ecological model for understanding violence. This model, proposed by the World Health Organization (WHO) in its *World Report on Violence and Health* (WHO 2002), recognises that factors influencing violent behaviour or vulnerability to violence lie at multiple and interacting levels of influence – individual/relationship, community and organisational, and societal. Using a program logic approach, the framework comprises six layers. In the first and second layers three broad themes for action are identified. These are based on factors understood to underlie or contribute to violence at each level of influence in the ecological model. In the third and fourth layers of the framework, seven general strategies to guide action, the particular population groups which these ought to be targeted at and/or tailored for and the settings and sectors through which they should be implemented are identified.

Framework to guide primary prevention of violence against women

KEY DETERMINANTS OF VIOLENCE AND THEME FOR ACTION

PROMOTING EQUAL AND RESPECTFUL RELATIONSHIPS BETWEEN MEN AND WOMEN

Individual/relationship determinants	Community & organisational determinants	Societal determinants
• Belief in rigid gender roles and identities, weak support for gender equality • Masculine orientation/sense of entitlement • Male dominance and control of wealth in relationships	• Culturally-specific norms regarding gender and sexuality • Masculine peer & organisational cultures	• Institutional & cultural support for, or weak sanctions against, gender inequality and rigid gender roles

KEY CONTRIBUTING FACTORS AND THEMES FOR ACTION

PROMOTING NON-VIOLENT NORMS / REDUCING THE EFFECTS OF PRIOR EXPOSURE TO VIOLENCE

Individual/relationship contributors	Community & organisational contributors	Societal contributors
• Attitudinal support for violence against women • Witnessing or experiencing family violence as a child • Exposure to other forms of interpersonal or collective violence • Use and acceptance of violence as a means of resolving interpersonal disputes	• Neighbourhood, peer & organisational cultures which are violence-supportive or have weak sanctions against violence • Community or peer violence	• Approval of, or weak sanctions against, violence/violence against women • Ethos condoning violence as a means of settling interpersonal, civic or political disputes • Colonisation

IMPROVING ACCESS TO RESOURCES AND SYSTEMS OF SUPPORT

Individual/relationship contributors	Community & organisational contributors	Societal contributors
• Social isolation and limited access to systems of support • Income, education, occupation • Relative labour force status • Alcohol and illicit drug use* • Poor parenting • Personality characteristics and poor mental health* • Relationship and marital conflict • Divorce/separation	• Weak social connections and social cohesion and limited collective activity among women • Strong support for the privacy of the family • Neighbourhood characteristics (service infrastructure, unemployment, poverty, collective efficacy)	• Support for the privacy and autonomy of the family • Unequal distribution of material resources (e.g. employment, education)

POPULATION GROUPS AND PREVENTATIVE ACTIONS

Preventative actions		Population groups	
• Research, monitoring and evaluation • Direct participation programs • Organisational and workforce development	• Community strengthening • Communications and social marketing • Advocacy • Legislative and policy reform	• Children • Young people • Women and men • Neighbourhoods affected by disadvantage	• Indigenous communities • Rural communities • Culturally and linguistically diverse communities • Women with disabilities

SETTINGS AND SECTORS FOR ACTION

• Community services • Corporate • Faith communities	• Education • Workplaces • Cultural institutions & networks	• Arts • Sports and recreation • Media & popular culture	• Local government • Health • Cyberspace/New technologies	• Justice • Academic • Military/like institutions

INTERMEDIATE OUTCOMES

Individual/relationship	Organisational	Community	Societal

• Improved connections to resources and support
• Respectful and equitable gender relations
• Improved attitudes toward gender equity, gender roles and violence/violence against women
• Improved skills in non-violent means of resolving interpersonal conflict
• Responsible alcohol use
	• Organisations that:
	  – Model, promote and facilitate equal, respectful and non-violent gender relations
	  – Work in partnerships across sectors to address violence
	  – Implement evidence-based violence prevention activities
	  – Are accessible to and safe and supportive for women
		• Environments that:
		  – Value and support norms which are non-violent and build respectful and equitable gender relations
		  – Build connections between people and between them and sources of formal and informal support
		  – Take action to address violence
			• A society in which there are strong legislative and regulatory frameworks and appropriate resource allocation for supporting:
			  – Gender equity
			  – The prevention and prohibition of violence
			  – The positive portrayal of women (e.g. in advertising)
			  – The development of healthy relationships between men and women

LONG-TERM BENEFITS

Individual/relationship	Organisational	Community	Societal
• Reduction in violence-related mental health problems & mortality • Improved interpersonal skills & family & gender relations • Reduced intergenerational transmission of violence and its impacts	• Violence prevention resources and activities integrated across sectors and settings • Organisations that value and promote respectful gender relations • Improved access to resources and systems of support	• Communities that value gender equity and respectful relationships between men and women • Reduced social isolation and improved community connections	• Reduced gender inequality • Improved quality of life for men and women • Reduced levels of violence/violence against women • Improved productivity

* denotes increased risk of perpetration only
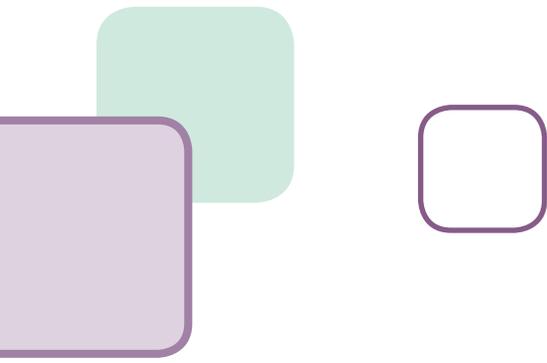
The long-term objectives of prevention activity are to reduce violence against women and to reap the benefits associated with this, such as healthy gender relations and improved productivity. These objectives are identified in the sixth and final layer of the framework. However, as with other complex social problems, these challenges are long-term ones, unlikely to be met in the life of a specific project or program.

Accordingly, the fifth layer of the framework identifies a range of conditions at the individual, organisational, community and societal levels that can be built and monitored in the short to medium term and which, in the long term, are likely to lead to a reduction in violence against women. These are the intermediate outcomes in the framework and are those against which progress can be measured both by individual projects and at the broader level.

The framework and the evidence on which it is based have a number of implications for the development of a statewide plan.

Key themes for action

The evidence presented in this paper suggests that action to prevent violence against women is best guided by three interrelated themes. These are:

- promoting equal and respectful relationships between men and women
- promoting non-violent social norms and reducing the effects of prior exposure to violence (especially on children)
- improving access to resources and systems of support.

Determining priorities

The need for both universal and targeted (selective) interventions

The evidence indicates that there are clear benefits in targeting and delivering more intensive interventions to certain groups in the population and these are discussed further below. However, universal interventions (that is, those delivered across the population), such as social norms campaigns, education programs in schools, organisational development initiatives in mainstream settings and legislative reforms, will be critical to the success of an overall violence prevention plan. There are a number of reasons for this:

- While the risk of violence may be higher in some populations, there is evidence that this problem occurs across the population (Mouzos & Makkai 2004).
- There is strong evidence that violent behaviour is influenced by broader social norms about gender relations and violence against women. That is, how an individual behaves is determined not only by their individual attitudes and contexts but also by their perceptions of how their behaviour will be perceived by others, the likely consequences of that behaviour and by the norms of gender and sexuality in particular social contexts (Flood & Pease 2006). Shifting these broader norms is important not only to prevent violence across the population but also to reinforce efforts in high-risk populations.

- Those communities experiencing a particularly elevated risk of violence comprise a relatively small proportion of the population (for example, refugee and Indigenous communities). Further there is only a modest (and in some cases contested) association between violence and many of the factors which led to the identification of the larger 'at-risk' populations discussed below. For example, communities experiencing socio-economic disadvantage are identified in part due to the link between violence and low income, education and unemployment. However, the available studies suggest that the link between these factors and the perpetration of violence is modest. In the case of education and employment there are some studies in which no such link was found.

Implications for planning

A statewide plan should include both primary prevention strategies targeted at the whole population as well as intensive strategies targeted at specific populations understood to be at higher risk of violence and tailored strategies for those unlikely to be reached by whole-of-population approaches.

Targeted interventions

Men and boys, and women and girls

While historically primary prevention has targeted women, there has been a recent shift internationally and in Australia toward targeting primary prevention at men and to delivering interventions through settings of particular relevance to them (for example, certain sport environments). This shift recognises that men are the majority of perpetrators of abuse and that male socialisation is a significant determinant. It also reflects increasing recognition that men are potential collaborators in, and beneficiaries of, primary prevention efforts.

Nevertheless, there remain important opportunities for primary prevention with women, including strategies focusing on education, empowerment, community mobilisation and reducing social isolation. For young women, interventions that improve the quality of the parenting they receive and that build attachments to supportive adults and school communities are similarly understood to be effective.

Shifts in women's perceptions of and responses to violence are also critical levers for achieving and sustaining change in attitudes and behaviours among men.

Implications for planning

A statewide prevention plan should identify primary prevention activity with women as integral to effective primary prevention while at the same time placing increasing emphasis on settings and strategies to reach men and boys.
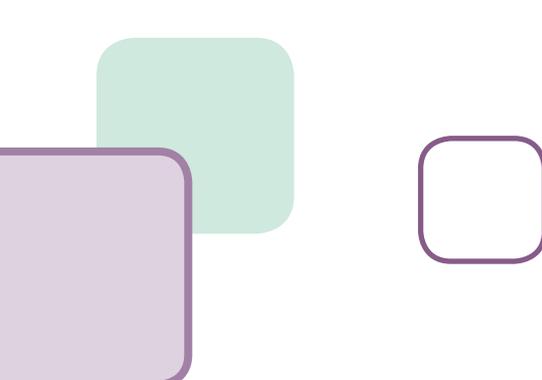
Populations at risk

There are some population groups that have a higher risk of perpetrating or being subject to violence or are particularly vulnerable to the impacts of abuse once it has occurred. There are also some groups for whom whole-of-population strategies will have limited reach and for whom specific strategies will need to be tailored. The prevention of violence in these communities is most likely to be achieved when universal approaches are complemented with targeted (selective) interventions. These include:

- communities affected by social and economic disadvantage (including rural areas affected by economic downturn and drought);
- refugee and new arrival communities and established culturally and linguistically diverse (CALD) communities experiencing economic marginalisation either prior to or following arrival;
- Indigenous communities;
- young men from these communities who have limited attachment to the education system or labour force;
- young men in violence-supportive peer and organisational cultures (such as some sporting environments and military/quasi-military organisations);
- women with disabilities, their families and carers; and
- young women with poor attachment to the school system and other sources of adult support.

A strong theme emerging in the literature is the need for these groups to be engaged in planning and implementation of primary prevention.

While this review identified broad principles for supporting primary prevention in Indigenous and refugee communities, it was beyond its scope to explore how primary prevention might be implemented in these communities in Victoria.

Implications for planning

In the development of a primary prevention plan for Victoria, consideration should be given to developing a targeted response to the above groups and to engaging representatives of these groups and experts working with them in the planning process.

Indigenous and refugee communities should also be supported in conducting further investigation to identify strategies to support primary prevention in these communities in Victoria. This would be one of the next steps to be undertaken in the planning process. Building leadership capacity amongst refugee and Indigenous women is emerging as one approach for consideration.

Life-cycle and relationship stage

Violence occurs across the life-cycle and it will be important to ensure that whole-of-population approaches are designed to reach older men and women. However, there are compelling arguments for targeting interventions at children and young people as:

- This is a stage of the life-cycle when the risk for later perpetration of violence against women can accumulate through for example, witnessing parental violence; being subject to violence, poor parenting and care; or having negative peer associations or weak attachment to education.
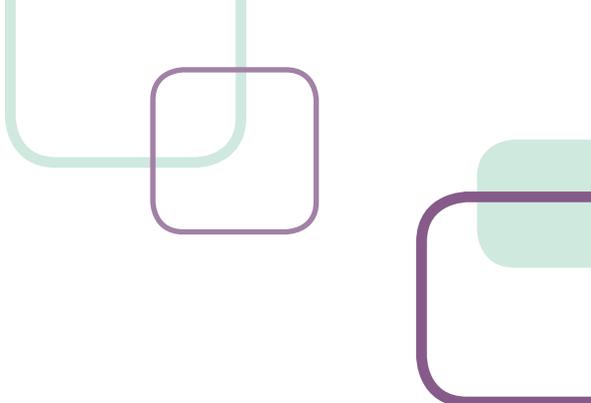
- The perpetration of violence is highest during adolescence and young men are also more likely than their older counterparts to hold attitudes that support violence.
- Specific interventions with young people in school settings are relatively well developed and there is good evidence for their effectiveness (see below).

There are also specific opportunities for violence prevention:

- at the relationship formation stage, with there being some evidence for the effectiveness of counselling provided to couples prior to cohabitation or marriage;
- during pregnancy and when parenting commences (for example, programs to reduce women's social isolation and positive fathering programs targeted at men in ante-natal facilities). This is a particularly important time given women's particular vulnerability to violence during pregnancy; and
- in the period prior to and following relationship and marital separation, with the risk of physical violence, even in previously non-violent relationships, being particularly high at this time.

Implications for planning

A state-wide violence against women prevention plan would seek to reach men and women across the life-cycle, but would place particular emphasis on:

- interventions with children, young people and their families, and on identifying settings of particular relevance to them through which these interventions could be delivered; and
- identifying opportunities for prevention at particular points of relationship and family formation, development or dissolution.

Embedding the prevention of violence in existing targeted and universal policies and programs

Interventions established specifically to prevent violence against women are a critical component of a primary prevention program, since experience suggests that more generalised interventions may not address the unique dynamics associated with violence against women, in particular the gendered patterns of, and contributors to, abuse (Hamby 2006).

However, many of the factors underlying or contributing to violence against women identified in this paper are serious health and social problems in their own right (for example, alcohol and illicit drug use) or are common to other health and social problems. For example, poor parenting and care of children – a risk factor for violence against women – has been implicated in a range of other problems including poor educational attainment, alcohol and drug use, and criminal behaviour in later life (Carter 2000). Further, there is a link between violence against women and other forms of interpersonal and collective violence. This suggests there are opportunities for preventing violence against women by identifying existing initiatives designed to address other health and social issues that have risk factors in common or problems requiring attention for a range of reasons, including that they increase the risk of violence against women.
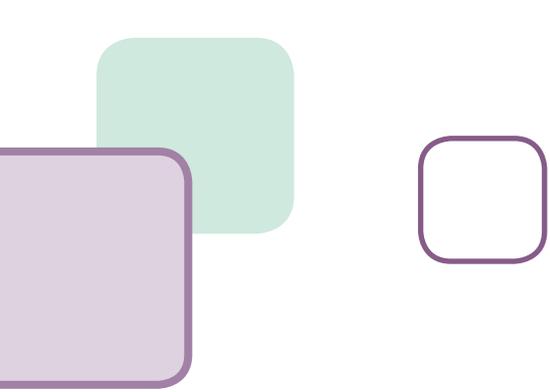
In some instances, this would involve simply identifying and 'making common cause' with relevant initiatives (for example, gender equality initiatives, employment and anti-poverty programs, interventions to reduce alcohol and drug use). In others, there may be value in specific efforts to enhance the role existing programs play in prevention of violence against women. For example, relationship conflict and separation has been identified as a risk factor for family violence and there is some evidence that counselling prior to cohabitation or marriage may be an effective preventative measure. This suggests that there may be some value in building violence prevention objectives into existing relationship counselling programs. This might involve, for example, providing training and technical resources and developing practice standards to support programs to address particular relationship-level determinants of violence against women.

Implications for planning

In addition to interventions established for the specific purpose of preventing violence against women, a primary prevention plan should identify opportunities for primary prevention through existing initiatives, policies and programs.

Identifying priority approaches

The optimal approach to preventing violence against women would comprise multi-level and reinforcing strategies implemented across a range of settings. A number of promising strategies were identified in the expert literature. However, there are three that warrant particular attention for development in Victoria immediately. These are:

- education programs targeted at young people in secondary school settings
- communications and marketing programs
- activities designed to mobilise and support communities to prevent violence against women.

School-based anti-violence/respectful relationships programs

These programs warrant particular attention as:

- Of the interventions identified in this review, school-based programs have the strongest evidence of effectiveness.
- They target a population understood to be at a stage of the life cycle when the risk of perpetrating or being subject to violence is high and when there are strong prospects for prevention. Intervention at this stage has the potential to prevent problems in adulthood and therefore has long-term benefits.
- School settings are part of the day-to-day lives of young people, enabling programs to be delivered in a context in which the promotion of respectful, non-violent relationships can be normalised.
- Knowledge and practice resources required for the delivery of such programs are well developed internationally, nationally and in Victoria.
- The experience of existing programs in Victoria and Australia suggests that they are acceptable to young people, their families and school communities.

- There is the potential for synergy between these programs and other areas in the Victorian Essential Learning Standards, increasing the possibilities for embedding them, in whole or part, in existing curriculum.
- Some additional investment would be required to embed and support a sustained program of school-based violence prevention. However, as such programs are delivered through an existing universal infrastructure they have the capacity to reach a wide audience relatively efficiently and cost-effectively. Centres against sexual assault and women's health centres (currently funded on a regional basis throughout Victoria) also provide an existing infrastructure through which some aspects of these programs could be supported.
- There is a momentum of interest in school-based violence prevention/respectful relationships programs, with a network of practitioners having recently been established in Victoria with a membership of over 120 individuals and organisations. This VicHealth-funded network is convened by the statewide Domestic Violence and Incest Resource Centre.

It was beyond the scope of this review to explore in detail the introduction of school-based primary prevention of violence. However, as a first step there is a need for a process to explore:

- the year level at which programs should be targeted, taking into account developmental as well as school organisational factors;
- the most appropriate program/s for the Victorian school system (with a number of such programs having been developed);
- optimal arrangements for embedding such programs into existing education and support systems;
- training and support needs and how these would be supported; and
- the relationship between primary prevention programs and existing secondary prevention/early intervention school-based programs (that is, those designed to support young people identified as having been exposed to violence in their families).

School-based programs are a non-stigmatising way of reaching young people who are in school. However, a number of the groups of young people identified above as being at particularly high risk of perpetrating or being subjected to violence are outside the education system or have poor attachment to it. There will also therefore be a need to develop intensive interventions through alternative settings such as youth venues and recreation and family support services.

Communication and marketing approaches

There would be particular benefits in the development of a sustained statewide campaign to address violence against women and the social norms supporting it using a variety of communications mediums (print, television, radio and the Internet). There are a number of reasons for this:

- Communications and marketing campaigns are among the best developed approaches to prevent violence against women both in Australia and internationally. As a result, practice knowledge and resources are well developed. Existing campaigns and the lessons learned from them have been documented in a recent review commissioned by VicHealth (VicHealth 2006).
- Such interventions lend themselves to addressing critical determinants of violence against women – attitudes and social norms.
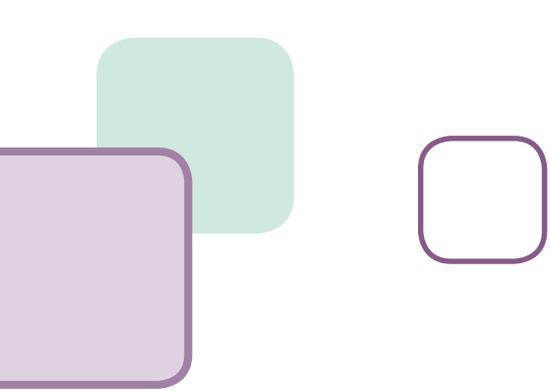
- Because they are implemented across the population, communications campaigns have the potential to reach a large number of people and hence to have a wide impact.

- Although existing communications have been neither sustained nor intensive enough to enable assessment of their effectiveness in shifting norms, evaluations of other outcomes (such as reach and recall) show some promising findings.

- The AFL has expressed an interest in extending its partnership with VicHealth through the *Respect and Responsibility Project* to support such a campaign, with material to be delivered through existing AFL media communications systems (which would otherwise be too costly to be considered as a viable communication option for government). This would enable a wide reach to be achieved (particularly to men and boys) cost-effectively.

- There is also interest among community and government stakeholders working with CALD communities to develop a complementary campaign with messages tailored to these communities. This is important since prior evaluations suggest that universal programs have limited reach in these communities.

Community mobilisation and community development approaches

A large number of community mobilisation and community development approaches were identified in this review. While very few had been evaluated for impact, evaluations investigating their viability and acceptability to communities have yielded promising findings. Practice knowledge and skills are well developed in this area. Experience in Victoria suggests there is a high level of interest in implementing these approaches through existing infrastructure, including local government community development and community service departments, primary care partnerships, women's health centres, domestic violence services and centres against sexual assault.

Importantly, these interventions have a sound theoretical rationale, since they have the potential to:

- increase the collective efficacy of communities to take action in response to violence

- harness local leadership and resources to build protective social norms

- build and harness local resources to respond effectively to violence once it occurs (with effective local intervention being found to have an impact on primary prevention)

- be tailored to the needs of specific communities, a particular consideration in addressing violence in communities requiring targeted approaches.

Community mobilisation and development approaches have also been found to increase the effectiveness of universal communications campaigns by reinforcing messages at the local level.

Implications for planning

A primary prevention plan should build on existing evidence, knowledge and strengths in the local environment, giving particular priority to the development of school-based primary prevention programs, whole-of-population social marketing campaigns and community mobilisation and community development approaches.

Evaluation and monitoring

There would be benefits, both for future planning and building the national and international knowledge base for primary prevention in supporting rigorous evaluation of interventions. Monitoring of the overall impact of the plan will be critical both for the purposes of accountability and for periodic review and adjustment.

This paper identifies a number of intermediate outcomes and long-term benefits that may provide a useful basis for both evaluation and monitoring. A beginning point for such monitoring has been created through completition of the first survey of Victorian community attitudes to violence perpetrated against women (VicHealth 2006). This survey (referred to in this document as the Community Attitudes Survey) was undertaken by VicHealth in 2006 in collaboration with a range of researchers and field organisations. It establishes a baseline measure of community attitudes. Regular conduct of the survey would provide one method of monitoring prevention efforts at minimal cost.

Implications for planning

A statewide primary prevention plan should identify processes for ensuring appropriate evaluation of interventions and long-term monitoring of the plan. This should include the development of measures to assess the progress both of individual projects and programs and of the plan overall.

Next steps

Harnessing current momentum

Over the past 10 years Victoria has supported a number of large-scale reforms designed to improve our response to women and children experiencing violence and to support men perpetrating violence to change their behaviours.

There is also clear government commitment and cross-sector support to further this work through development and implementation of strategies to prevent violence against women before it occurs.

In addition to this strong government policy platform, we have seen emergence of a commitment from the corporate and non-government sectors to take responsibility for contributing to the development of safe environments for women.

This commitment has not just remained in rhetoric but has been set in concrete via relatively large-scale resource allocations. The most notable of these have been made by the AFL, the Body Shop and corporate contributors to the White Ribbon Campaign.

Australia is cited internationally as being a major contributor to informing violence prevention strategies at the global level, with Victoria having the current capacity to lead the nation in this regard.
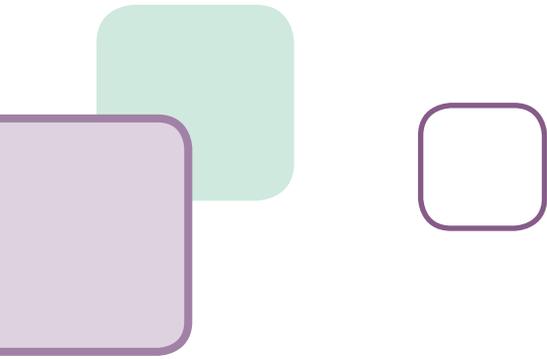
Developing a whole-of-government cross-sector prevention plan

In 1999 VicHealth undertook a large-scale consultation process to support development of a plan to promote mental health and community wellbeing across the population and with specific subpopulations. Just as the primary prevention of violence against women is currently an emerging area of activity, the promotion of mental health was an emerging area of public health activity at that time.

The success of this endeavour lay in the development of a consultation and planning process which was inclusive of a large number of organisations and government departments that would ultimately be responsible for driving the agenda in the longer term. This, coupled with rigorous approaches to collection of evidence to inform the planning process, placed Victoria as a world leader in this area.

Ultimately, to harness the expertise and commitment from the quarters necessary to achieve success in preventing violence against women, any planning and implementation process must be inclusive, well-administered and resourced. It should be clearly articulated that the prevention agenda will not take priority over or compete with the ongoing development of the violence prevention services but rather should be viewed as a critical component of our overall response to the issue.

Concrete articulation of support and allocation of resources for the development of a prevention agenda from the highest levels of government, combined with support and resources secured from corporate, philanthropic and other sectors, will be critical to success.
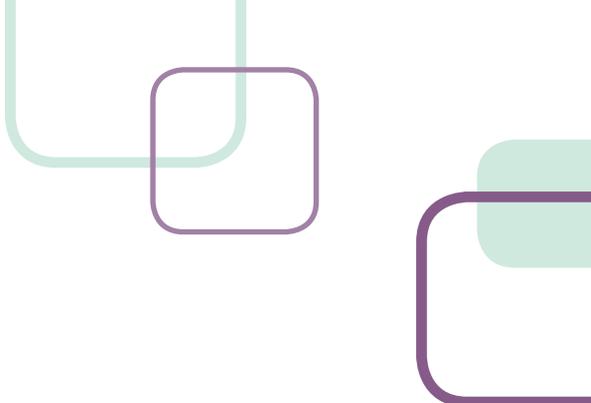
Recommendations

It is consequently recommended that the Victorian Government endorse the framework developed and commence development of a planning process that:

- includes both primary prevention strategies targeted at the whole population, as well as intensive strategies targeted to specific populations understood to be at higher risk of violence and tailored strategies for those unlikely to be reached by whole-of-population approaches;

- identifies primary prevention activity with women as integral to effective primary prevention, while at the same time placing increasing emphasis on settings and strategies to reach men and boys;

- gives consideration to developing a targeted response to populations at risk and engages representatives of these groups and experts working with them in the planning process;

- supports Victorian Indigenous communities in conducting further investigation to identify strategies to support primary prevention within their communities;

- includes emphasis on interventions with children, young people and their families, and on identifying settings of particular relevance to them through which these interventions could be delivered;

- identifies opportunities for prevention at particular points of relationship and family formation, development or dissolution;

- identifies opportunities for primary prevention through existing initiatives, policies and programs;

- builds on existing evidence, knowledge and strengths in the local environment, giving priority to the development of school-based primary prevention programs, whole-of-population social marketing campaigns and community mobilisation and community development approaches;

- identifies processes for ensuring appropriate evaluation of interventions and long-term monitoring of the plan. This would include the development of measures with which to assess the progress both of individual projects and programs and of the plan overall;

- has cross-government support;

- is adequately resourced and administered;

- includes participants from across State and local governments and academic institutions and health, welfare, human service, community, justice, arts, sport, education, corporate and philanthropic sectors;

- results in development of a statewide plan which identifies priority areas for action, implementation approaches and monitoring and evaluation systems to be adopted; and

- is considered for implementation by the Victorian Government with resources allocated to support implementation alongside those brokered through partnership agreements with the corporate, philanthropic and non-government sectors.
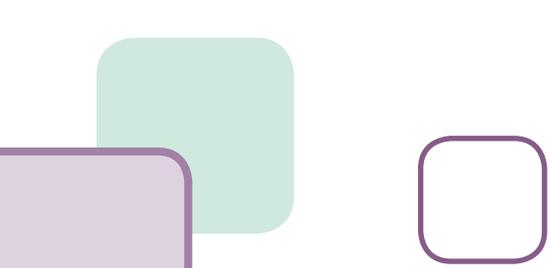
The importance of preventing violence against women

Violence against women has been identified as a significant health problem requiring urgent attention by a number of bodies at the international, national and local levels. These include the WHO, in its landmark *World Report on Violence and Health* (WHO 2002); the Australian Government, through its 1999 *Partnerships Against Domestic Violence Initiative* (OSW 1999) and *Women's Safety Agenda* (OFW 2005); the Victorian Government in its *Women's Safety Strategy* (OWP 2002), *Women's Health and Wellbeing Strategy* (VDHS 2002), *Fairer Victoria* policy (DPC 2005, 2007) and report on *Reforming the Family Violence System in Victoria* (Statewide Steering Committee to Reduce Family Violence 2005); the Australian Public Health Association (APHA 2001); and the Australian Medical Association (AMA 1998). Evidence accumulated by these bodies suggests that this form of violence is prevalent, serious and preventable.

Prevalent

The evidence indicates that violence against women is common.

In Australia, the Australian Bureau of Statistics (ABS 2006) 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.
- 16% of women had experienced violence by a current or previous partner since the age of 15.

These figures do not include other forms of violence (such as emotional abuse and social and/or financial control).

Violence in relationships especially affects pregnant women. The ABS found that 36% of women who experienced partner violence were pregnant at the time of the violence and 17% of those women were pregnant when the violence started (ABS 2006).

Serious

Violence against women has very serious consequences for individual women, their families and the wider community.

- Violence affecting women in relationships can be lethal. In Australia from 1989–98, 57% of female deaths resulting from homicide or violence were perpetrated by an intimate partner, with women being over five times more likely to be killed by an intimate partner than men (Mouzos 1999).
- Violence poses a significant risk to women's health and wellbeing. 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. They are more likely to report poorer physical health overall, to engage in practices that are harmful to their health and to experience more difficulties in accessing health services (WHO 2000). In 2004 a study commissioned by VicHealth and the Victorian Department of Human Services (DHS) demonstrated that intimate partner violence alone contributes 7.9% to the disease burden in Victorian women aged 15–44 years, making it the largest known contributor to the preventable disease burden in this age cohort (VicHealth 2004).

- Violence against women also affects children. In the ABS Personal Safety Survey, 34% of women experiencing violence by a current partner and 39% of those by a former partner reported that the violence was witnessed by children in their care (ABS 2006). Exposure to violence in the family 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 particularly, of perpetrating violence as adults (Indemaur 2001).

- Violence in the family affects women's and children's access to housing. In 2004–05, Victorian housing agencies assisted 12,964 clients who gave violence perpetrated by their intimate partner as their reason for seeking assistance. Of these, 97% were female. Family violence has also been identified as a significant cause of homelessness amongst women.

- Violence against women has massive economic costs. In Australia in 2002–03, those associated with family violence alone were estimated to be $8.1 billion (Access Economics 2004).

Violence against women is recognised internationally as a serious violation of the human rights of women and children (UN 1993). All Australians and Australian governments have obligations to uphold women's rights to health, wellbeing and autonomy under various human rights instruments, including the 1966 *International Covenant on Civil and Political Rights,* 1966 *International Covenant on Economic, Social and Cultural Rights,* 1979 *Convention on the Elimination of All Forms of Discrimination against Women,* 1993 *Declaration on the Elimination of Violence against Women* and 1995 *Platform for Action, Fourth World Conference on Women* (Commonwealth of Australia 2005).

Preventable

The causes of interpersonal violence affecting women are complex; however, there is increasing evidence linking both the perpetration of violence and its continuance with individual, organisational, community and societal-level factors. There is an emerging international consensus that many of these factors can either be modified or eliminated and hence that there are significant prospects for preventing this problem (WHO 2002). No studies were identified in this review exploring the cost-effectiveness of primary prevention interventions for violence against women; this is likely to be because this is an emerging area of practice. However, given the significant economic costs associated with the problem, it is highly likely that primary prevention effort would be associated with significant savings for both individuals and government.

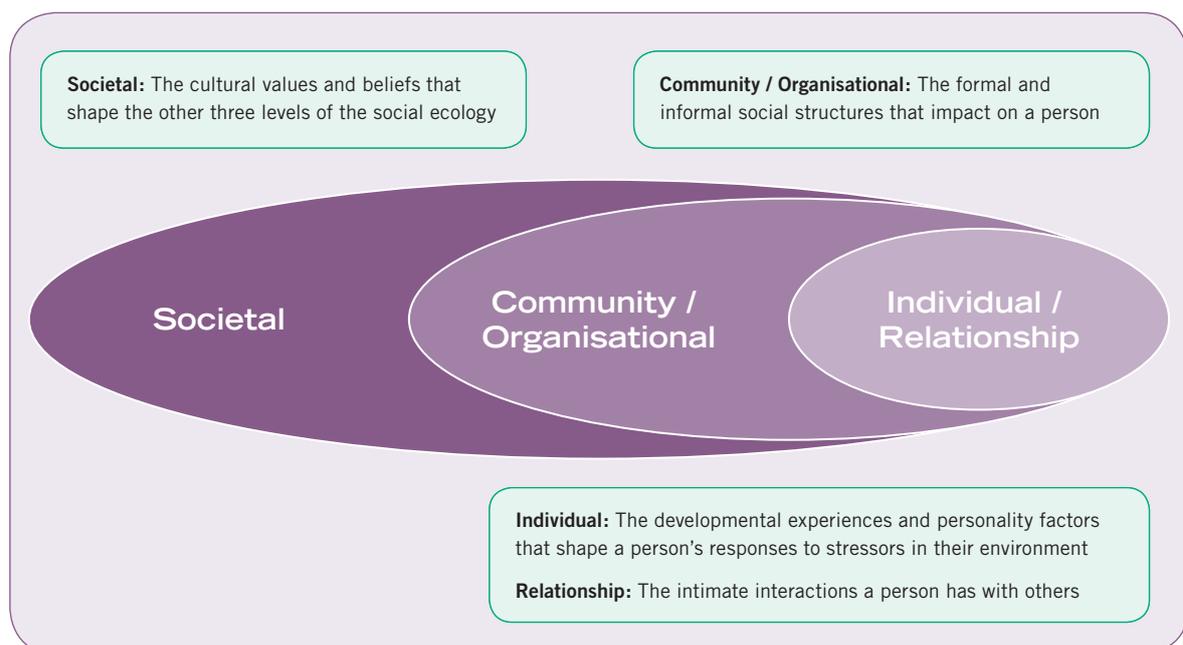# An approach to understanding violence against women

A sound understanding of the factors contributing to violence against women is critical to an effective primary prevention strategy.

Prior to the 1970s understanding of violence affecting women in relationships was based on studies of small samples of women and men who came to the attention of social service and law enforcement agencies. At this time violence was thought to be largely due to biological or personality-based pathologies affecting individual victims and perpetrators (Feldman & Ridley 1995). Subsequently, larger population studies demonstrated that violence was too common and affected too wide a spectrum of the population to be explained in this way. Further, studies found considerable variability in the prevalence of violence both between countries and between communities within countries. This suggested that broader social and economic differences operating at the country or community level were at least partly implicated.

In the following decades, a number of theories were advanced to explain these findings. Explanations proposed by feminist activists and theorists emphasised the gendered nature of abuse and identified prescriptive gender roles and the unequal distribution of power and resources between men and women as primary causes. Meanwhile, other social theorists looked to a range of other factors, such as the effects of social and economic stress, the learning of violence in families and the impacts of alcohol and drug use.

A common criticism of these theories was that they tended to propose single-factor explanations, and in so doing belied the complex nature of abuse. Feminist theorists were criticised for their failure to explain why only some men were violent, while alternative explanations were questioned because they failed to account for the gendered patterns of violence against women (Heise 1998).

Figure 1: An ecological approach to understanding violence

Societal: The cultural values and beliefs that shape the other three levels of the social ecology

Community / Organisational: The formal and informal social structures that impact on a person

Societal

Community / Organisational

Individual / Relationship

Individual: The developmental experiences and personality factors that shape a person's responses to stressors in their environment

Relationship: The intimate interactions a person has with others

Adapted from: CHANGE 1999; Heise 1998; WHO 2002
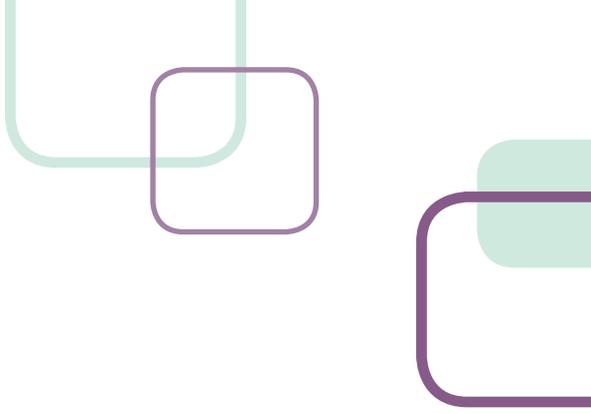
More recently, it has been recognised that a complex 'interplay of personal, situational, and socio-cultural factors ... combine to cause abuse' (CHANGE 1999). This has led to the application of ecological frameworks to better understand violence affecting women in relationships (CHANGE 1999; Heise 1998). The ecological approach has gained increasing acceptance among violence prevention experts internationally, with WHO adopting it in 2002 to underpin its research and program activity to prevent all forms of interpersonal violence, including physical and sexual violence against women (WHO 2002).

The ecological approach is based on the notion of embedded levels of causality, placing factors increasing the risk of violence on interacting or 'nested' levels. These are conceptualised and defined differently in representations of the ecological model proposed by various experts and expert bodies. For the purposes of this paper, three levels are identified – individual and relationship, community and organisational, and societal (see Figure 1).

The benefits and implications of the ecological approach

The ecological approach is adopted in this paper as a basis for understanding the occurrence of violence against women. The benefits of using the ecological approach in this context are that it:

- accounts for the complex factors implicated in violence and the interactions between them
- shifts attention from single-factor explanations
- draws on and integrates the contributions of a range of disciplines (sociology, psychology, anthropology and so on).

In locating the factors underlying or contributing to violence at a range of levels of influence, the ecological approach requires a correspondingly complex approach to prevention. Specifically, it:

- emphasises the need for many different forms of action
- recognises the value of working at different levels and in different settings.

The underlying influences of gender inequality and gender socialisation

While there are minor differences in the specific factors identified in ecological models proposed by various experts to understand violence against women, many identify the unequal distribution of power and resources between men and women and adherence to rigidly defined gender roles as significant underlying factors in the perpetration of this problem (CHANGE 1999; Heise 1998). This understanding reflects the gendered patterns of violence.

According to one source:

Any analysis of violence [against women] must recognise the primacy of culturally constructed messages about the proper roles and behaviour of men and women and the power disadvantage that women bring to relationships by virtue of their lack of access to power and resources. Male dominance is the foundation for any realistic theory of violence, but experience suggests that as a single factor explanation it is inadequate. Theory must be able to account for why individual men become violent and why women as a class are so often the target (Heise 1998 p. 263).
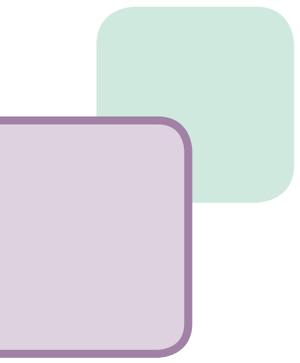
It is also important to note that a number of factors contributing to violence identified in this paper (such as alcohol, illicit drug use or childhood exposure to violence) are neither necessary nor sufficient conditions for violence to occur. That is, many men affected by these determinants are not violent and these risk factors are not salient for many men who are violent. Further, as discussed throughout this paper, many of these factors become significant primarily when they interact with broader norms pertaining to gender roles and identities.

Importantly, while these factors are critical to our understanding, they provide neither justification nor excuse for violence. Consistent with contemporary Victorian Government policy, this paper is based on the principle 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).
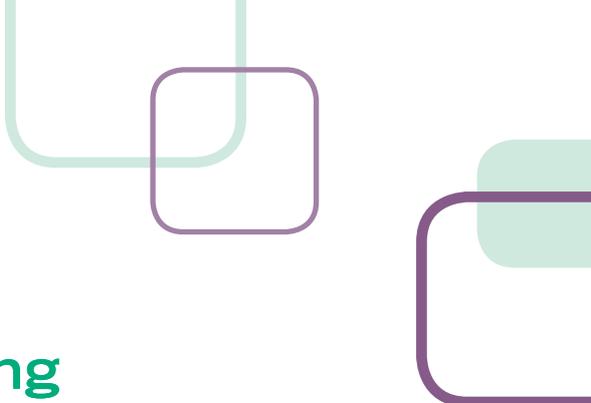
A framework for planning, implementing and monitoring primary prevention

The framework for action developed in this paper draws on an ecological understanding of violence. It reflects the consensus of international opinion (Secretary General 2006; WHO 2002) and the views of the Victorian Government (OWP 2002) that violence against women is a problem best dealt with in the context of a human rights, legal and health framework, through the development of multi-level and reinforcing strategies across sectors.

The framework (see p. 13) has been adapted from experience in addressing other significant public health issues, including the reduction of tobacco and motor vehicle related deaths and injury and, more recently, by VicHealth in the promotion of mental health and wellbeing (VicHealth 2004). Comprising six layers, it begins by identifying factors understood to be associated with an increased risk of perpetrating or being subjected to this violence at the various levels identified in the ecological approach: individual/relationship, organisational/community and societal. These are grouped in three clusters. The first cluster is on the first layer of the framework and includes the underlying determinants of violence (that is, those associated with gender inequality and gender role socialisation). The other two clusters are factors contributing to violence against women and are arranged on the second layer of the framework.

Considered collectively, factors suggest that action to prevent violence against women should be guided by three interrelated themes:

- promoting equal and respectful relationships between men and women
- promoting non-violent social norms and reducing the effects of prior exposure to violence (especially on children)
- improving access to resources and systems of support.

The distinction between underlying determinants and contributory factors has important practical implications since it suggests that addressing contributory factors is most likely to be successful in reducing violence against women when underlying gender issues are also taken into account.

In the third layer, seven broad categories of strategies for intervention are identified. These are well-established public health strategies that have been successfully deployed in addressing other preventable health problems, with experience suggesting that optimal results are likely to be achieved when multiple strategies are used in a reinforcing fashion. This layer of the framework also identifies particular population groups for consideration in tailoring and targeting interventions.

The fourth layer of the framework identifies the range of settings in which intervention strategies may be applied. This reflects an understanding that, just as the determinants of violence originate in the broader familial, organisational and community environments in which people live, work, learn and recreate, so too must the solutions be found in the range of settings that both constitute and influence these environments.
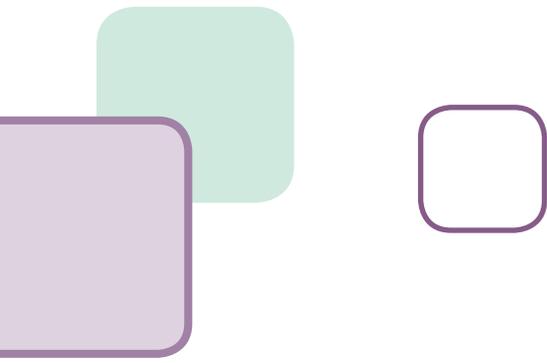
The prevention of violence is a long-term undertaking. Reductions in violence and the associated benefits that accrue from this are unlikely to be achieved in the short term. Nevertheless, it is critical that prevention efforts can be monitored to ensure that progress toward these outcomes is being made. For this reason, the fifth layer of the framework identifies intermediate outcomes at the four levels of influence in the ecological model. These are the conditions which, based on our understanding of the determinants of violence, we know are likely to lead to the desired long-term benefits identified in the final (sixth) layer of the framework. The intermediate outcomes serve as indicators against which interventions can be monitored and evaluated.

In the following sections of this paper, the layers of this framework are 'populated', drawing on material identified in a review of the relevant literature.

Reviewing the evidence

Review methodology

An extensive review of published and unpublished Australian and overseas research and literature was undertaken with the objectives of identifying:

- existing frameworks for the primary prevention of violence against women;
- evidence for risk and protective factors for violence against women;
- evidence for interventions that are effective in the primary prevention of violence against women;
- evidence and literature to guide policy and program development in primary prevention of violence against women in particular populations, including women with disabilities and those from CALD, low income and Indigenous communities; and
- evidence of the cost-effectiveness of primary prevention of violence against women.

The review protocol was developed by the project team in consultation with the Cochrane Health Promotion and Public Health Field (which aims to facilitate the integration of health promotion and public health evidence-based health care) and with input from a Technical Advisory Group comprising national and local experts (see p. 4).

Documents considered in the course of the review were located via three main search strategies:

- database searches employing particular search terms. Databases included PSYCHInfo, MEDLine, CINAHL, Sociological Abstracts, APAIS Health, PubMed, CINCH, Australian Family and Society Abstracts, Social Science Journals and Google Scholar;
- searches of over 100 government, non-government and research institute websites for additional articles, books, government reports and unpublished material; and
- making contact with Australian experts in relevant fields of research.

Three recent reviews commissioned by VicHealth as part of its program of activity to address violence against women were included (Donovan & Vlais 2005; Flood & Pease 2006; Taylor & Mouzos 2006).

Approximately 300 final sources located through the search were determined to be within the scope of the project and were reviewed and summarised by the project team. This literature was evaluated and synthesised, with the analysis being reviewed by the Technical Advisory Group.

Scope: A review of reviews

Reflecting the finite time and resources available and the large volume of relevant literature in this field, the review was confined to existing reviews (rather than literature reporting evidence from a single study or intervention). For the purpose of this paper, 'reviews' were defined as:

- publications reviewing a range of determinants/intervention strategies from a theoretical and/or empirical perspective
- publications reviewing the theory and/or evidence for specific determinants/intervention strategies
- meta-evaluations and systematic reviews of primary prevention
- policy/background papers and reports synthesising approaches to primary prevention
- papers/reports based on community/expert consultation.
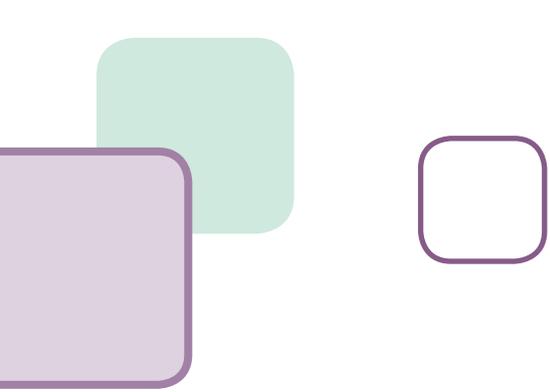
In the case of working with specific population groups the following were included:

- publications (reports, articles, practice guides) reviewing or documenting strategies/approaches to working with the population group concerned in general
- publications reviewing/documenting specific strategies with the population groups (implementation and outcomes)
- publications canvassing policy/program considerations in working with specific population groups.

The review included materials published between 1995 and 2006, as well as some earlier seminal articles. It was limited to English-language publications and evidence derived from/applicable to a developed country context (the exception being some seminal developing country material with the potential to be transferred to a developed country environment). In relation to Indigenous populations, only material related to Australian Indigenous people and communities was included.

Consistent with the scope of the paper, the review was confined to violence perpetrated by men against women known to them and encompassed studies addressing violence on a continuum including physical, sexual, psychological and financial abuse. Literature pertaining to the primary prevention of work-based violence against women was not included as this had been the subject of recent investigation by the Victorian Government's Office of Women's Policy (OWP).

Other significant sources

This paper also draws on three other pieces of recent research because of their particular relevance to understanding violence against women in the Australian and Victorian contexts:

- the Australian component of the International Violence Against Women Survey – a survey of over 6500 Australian women conducted by the Australian Institute of Criminology in 2004, with a view to better understanding the prevalence and correlates of violence against women (Mouzos & Makkai 2004);
- a survey of 2800 Victorians designed to document and better understand factors influencing attitudes toward violence against women (the Community Attitudes Survey). This study was undertaken by VicHealth in partnership with the Australian Institute of Criminology (VicHealth 2006); and
- the Personal Safety Survey, a rigorous national study based on face-to-face interviews with over 17,300 Australians on their experiences of violence (ABS 2006).

Strengths and limitations of the review

Strengths

- The search strategy was conducted according to a well-accepted methodology and drew on a wide range of expert literature.

- The search and analysis of the literature was undertaken by an expert team and was reviewed by local and national experts in addressing violence against women.

Limitations

- While there is a relatively large body of evidence on determinants of men's perpetration of violence, the evidence relating to women's victimisation is sparse and inconsistent. Nevertheless, such evidence is noted where it exists.

- Risk factors for violence identified in this paper are from reviews of studies investigating whether an association exists between violence and particular factors. However, where such an association is found the relevant factor cannot be claimed with absolute certainty to cause or contribute to violence. This limitation is not confined to studies of violence against women, but is the case in investigating any complex social phenomena. It is noted that only a minority of studies documented in the reviews employed longitudinal designs that have greater power to assess whether a causal relationship exists. However, many used sophisticated statistical techniques to assess the relative influence of particular factors.

- A comprehensive review methodology was used in the preparation of this paper and a narrative summary of key themes and findings was undertaken. A comprehensive review draws on peer-reviewed reviews, theoretical works and unpublished consultation, policy documents and evaluations. This is distinguished from a systematic review which is generally confined to peer-reviewed studies and involves detailed assessment and documentation of study methodologies and effect sizes. A systematic review is a resource-intensive undertaking that was beyond the time and resources available to this particular project.

- Key principles for undertaking primary prevention in particular target communities (for example, refugee communities, Indigenous communities) were elucidated from literature obtained in this review; however, a detailed investigation of effective strategies for primary prevention in these communities was beyond the scope of this project.

The framework in detail: Correlates of violence against women and themes for action

Understanding the determinants of violence is important as this can help to focus intervention effort. The determinants identified in the literature suggest three broad themes for action:

- promoting equal and respectful relationships between men and women
- promoting non-violent social norms and reducing the effects of prior exposure to violence (especially on children)
- improving access to resources and systems of support.

Action Theme One: Promoting equal and respectful relations between men and women

Table 1: Underlying determinants of violence against women: Gender roles and relations

Individual/relationship	Community and Organisational	Societal
• Belief in rigid gender roles and identities, weak support for gender equality • Masculine orientation/sense of entitlement • Male dominance and control of wealth in relationships	• Culturally-specific norms regarding gender and sexuality • Masculine peer and organisational cultures	• Institutional and cultural support for, or weak sanctions against, gender inequality and rigid gender roles

Consistent themes emerging in the expert literature are the links between the perpetration of violence against women and:

- the way gender roles, identities and relationships are constructed and defined within societies, communities and organisations and by individual men and women; and
- the distribution of power and material resources between men and women (see Table 1).

Attitudes and beliefs about gender roles and relationships, male orientation and sense of entitlement

There is a strong relationship between individual men's perpetration of violence and their attitudes about gender roles and relationships:

- Men who hold traditional views about gender roles and relationships, have a strong belief in male dominance or who have sexually hostile attitudes are more likely to perpetrate violence against their intimate partners than those who do not (Abrahams et al. 2006; Adams-Curtis & Forbes 2004; Anderson & Umberson 2001; Anderson, Simpson-Taylor & Hermann 2004; Murnen, Wright & Kaluzny 2002; Schumacher et al. 2001; Stith et al. 2004; Sugarman & Frankel 1996).
- People who hold traditional views about gender roles or who have lower levels of support for gender equality are more likely to accept violence against women than those who hold more egalitarian beliefs. Men are more likely than women to hold traditional gender role attitudes (Flood & Pease 2006). These relationships are well-established in international research (Taylor & Mouzos 2006) and were confirmed in the Victorian survey of community attitudes toward violence against women (VicHealth 2006).
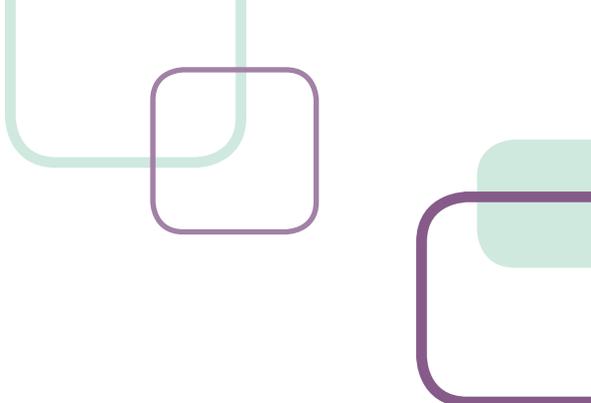
- The motivations or reasons for violence used by men often reflect adherence to these attitudes, with men who use violence reporting more opposite-sex jealousy and a greater need for power and control (Schumacher et al. 2001; Wilkinson & Hamerschlag 2005). Violence is often used by violent men as a means of exerting power and control over their partners (Anderson & Umberson 2001). The Australian component of the International Violence Against Women Survey found women's experience of male controlling behaviour to be the strongest predictor of violence in intimate relationships, increasing the odds of physical or sexual violence by a factor of six. This was greater than the odds for male drinking, income or low educational attainment (Mouzos & Makkai 2004).

Attitudes and norms about gender roles and relations operate at both peer and organisational levels to increase the risk of violence against women, especially sexual violence. Organisational contexts found to be of particular concern in this regard are male sports clubs and facilities, male residential colleges on university campuses and the military (Flood & Pease 2006). This does not mean that the risk is higher in all such environments, since research shows considerable variability between contexts. Factors understood to increase risk include informal processes of acculturation, leisure practices (such as pornography use, sexual boasting and strip shows), gender segregation and high alcohol consumption (Flood & Pease 2006; Godenzi, Schwartz & DeKeseredy 2001).

In part, this pattern may be due to self-selection (that is, men who hold traditional gender role attitudes are more likely to be attracted to these contexts). However, there is evidence that the perpetration of violence against women by men in these contexts is shaped not only by attitudinal variables but also by the processes of group socialisation and identification (Flood & Pease 2006).

Cultural values about gender roles and relations at the broader community and societal levels are also influential in the perpetration of violence. Specifically, studies demonstrate that the prevalence of men's violence toward women is higher in societies in which:

- manhood is culturally defined in terms of dominance, toughness and male honour;
- gender roles are more rigidly defined; and
- there is a relatively high degree of gender segregation (Flood & Pease 2006; Heise 1998; Nayak et al. 2003; Sanday 1981).

Variations in group and community attitudes toward violence against women have also been found to be shaped by culturally specific emphases on traditional gender codes, male dominance in families, male honour and female chastity and male virility (Flood & Pease 2006; Vandello & Cohen 2003).

Male dominance and control of wealth

Male economic and decision-making power is a strong predictor of violence against women:

- This violence is more likely to occur in couples with a clearly dominant male partner (Heise 1998).
- Men who are raised in male dominant families are more likely to engage in violence against women as adults than men raised in more egalitarian families (Heise 1998).
- Violence is more prevalent in cultures and contexts where male dominance has strong cultural support and in which men control family wealth (Heise 1998).
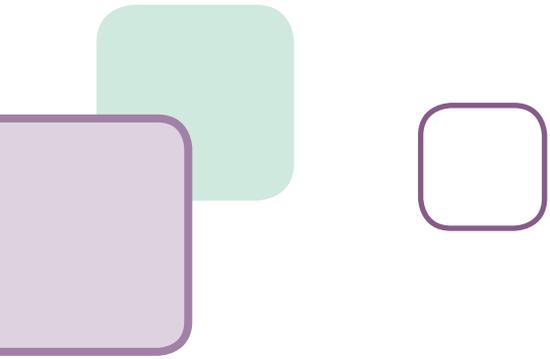
- United States data indicates that a wife's economic dependence on her husband is a predictor of severe physical violence and marital rape (Heise 1998).
- Gender inequalities of power have also been found to influence violence affecting young women in dating relationships, being linked to male dominance of decision-making on dates, young women's perceptions of male control, and age disparities between women and men in such relationships (Vezina & Herbert 2007).

Action Theme Two: Promoting non-violent social norms and reducing the effects of prior exposure to violence

Table 2: Factors contributing to violence against women: social norms and practices relating to violence/violence against women and exposure to violence

Individual/relationship	Community and Organisational	Societal
- Attitudinal support for violence against women - Witnessing or experiencing family violence as a child (men) - Exposure to other forms of interpersonal or collective violence - Use and acceptance of violence as a means of resolving interpersonal disputes	- Neighbourhood, peer and organisational cultures that are violence-supportive or have weak sanctions against violence - Community or peer violence	- Approval of, or weak sanctions against, violence/violence against women - Ethos condoning violence as a means of settling interpersonal, civic or political disputes - Colonisation

The second cluster of factors identified in the literature suggests that there is a relationship between violence against women and broader social norms about violence in general and violence against women in particular (see Table 2).

There is also evidence of a relationship between the experience of interpersonal and collective violence – whether as a witness, victim or perpetrator – and the perpetration of violence against women. This may be because violent family, community and societal environments provide contexts in which violence is either learned or normalised (Vezina & Herbert 2007). It may also be that exposure to violence contributes to the development of psychopathologies, personality characteristics or social problems (such as post-traumatic stress disorder, depression or negative peer associations) that in themselves predispose men to violence (Riggs et al. 2000).

Attitudinal and cultural support for violence against women

Men who hold attitudes that are supportive of violence toward women (for example, that violence can be excused in certain circumstances, that women 'ask for' or 'deserve' violence, or that violence is a trivial matter) are more likely to perpetrate violence than those who do not (Flood & Pease 2006). VicHealth's Community Attitudes Survey demonstrates that while support for such attitudes is diminishing, they remain a problem.
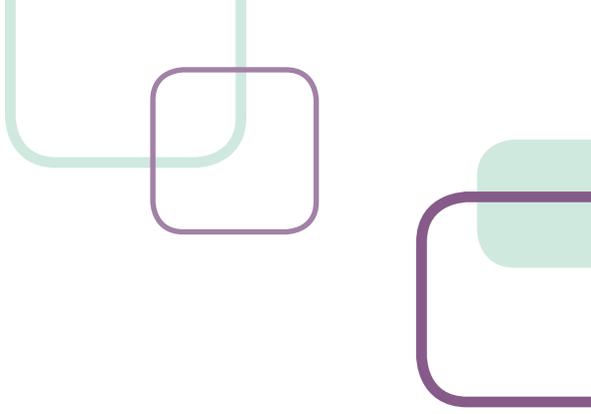
Violence-supportive attitudes have also been found to shape women's own responses to violence; informal community responses to violence, such as whether family members, friends and neighbours take action on the issue (Pavlou & Knowles 2001); and the responses of institutions and organisations (Nayak et al. 2003; Stewart & Maddren 1997; Tilden et al. 1994).

Cross-cultural studies indicate that societal or community level approval of the physical chastisement of women if they transgress culturally acceptable standards of behaviour, particularly those relating to gender norms, such as disobeying a husband or being sexually unfaithful, is a particular risk factor for violence against women (Heise 1998). While the Victorian Community Attitudes Survey indicated continuing support for attitudes *excusing* violence, support for those *justifying* violence was both minimal and declining. While this was the case across cultural groups, the belief that violence was justified was more likely to be held by people surveyed who were from CALD backgrounds, in particular men from these backgrounds (VicHealth 2006). Probably reflecting continuing support for these beliefs elsewhere in the world, Australian studies suggest that they may be common in some new arrival communities (Rees & Pease 2006). This indicates that addressing approval of the physical chastisement of women may continue to have salience in the Australian context in work targeted to specific communities.

Community and societal-level sanctions against violence against women

Although attitudes are an important determinant of violence, whether a person acts on those attitudes in any given situation is also dependent on their perceptions of what others think and the presence of other factors in the social environment that either censure or permit violence (Azjen & Fishbein 2005; Potter & Weatherell 1987; Prislin & Wood 2005). There is some evidence from a United States study (Dugan et al. 2003) to suggest a relationship between the perpetration of violence against women and whether there are resources available to respond to this problem (in the form of legal protections, support services and remedies, such as protection orders, pro-arrest policies and domestic violence police units and training). This finding is likely to be due partly to the effect of these resources on intervention in violence. However, it is also probable that they have a role in strengthening social norms against violence, thereby acting as deterrents to its perpetration in the first instance.

Cross-cultural studies also indicate that a strong predictor of societies with low levels of violence is whether family and community members would intervene if a woman was being beaten or harassed (Heise 1998). The Victorian Community Attitudes Survey indicates that a very large proportion of Victorians agree that they would intervene. The challenge in primary prevention will be to explore ways of harnessing and building on this support to increase individual, organisational and community capacity to take action on violence against women and the conditions leading to its perpetration.

Acceptance of and exposure to other forms of interpersonal and collective violence

Cross-cultural studies indicate that men's violence is more likely in cultures that condone the use of violence as a means for adults to resolve conflict. Where interpersonal violence is tolerated in a society, women are at greater risk of violence in the family (Heise 1998). Men who have perpetrated violence outside the home, meanwhile, are more likely to perpetrate violence against their female partners within it (Mouzos & Makkai 2004).
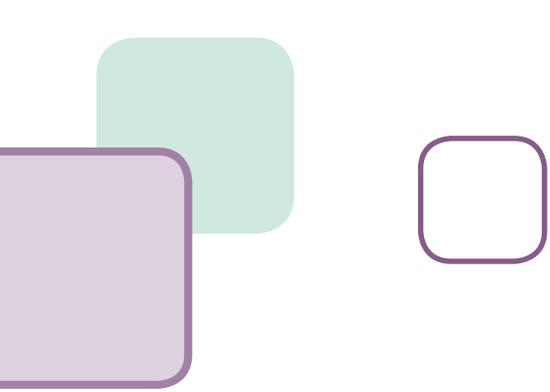
Of the four studies that have been examined in reviews, two find a positive association between the prevalence of violence against women and violence at the school and neighbourhood levels. There is also some evidence that violence against women increases with exposure to civil conflict and state sanctioned violence and human rights abuses (Kaplan & Webster 2003; Pittaway 2004). In Australia, exposure to other forms of interpersonal violence is likely to be an issue particularly among Indigenous communities, given their high rates of exposure to fatal and non-fatal violence (Memmott et al. 2001) with resulting impacts on children's development, family disruption and social norms (see below).

Higher rates of interpersonal violence in neighbourhoods and communities are themselves understood to be determined by a range of broader structural factors (Markowitz 2001b) that are discussed in greater detail under the following theme for action.

Delinquency and negative peer associations

Studies among community samples of men find that antisocial and aggressive behaviour committed during adolescence (delinquency) is a significant predictor of later perpetration of sexual assault (Heise 1998).

There is also consistent evidence that male peer support for physical and sexual violence against women (that is, the extent of attachment an individual man has to male peers who physically and sexually abuse women) is a significant factor in intensifying men's tolerance for violence against women and in increasing the likelihood of violence (Flood & Pease 2006). Peer support may involve:

- informational support (peer guidance and advice: for example, that a woman 'owes him sex' or that he should respond to his girlfriend's challenges to his authority);
- emotional ties to men who use violence against women; and
- peer attitudinal support for violence against women (Flood & Pease 2006).

Having friends or knowing other young people who are experiencing violence in their romantic relationship is a significant risk factor for violence (Vezina & Herbert 2007).

Childhood exposure to violence between adult care givers and child abuse (also known as the intergenerational transmission of violence)

While there are some contradictory findings in the literature (Lichter & McCloskey 2004; Sellers, Cochran & Branch 2005), most studies find a correlation between men's perpetration of violence against women and:

- childhood exposure to physical intimate partner violence (Carr & Vandeusen 2002; Markowitz 2001a; National Crime Prevention 2001; National Institute of Justice 2004);
- being a victim of child physical, sexual, verbal or psychological abuse (Abbey et al. 2004; Schumacher et al. 2001); and
- childhood exposure to any adult aggression against any victim (Schumacher et al. 2001).

Witnessing or experiencing violence plays a role in the later development of violent behaviours through at least four mechanisms. First, intimate partner violence among adults in part is learnt through children's (and especially boys') experience of family life, including observational learning and acceptance of aggression. Second, children are affected both directly and indirectly by the family disruption associated with interpersonal violence, including parental stress and the absence of effective parenting and family management, with effects on their cognitive, emotional, behavioural and social development. Third, early

victimisation also influences children's developing personalities through exposure to trauma, with exposure producing symptoms of post-traumatic stress disorder (Feldman & Ridley 1995). Finally, more recent studies suggest that childhood exposure may link with early delinquency (for which child exposure to violence is a risk factor). This in turn increases boys' and young men's exposure to sexual aggression and sexually hostile attitudes in peer cultures or to sexual promiscuity where there is an interactive effect with boys' emphasis on sexuality and conquest as means of achieving peer status (Johnson & Knight 2000; Malamuth et al. 1995).

There is less evidence that experiencing or witnessing violence as a child are risk factors for women's later victimisation by their intimate partners (Riggs et al. 2000; Schumacher et al. 2001), though some studies do show an association, including the Australian component of the International Violence Against Women Survey (National Institute of Justice 2004).

Action Theme Three: Promoting access to resources and systems of support

Table 3: Factors contributing to violence against women: access to resources and systems of support

Individual/relationship	Community and Organisational	Societal
● Social isolation and limited access to systems of support ● Income, education, occupation ● Relative labour force status ● Alcohol and illicit drug use* ● Poor parenting/poor quality child care ● Personality characteristics and poor mental health* ● Relationship and marital conflict ● Divorce/separation	● Weak social connections and social cohesion and limited collective activity among women ● Strong support for the privacy of the family ● Neighbourhood characteristics (service infrastructure, unemployment, poverty, collective efficacy)	● Support for the privacy and autonomy of the family ● Unequal distribution of material resources (e.g. employment, education)

* denotes increased risk of perpetration only.

The third cluster of factors identified in the literature relates to the social and material resources available to individuals, communities and organisations, and societies (see Table 3).

Income, occupation and education

There is some evidence to suggest that men's socio-economic status may have an impact on the perpetration of violence, with low income, having a blue-collar occupation and having lower educational attainment being risk factors (Riger & Staggs 2004; Schumacher et al. 2001; Stith et al. 2004). The Victorian Community Attitudes Survey indicated that these factors are also associated with some, though not all, violence-supportive attitudes explored in the study. However, it is important to note that:

● The Australian component of the International Violence Against Women Survey did not find an association between these factors and the perpetration of violence against women, including intimate partner violence (Mouzos & Mikkai 2004).
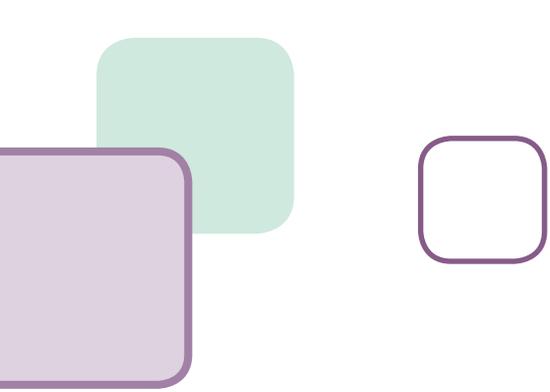
- In studies in which the association is found, it is weak to modest (Schumacher et al. 2001; Stith et al. 2004).
- The association appears to be strongest for income than for other indicators of socio-economic status (Schumacher et al. 2001).

It is unclear how lack of income may increase the risk of abuse. It may not be the lack of income per se that increases risk, but rather other variables which accompany this such as overcrowding, hopelessness, stress or a sense of inadequacy in some men. Poverty may provide fodder for marital disagreements or make it harder for many women to leave violent or unsatisfactory relationships (Heise 1998).

Employment and relative employment status

Men's unemployment is a predictor of the perpetration of violence (Holtzworth-Munroe et al. 1997; Riggs et al. 2000), though a recent meta-analysis suggests that the association is weak (Stith et al. 2004). Studies on women's employment are less consistent, with some studies indicating that employment is protective, others showing that it has no effect and others that work aggravates already occurring abuse. However, disparities between the male and female partners' employment status or occupational prestige have been found to be a factor (that is, situations in which only the woman is employed or where she has a higher occupational prestige than her partner). This is primarily the case where the male partner holds traditional beliefs about their roles and women's employment. When male partners hold egalitarian beliefs, their relative resources have little effect on the likelihood of violence (Atkinson, Greenstein & Lang 2005).

Lack of social connections and social capital

Studies involving young women indicate that those who are actively involved and connected to schools, are achieving academically and have links with supportive adults experience lower rates of violence than those who are poorly connected to or who have left school early and have few supportive adult relationships (Vezina & Herbert 2007).

Research on violence affecting adult women in their intimate relationships indicates that social isolation is a risk factor for the onset of violence (and is also a consequence) (Heise 1998). Women with strong family and friendship networks experience lower rates of violence perpetrated by their intimate partners than those with weaker attachments (Heise 1998; Wilkinson & Hamerschlag 2005). Similarly, studies in developing countries indicate that violence is less prevalent in contexts with higher rates of collective work activity among women (WHO 2002).

Social isolation is also relevant to the perpetration of violence, particularly after separation. Men with less participation in social networks are more likely to perpetrate violence (Brownridge 2006). This may be because social networks buffer stress or because they act to censure violence.

Strong support for the privacy and autonomy of the family

Cross-cultural studies indicate that intimate partner violence is more prevalent in societies with a strong belief in, and support for, the privacy and autonomy of the family (Heise 1998).

Neighbourhood characteristics: poverty, unemployment and collective efficacy

Neighbourhoods vary in their capacity to constrain their residents from violating norms and to intervene in neighbourhood problems (collective efficacy). This variation is understood to be shaped both by the size and density of their social networks as well as macro conditions such as poverty, family disruption, racial heterogeneity and residential instability (Markowitz 2001b). The impact of the collective characteristics of a neighbourhood on violence against women is a relatively new field of inquiry and to date findings have been mixed.

One study found that collective efficacy and community capacity in neighbourhoods had no impact on the cessation of abuse (Block & Skogan 2001). However, a number of others indicate that neighbourhood characteristics – including poverty, unemployment, residential instability, collective efficacy and neighbours' willingness to help one another – do shape the onset of violence against women and its progression and cessation regardless of the characteristics of the relevant individuals in those neighbourhoods. These studies find that violence against women is higher in neighbourhoods in which disadvantage is concentrated but that social cohesion has a mediating effect (Browning 2002; Miles-Doan 1998).

Alcohol and illicit drug use

Questions remain on the nature of the relationship between violence against women and alcohol and drug use. One recent well-designed meta-analysis showed a weak association with alcohol (Gil-Gonzales et al. 2006); another indicated a strong correlation with illicit drug use and a moderate correlation with alcohol use (Stith et al. 2004).

Longitudinal studies of men in alcohol and domestic violence treatment programs in the United States found that the likelihood of male to female physical aggression doubled on days when men drank or used cocaine (though not cannabis or opiates) (Fals-Stewart et al. 2003). There is debate in the literature as to whether intoxication directly facilitates violence or whether men drink in order to give themselves permission to act in ways they know are unacceptable (Abbey et al. 2004; Humphreys et al. 2005). Some studies show that the importance of alcohol as a predictor of violence diminishes once other important predictors, in particular controlling behaviours, are taken into account (Johnson 2001).

Parenting

Studies suggest that young women experiencing authoritative parenting – that is, parental encouragement and support and non-coercive rule-setting and monitoring – are less likely to be victims of partner violence, while those with harsh and punitive parenting face increased risk (Vezina & Herbert 2007). Poor parenting and care during childhood is also associated with delinquency, a risk factor for violence discussed above.

Personality/poor mental health

There is evidence that certain personality characteristics are predisposing factors in men's perpetration of violence against women. These include impulsivity, high sexual arousability, low empathy, poor social skills, elevated anger (state and trait), hostility and attachment style. So too are certain mental health problems such as depression and post-traumatic stress disorder (Abbey et al. 2004; Riggs et al. 2000; Schumacher et al. 2001; Tolan et al. 2006). Many of these problems are themselves the outcomes of poor parenting and care of children and other environmental and social circumstances identified elsewhere on the framework (for example, childhood abuse or social and economic marginalisation).
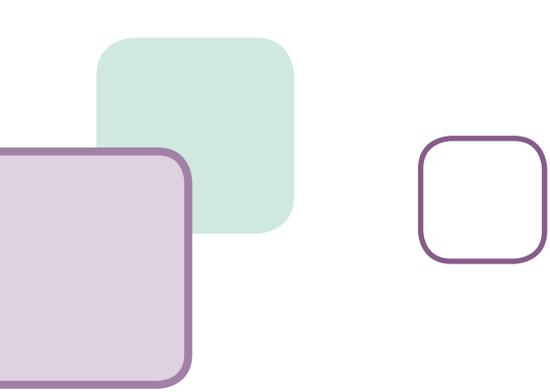
Women who are exposed to violence have an increased risk of experiencing mental health problems. However, with some exceptions (such as antisocial personality disorders), these are thought to be the effects of violence rather than contributors to its onset (Stith et al. 2004).

Relationship and marital conflict

Intimate partner violence is significantly more common in relationships characterised by conflict and discord (Riggs et al. 2000; Schumacher et al. 2001), though there is debate in the literature as to whether relationship stress is an outcome of violence rather than its cause (Riggs et al. 2000). Some experts have argued that relationship conflict interacts with the power structure of the family, being more likely to result in violence in relationships with an asymmetrical distribution of power (Heise 1998).

Separation and divorce

Separated women are at elevated risk of violence perpetrated by their former partners, including lethal violence, relative to those in intact unions (Brownridge 2006). Women are also at risk of increasingly severe violence when separating from violent partners (Riggs et al. 2000). Post-separation violence is often a continuation or escalation of violence that occurred during the relationship. However, there is also evidence that a substantial proportion of this violence is a new phenomenon (Riggs et al. 2000), suggesting its relevance to primary prevention. Factors associated with particularly elevated risk include:

- the act of leaving or trying to leave itself;
- time since separation, with the risk being greatest two to three months following separation and declining with time;
- the attitudes of the partner from whom women are separating (see discussion above); and
- the extent to which a woman is 'available' for victimisation, through, for example, her geographic accessibility to the perpetrator or through contact occurring during child access arrangements (Brownridge 2006; DeKeseredy et al. 2004).

Relationship conflict and separation and divorce are generally conceptualised in the literature as situational 'triggers' for violence.

Pregnancy

Surveys indicate that a large proportion of women reporting violence were pregnant at the time of the abuse (ABS 2006) and this in part reflects the fact that women in their reproductive years are more likely to be exposed to partner violence than their older counterparts (Campbell et al. 2004). Some qualitative research studies suggest ways in which pregnancy may increase risk for some women (Bacchus, Mezey & Bewley 2006). Pregnancy is a time of particular vulnerability to the impacts of violence once it has occurred. It is also a time when couples have increased contact with services and when they may be particularly focused on parenting and relationship issues, providing unique opportunities for primary prevention.

The framework in detail: Primary prevention actions

Designing primary prevention strategies to address violence against women is guided both by understanding of risk and protective factors and by evaluations of the effectiveness of existing initiatives. The research undertaken for this paper confirms the findings of other similar reviews. That is, that there have been very few rigorous evaluations (those involving comparison and control groups) of the impact of any strategies to address violence against women – whether intervention, early intervention or primary prevention – and even fewer evaluating the impact of primary prevention strategies (Tolan et al. 2006; WHO 2002). However, there are a number that have been evaluated for impact using less rigorous methodologies or that have been evaluated to determine their feasibility, acceptability and capacity to reach target populations (process evaluation).

In this section strategies that have one of following three levels of evidence are identified:

- effective interventions: those with a sound theoretical rationale (based on understanding of determinants of violence), evidence of implementation and evidence of effectiveness;
- promising interventions: those with a sound theoretical rationale and evidence of implementation; and
- potentially promising interventions: those that have a sound theoretical rationale only.

However, this should not be taken to suggest that the best and most important interventions can be found only among those strategies identified as 'effective', while those identified as 'promising' or 'potentially promising' necessarily are less valuable. Some of the strategies with the strongest theoretical rationale, such as community development and community mobilisation, have only rarely been evaluated. At the same time, their strong rationale makes them critical elements in future violence prevention efforts. On the other hand, other efforts such as school education programs have a substantial body of evidence supporting their effectiveness. The level of evidence supporting their use, while a reflection of their genuine effectiveness, is also in part an artefact of their widespread adoption. This suggests the importance of complementing these approaches with other promising strategies with equally compelling rationales.

The strategies are organised according to seven well-established methodologies proven effective in addressing other significant health and social issues. These methodologies can be deployed in the primary prevention of violence against women in the following ways:

- **Direct participation programs**

  These programs can be targeted at men, women and children at the individual, relationship or group level to build the knowledge and skills required to establish and sustain equal, respectful, non-violent gender relationships; build individuals' access to the resources required for such relationships (such as effective early parenting and connections to social networks and institutions); or to seek to prevent or address the impacts of other factors linked to violence against women (for example, child abuse).

- **Organisational and workforce development**

  This methodology is based on the understanding that organisations and organisational cultures have a powerful role in influencing the behaviours of individuals and groups and so can play a role in violence prevention by modelling non-violent, equitable and respectful gender relations. Organisational development strategies can also seek to harness resources for undertaking primary prevention. Workforce development involves building the skills of relevant workforces to implement primary prevention activity either informally and opportunistically or at a more formal level.
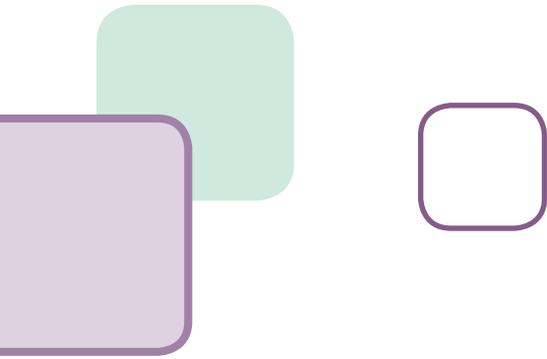
- **Community strengthening**

   This methodology aims to mobilise and support communities to address violence against women and the social norms that make it acceptable. These strategies can also be used to increase community access to the resources required for action and to address broader community-level risk factors for violence against women, such as high rates of early school leaving or localised violent peer cultures.

- **Communications and social marketing**

   These methodologies aim to use a range of communication media to raise awareness of violence against women and address attitudes, behaviours and social norms that contribute to this problem. This includes mainstream television, radio and print media as well as the Internet and other new communications media, community forums, community arts and so on.

- **Advocacy**

   Advocacy involves building collective activity and mobilisations to raise awareness of the issue of violence against women and to encourage governments, organisations, corporations and communities to take action on factors contributing to the problem.

- **Legislative and policy reform**

   This involves the development of legislation, policies and programs that seek to address the factors underlying or contributing to violence against women.
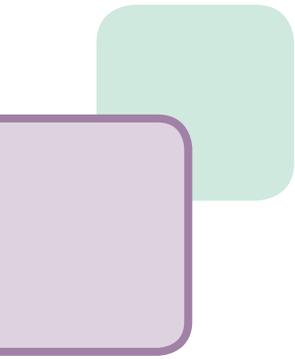
- **Research, monitoring and evaluation**

   Research and evaluation underpin activity in the other six areas by informing action, improving the evidence and knowledge base for future planning and enabling efforts to be both effectively targeted and monitored. Research findings are also important for advocacy and awareness raising activity.

Table 4 looks at the strategies in more detail.

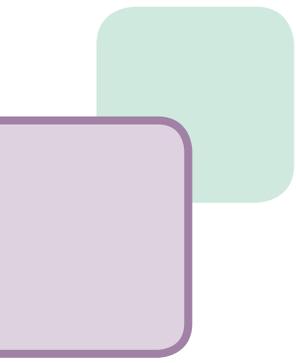**Table 4: Strategies for the primary prevention of violence against women**

Strategies	Comments	Underlying determinant/ contributing factor addressed
Direct participation programs		
Education programs delivered to adolescents and young adults to address violence-supportive attitudes and violent behaviour and to promote respectful gender relations.	• Good evidence of effectiveness in schools and universities (Flood 2005–2006, 2006). • Critical conditions for success are that these programs are intensive, lengthy, use a variety of teaching and learning approaches and take a whole-of-school approach. • Further work required to refine approaches and build technical support and workforce skills. • Further investigation required to explore the viability and efficacy of developing primary prevention programs for pre-school and primary school children. • Evidence of implementation in sporting environments but not of effectiveness to date. Focus has been largely on dating violence.	• Violence-supportive attitudes and norms • Beliefs about gender roles and identities and gender equality
Education and self-defence programs to young women to reduce risk of victimisation / enhance chances of escape.	• Small beneficial effect for education programs (Hanson & Broom 2005)	• Violence-supportive attitudes and norms • Beliefs about gender roles and identities and gender equality • Situational factors associated with violence exposure
Programs to enhance parenting of young women, improve their attachment to school communities and supportive adults, and enhance school achievement.	• Theoretical rationale. • No evaluations of impact on violence identified in the review.	• Poor parenting and care of children • Limited access to systems of support • Social isolation
Interventions to increase young men's school retention and achievement.	• Theoretical rationale.	• Educational attainment
Programs to promote responsible fatherhood.	• Some implementation of collaborative policies and practices across domestic violence and fatherhood services (Fletcher et al. 2001). • Some programs have targeted young parents through ante-natal clinics (Gault 2006).	• Poor parenting and care of children • Beliefs about gender roles and identities and gender equality • Male dominance in relationships
Counselling prior to cohabitation / marriage.	• Limited evaluation to date suggests that counselling prior to marriage/cohabitation has some effectiveness in preventing violence (Hamby 1998).	• Poor parenting and care of children • Beliefs about gender roles and identities and gender equality • Male dominance in relationships • Marital and relationship conflict
Intensive clinical and social support for women and young children affected by intimate partner violence and for children affected by child abuse and neglect (e.g. counselling, psycho-educative groups, support groups, mentoring, home visiting).	• Includes numerous interventions specifically addressing the impacts of violence, such as psycho-educative programs for children who have witnessed intimate partner violence, as well as broader family support programs (Vezina & Herbert 2007)	• Witnessing or experiencing interpersonal violence as a child. • Negative peer associations

Strategies	Comments	Underlying determinant/ contributing factor addressed
Direct participation programs continued		
Interventions to build women's connections to social networks and support services (e.g. neighbourhood houses, support groups, recreational activities, school/community initiatives, mentoring programs). Programs to build men's connections to social support networks, especially following separation.	● Theoretical rationale and some evidence of implementation (Immigrant Women's Domestic Violence Service 2006).	● Social isolation ● Poor access to systems of support ● Divorce/separation
Broader programs targeting identified risk factors for violence against women in the course of addressing other health and social issues including: ● Interventions to support positive early parenting and family functioning (e.g. home visitation services, casework support, group programs). ● Interventions to prevent delinquency, especially among young men. ● Alcohol and drug prevention programs. ● Programs to increase men's participation in education, employment and training. ● Mental health programs for young men, especially early intervention programs for Post Traumatic Stress Disorder (PTSD), depression and personality disorder. ● Programs aimed at reducing the use and acceptance of violence and building non-violent means of relating.	● Theoretical rationale but no evaluations identified that assessed the effectiveness of these approaches in preventing violence against women.	● Alcohol and illicit drug use ● Peer violence ● Education, occupation, income ● Employment ● Personality characteristics ● Poor parenting and care of children ● Social isolation

Strategies	Comments	Underlying determinant/ contributing factor addressed
Organisational and workforce development		
Support of key workforces (voluntary and paid, government and non-government) to build their capacity to influence attitudes and behaviours of target populations in naturalistic contexts. Includes, for example, technical resources, training, support.	• Existing programs have targeted health care personnel (Taft 2004), faith leaders (Family Violence Prevention Fund 2006) and sports coaches working with young boys (AFL 2005). • Evaluation of workplace training to prevent sexual harassment demonstrates evidence of effect on broader organisational cultures, regardless of whether or not individual training had been undertaken (Antecol & Cobb-Clark 2003).	• Masculine peer and organisational cultures • Belief in rigid gender roles/weak support for gender equality • Male sense of entitlement • Male dominance and control of wealth
Building organisational environments that are safe and welcoming for women and that model respectful gender relations, abhorrence for violence against women and non-violent means of communication and conflict resolution. May involve a range of strategies including coalition-building within organisations, policies and procedures and workplace training.	• No evaluations of effectiveness, though such programs have been implemented in a range of settings including health care facilities (Taft 2004), sports clubs (AFL 2005), places of worship/faith communities (Jones et al. 2006; Wolfe et al. 2001) and other workplaces (Finucane & Finucane 2004).	• Masculine peer and organisational cultures • Belief in rigid gender roles/weak support for gender equality • Male sense of entitlement • Male dominance and control of wealth
Building skills and technical capacity in key workforces to plan, implement and evaluate primary prevention interventions.	• No evaluations identified. However, these interventions have a sound theoretical rationale and are important given that primary prevention is an emergent area of practice.	All

Strategies	Comments	Underlying determinant/ contributing factor addressed
Community strengthening		
Identifying and supporting leadership to promote primary prevention of violence against women	Evidence of implementation (Davis, Parks & Cohen 2006; Family Violence Prevention Fund 2004a; Michau 2005).	• Attitudes and social norms pertaining to violence against women
Building networks and coalitions to address violence against women and address social norms that make it acceptable.	• Has been implemented in a range of developed and developing country settings, including Indigenous communities in Australia (PADV 2003), other Western contexts (Davis, Parks & Cohen 2006) and international contexts (Secretary General 2006), with evaluations suggesting high levels of acceptability and good reach. • Knowledge and technical resources for community development strategies are well developed (Family Violence Prevention Fund 2004a), although they must be adapted to local settings.	• Beliefs and practices relating to gender roles and identities • Attitudes to violence against women • Neighbourhood characteristics
Interventions to increase collective efficacy and social cohesion with a focus on taking action on violence against women.	As above.	• Collective efficacy • Social cohesion
Interventions that increase supportive community infrastructure, particularly supports for women affected by violence against women.	Theoretical rationale.	
Broad-based initiatives which seek to build social connections, social cohesion and community efficacy.	No evaluations identified assessing impact on violence against women.	

Strategies	Comments	Underlying determinant/ contributing factor addressed
Communications and social marketing		
Whole-of-population advertising campaigns (television, radio, print media, new technologies).	• Few evaluations of effectiveness, but where these exist there is evidence that they work (Donovan & Vlais 2005). • Most effective when implemented in concert with other strategies (e.g. community strengthening, direct participation programs). • Important that these are based on theoretical understanding of violence and attitudinal and behavioural change.	• Gender role identity and beliefs about gender equality • Attitudes and social norms pertaining to violence against women
Use of existing media to canvass issues associated with violence and its perpetration (e.g. opinion pieces, articles).	No evaluations identified assessing impact on violence against women.	
Training and technical resources for media personnel to improve the portrayal of violence, violence against women and gender roles and relations in the media. May also include organisational development strategies in media organisations (e.g. policy and protocol development).	Evidence of implementation and of impact on media portrayals (Ryan, Anastario & DaCunha 2006).	
Community forums to raise awareness of violence against women and its correlates.	Evidence of implementation (Davis, Parks & Cohen 2006; PADV 2003).	
Use of community arts and community theatre to raise awareness of violence against women and its impacts and causes.	Evidence of implementation (Davis, Parks & Cohen 2006; Finucane & Finucane 2004).	

Strategies	Comments	Underlying determinant/ contributing factor addressed
Advocacy		
Identifying and supporting key opinion leaders to take a stand on violence against women.	Evidence of implementation, including the White Ribbon Campaign.	• Attitudes and social norms toward violence against women
Mobilising networks to take a stand on violence in communities and organisations and to lobby for legislative and program reforms.	Evidence of implementation in local and community-based events and campaigns (Davis, Parks & Cohen 2006; Finucane & Finucane 2004).	• Attitudes toward violence against women • Weak sanctions against violence against women

Strategies	Comments	Underlying determinant/ contributing factor addressed
Legislative and Policy reform		
Regulation of the portrayal of women, gender roles and relations and violence in the media.	Evidence of implementation (Ryan, Anastario & DaCunha 2006).	• Gender role identity and beliefs about gender equality • Attitudes and social norms pertaining to violence against women
Legislation and policy to maximise women's safety in the course of divorce and separation (e.g. custody provisions, access centres).	Theoretical rationale.	• Separation as a situational factor associated with the initiation or intensification of intimate partner violence
Support for policy platforms and programs to: • address gender inequality • support poverty reduction • address the use and acceptance of interpersonal and collective violence • strengthen access to education, employment and income • build social cohesion and collective efficacy at the community level.	Theoretical rationale.	• Institutional and cultural support for, or weak sanctions against, gender inequality and rigid gender roles • Support for the privacy and autonomy of the family • Unequal distribution of material resources (e.g. employment, education) • Community cohesion, collective efficacy
Support for policy platforms and legislation to address the use and acceptance of violence, in particular violence against women.	Evidence of implementation in international contexts (WHO & Butchart 2004), at national levels in developing and developed countries (Family Violence Focus Group 2002; Fanslow 2005; Secretary General 2006; UN Population Fund 2006; WHO & Butchart 2004), and at local and state levels (Oregon Department of Human Services 2006).	• Ethos condoning violence as a means of settling interpersonal, civic or political disputes

Strategies	Comments	Underlying determinant/ contributing factor addressed
Research and evaluation		
Research to use as a basis for planning, advocacy and awareness raising (including research to document the problem).	Theoretical rationale. No evaluations identified assessing impact on violence against women.	All
Evaluation to build an evidence base for future activity.	Theoretical rationale. No evaluations identified assessing impact on violence against women.	

The framework in detail: Population groups

As discussed earlier in this paper, an effective program of primary prevention will require a combination of both universal and selective interventions. Selective interventions may be required for groups in the population:

- who are at higher risk of perpetrating or being subject to violence, and hence require more intensive intervention;
- who are particularly vulnerable to the impacts of violence against women once it has occurred;
- for whom universal interventions are likely to have limited reach, and hence who may require interventions tailored to their particular needs; and
- who are at a stage of the life-cycle when risk accumulates or when the factors influencing violence are amenable to intervention.

Men and boys

While men have long been seen as important targets for interventions as perpetrators, there has been increasing recognition they are also a critical target for primary prevention of violence against women (Michau 2005). There are a number of reasons for this:

- While most men do not perpetrate violence against women, it is perpetrated largely by men.
- Men are more likely than women to hold attitudes which support or are linked to the perpetration of violence (VicHealth 2006).
- Constructions of masculinity play a crucial role in shaping some men's perpetration of physical and sexual assault (Flood & Pease 2006).
- Men have a positive role to play in helping to end men's violence against women (Flood 2005–06), and have a stake in doing so.
- Men play an important role in shaping the attitudes and behaviours of children (as parents) and of other boys and young men (for example, as peers, colleagues, sporting role models, coaches and the like).

There is a growing body of experience and knowledge regarding effective violence prevention practice among boys and young men, often grounded in wider efforts to involve men in building gender equality.[1]

Women and girls

Historically, the focus of primary prevention has been on women and girls. The emphasis has been on education and community awareness programs which teach them to protect themselves from violence by, for example, watching out for the 'warning signs' of abuse in relationships, avoiding risky situations or responding effectively to them, using clear and effective communication in sexual and intimate situations or rejecting violence-supportive myths and norms (Hanson & Gidycz 1993). While such strategies have an obvious rationale, they have also been criticised for placing responsibility for violence with women; potentially exacerbating victim-blaming or resulting in self-blame when the skills and lessons learnt 'fail' (Yeater & O'Donohue 1999).

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1 See, for example, publications by Bannon and Correia (2006); Esplen (2006); Family Violence Prevention Fund (2003, 2004b); Flood (2005–06); Funk (2006); Greig and Peacock (2005); Instituto Promundo (2002); Ruxton (2004).

Nevertheless, there are a number of reasons for targeting primary prevention to women:

- Education programs are unlikely to reach, or be effective for, all men (Yeater & O'Donohue 1999).

- Such education can help increase women's critical understanding of violence against women and builds on existing skills in recognising, resisting and rejecting violence. There is evidence of the effectiveness of such programs (see p. 43).

- Educating women can change men: by shifting women's expectations of partners and intimate relations, interventions may increase the pressures on and incentives for heterosexual men to adopt non-violent practices and identities (Adams-Curtis & Forbes 2004). Women also play an important role as parents in socialising children.

Yeater and O'Donohue (1999) suggest that women's and men's education programs should complement each other, to create synergistic effects which will accelerate shifts in social norms and gender relations.

The review of intervention strategies (see p. 43) also suggests there is considerable potential to support activity among women and girls which goes beyond education and behavioural and attitudinal change to addressing some of the contextual factors contributing to their vulnerability (such as poor parenting and care, social isolation, limited attachments to supportive adults) and to empowering women to achieve change at both the individual and broader community levels. For example, community mobilisation and leadership approaches have been very successful among immigrant and refugee women in empowering women and perhaps in shifting community norms (Immigrant Women's Domestic Violence Service 2006).

Children and young people

A strong body of evidence from a range of fields indicates that one of the most powerful ways of preventing problems in adulthood is by intervening in childhood and adolescence (Carter 2000). This is similarly the case in the prevention of violence against women:

- Some of the pathways to the perpetration of violence against women (and to a lesser extent victimisation) are complex. Many of the factors that increase risk are particularly salient in childhood (for example, poor parenting and care, child abuse and neglect) and adolescence (for example, alcohol and drug use, delinquency, negative peer associations). Intervening early in the life-cycle provides the opportunity to interrupt trajectories which might otherwise result in perpetration or victimisation (Vezina & Herbert 2007).

- Children and young people's adult relationships are shaped by the norms and practices they take on in adolescence (National Campaign Against Violence and Crime 1998). Consequently, intervening at this stage can change children, and young people's personal and relationship trajectories.

- Violence-supportive attitudes and violence in intimate relationships are a particular concern among young men compared with their older counterparts (Flood & Pease 2006). In part reflecting this, the prevalence of violence against women is highest among young women (ABS 2006). Though these patterns are thought to moderate with increasing age, this does suggest the need to target existing patterns of dating violence and normative support among young men (Flood & Pease 2006).

- As discussed elsewhere in this paper, some of the strongest evidence is for interventions with young people (see p. 15).
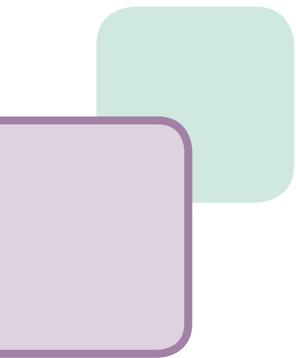
To date most interventions targeted to young people have been delivered through school settings. However, young people who are particularly at risk (whether as victims, perpetrators or witnesses to violence) are not at school, are unemployed or are young parents. This suggests the need to complement school-based interventions with strategies delivered through community-based settings such as youth centres, recreation centres and the like (Vezina & Herbert 2007).

At the same time it is important to note that violence occurs across the life-cycle and that it is important to ensure that strategies to reach older men and women are also considered in a primary prevention plan.

Communities affected by social and economic disadvantage

As indicated in the previous section, unemployment, low income and poor educational attainment are contributors to violence against women, though the association is modest. There is emerging evidence that violence against women may be more prevalent in neighbourhoods affected by accumulated disadvantage. There is also a strong consensus in the literature that women experiencing social and economic disadvantage are particularly vulnerable to violence once it has started.

Rural communities

While United States research indicates a higher prevalence of intimate partner violence in rural areas (Gallup-Black 2005; Vezina & Herbert 2007), it is not known whether in the Australian context living in a rural location is itself a risk factor for intimate partner violence. The Victorian Community Attitudes Survey found that rural location was not a predictor of holding attitudes supportive of violence against women. Nevertheless, some rural communities have recently been particularly affected by both rapid economic and demographic change and drought. These may increase exposure to known determinants of violence against women such as poverty and unemployment (Addison 2001).

There is a consensus in the literature that there is considerable diversity in the cultural, social and economic characteristics of rural communities and that violence prevention efforts in rural Victoria must move beyond 'homogenised stereotypes and assumptions' to develop primary prevention strategies relevant to specific local contexts (Hastings & MacLean 2002; Immigrant Women's Domestic Violence Service 2006).

Indigenous communities

There is now strong evidence that women from Indigenous backgrounds face a significantly higher risk of exposure to violence against women, suffer more severe forms of abuse and face particular barriers to addressing violence once it has started (Mouzos & Makkai 2004; Victorian Indigenous Family Violence Task Force 2003).

Indigenous communities share in common with the wider community the underlying conditions contributing to violence against women, such as gender power imbalances and violence-supportive social norms. However, the higher prevalence of violence in this community is widely understood to be due to the impacts of the contemporary social and economic marginalisation of Indigenous Victorians and the historical impacts of colonisation and associated disruption to Indigenous culture and identity:

… any response to family violence in Indigenous communities needs to acknowledge the social, cultural and historical context of that community… Historically, programs have been ineffective because they have: ignored the impacts of colonisation on community, spiritual and cultural identity and wellbeing; compartmentalised the associated problems of family violence; lacked a whole-of-community focus; not adopted a developmental approach to service delivery and community involvement and ownership (PADV 2003).

National and international experience suggests that programs to address family violence in Indigenous communities are likely to be most effective when they are:

- driven by Indigenous communities themselves;
- based on partnerships between and among community and government agencies;
- based on holistic approaches to community violence. This is supported by evaluations of good practice initiatives documented in North America, New Zealand and Canada; and
- culturally appropriate, with this reflected in program characteristics and practices (Aboriginal and Torres Strait Islander Social Justice Commissioner and Human Rights and Equal Opportunity Commission 2006; Aboriginal and Torres Strait Islander Women's Taskforce on Violence 1999; Cripps 2007; Department of Aboriginal and Torres Strait Islander Policy and Development 2000; PADV 2003; Memmott et al. 2006; Oregon Department of Human Services 2006).

Very few examples of discrete primary prevention interventions targeted at Indigenous communities were identified in the literature review and few of these had been evaluated. However, there were a number of intervention initiatives which integrated some elements of primary prevention. Promising approaches identified included education programs and resources for children and young people, community resource centres, media campaigns and community forums, local theatre, and community development approaches including men's and women's camps and night patrols (Cunneen 2002; PADV 2003). Strategies targeted specifically to Indigenous men included mentoring programs, father–son initiatives, men's meeting places and healing camps and journeys (Blagg 2001).

The findings of this review, together with consultation with Indigenous stakeholders in the course of preparing this paper, suggest the need for further work to be led by Indigenous communities in collaboration with government to investigate strategies to strengthen primary prevention of violence affecting Victorian Indigenous communities.

Culturally and linguistically diverse (CALD) communities including refugees

Over 13% of the Victorian population was born in a non-English speaking country, one in five Victorians speaks a language other than English at home and a further 20.1% have at least one parent born in a country where English is not the main language spoken (VOMA 2002). Victorians come from over 200 countries, speak over 180 languages and dialects and follow over 100 religious faiths. Victoria's CALD population also comprises groups at different stages of acculturation and settlement, from the well-established western European communities to more recent arrivals from Africa and the Middle East. As is the case among the Australian born, there are also considerable within-group differences. It is probable that this diversity is in turn reflected in the extent to which any particular community is exposed to risk factors for violence against women.
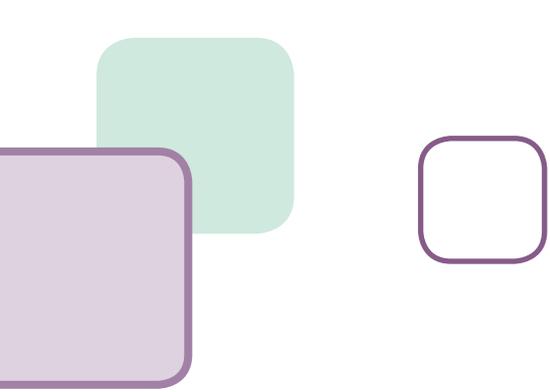
There is conflicting evidence as to whether violence against women is more common in CALD communities as a group. While a number of authors argue that it is, the International Violence Against Women Survey indicated that women from non-English speaking backgrounds were less likely to report physical violence than their English-speaking counterparts and equally likely to report sexual violence (Mouzos & Makkai 2004). However, the authors suggest this may be due in part because CALD women are less likely to define acts as violence or to disclose violence to interviewers. This is supported in the VicHealth Community Attitudes Survey with respondents from CALD backgrounds tending to define violence more narrowly than their English-speaking background counterparts.

Nevertheless, there are a number of reasons for targeting primary prevention efforts at CALD communities:

- There is wide consensus that the influences of class, ethnicity and disadvantage intersect to make CALD women more vulnerable to ongoing violence and its impacts once it has started (Menjivar & Salcido 2002).

- There is broad consensus in the literature that prevention effort in CALD communities needs to be tailored to the needs of specific communities (Department of Community Development 2006).

- Some (though not all) CALD groups experience a relatively high degree of exposure to known determinants of violence as a result of their economic marginalisation in Australia, including poor educational attainment, low income and high unemployment (DIMIA 2003). This is particularly the case in the early years of settlement.

- There is considerable global variation in the organisation of gender relations and in social norms relating to both gender relations and violence. Some migrants and refugees originate from countries where there is a greater degree of gender inequality, more rigid adherence to gender roles, greater cultural support for violence against women and considerably higher rates of violence against women than is the case in Australia (WHO 2005). These differences are also likely to be reflected among migrant and refugee groups in Australia.

- There is some evidence from international research that violence against women may increase among individuals, communities and whole societies experiencing the transition from a more traditional organisation of gender roles and relationships to roles and relationships that are less rigidly defined and where power distribution is more gender symmetrical (WHO 2002). This transition is a feature of the migration and settlement experience of many new arrivals to Australia (Rees & Pease 2006). It is widely understood that this increased risk is of a temporary nature and that the transition can be facilitated through timely primary prevention effort (Rees & Pease 2006).

- A finding of the Victorian Community Attitudes Survey was that there is a higher level of support for attitudes linked with the acceptance and perpetration of violence against women in CALD communities and especially among men from CALD communities. This is supported by other Australian and international research (Taylor & Mouzos 2006). This support was higher among respondents arriving after 1980 than before that time (even after controlling for other factors). This confirms, as discussed above, that the differences between CALD communities and wider communities in exposure to at least some violence-related risk factors are likely to diminish with time spent in Australia.

- A small but significant proportion of settlers to Victoria are refugees originating from conflict zones around the world where they are likely to have had a high level of exposure to known risk factors for violence prior to their arrival, including economic deprivation, disruption to cultural and social organisation, traumatic experiences and witnessing or being subject to violence (Kaplan & Webster 2003; Pittaway 2004). Refugee arrivals are also particularly vulnerable to economic and social marginalisation in the early years of settlement (DIMIA 2003).

While there has been very little systematic investigation of effective strategies of primary prevention in CALD communities in Australia, broad considerations identified in the literature include:

- the need for interventions to be based on an understanding of local conditions and perceived needs and to be culturally and linguistically relevant;
- the importance of a multi-level approach addressing both norms and behaviours as well as broader social and economic conditions, such as racism, social isolation and other factors contributing to marginalisation of CALD communities;
- the importance of engaging communities in planning and implementing interventions;
- the need to target men in these communities particularly;
- the benefits of engaging key community and religious leaders through both cultural and faith-based institutions;
- the benefits of implementing primary prevention in ways that promote cultural sustainability and respect diversity while at the same rejecting notions of violence as culturally legitimate. This may involve, for instance, using positive messages which reinforce cultural and community values, such as family harmony and healthy relationships (as opposed to confronting messages) (Department of Community Development 2006; PADV 2000; Stewart 2005). However, some authors caution that strategies based purely on traditional sanctions may not necessarily do enough to protect women (Braaf & Ganguly 2002); and
- the importance of implementing initiatives for the primary prevention of violence against women with a broader package of responses addressing the needs of these communities.

Women with physical and cognitive disabilities

There are a number of reasons for targeting interventions to women with physical and cognitive disabilities, and their families, communities and carers:

- Women with physical and cognitive disabilities experience higher rates of violence than those without disabilities; those with cognitive disabilities are particularly vulnerable (Brownridge 2006; Cockram 2003; Cohen et al. 2005). One estimate suggests that this risk may be some 40 times higher (Brownridge 2006).
- Once violence has occurred, women with disabilities suffer more severe and prolonged episodes of abuse (Young et al. 1997). This is understood to be due largely to their social and economic marginalisation and greater dependence on partners. Societal responses to women with disabilities – such as over-protection and segregation – and views of women with disabilities as asexual or promiscuous often serve to increase this vulnerability (Brownridge 2006; Carlson 1997; Cockram 2003).
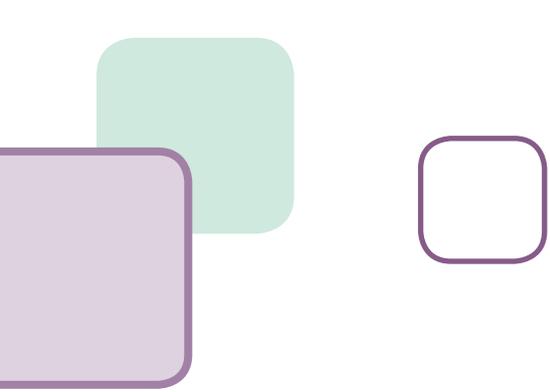
- Women with disabilities experience specific types of abuse related to their disability, such as the withholding of equipment, food and medication; limitations on their access to communication devices; and threats of institutionalisation (Curry et al. 2001, Nosek et al. 2001). Compared with their non-disabled counterparts, restraint and control are more likely to be features of violence against women with disabilities (Gilson et al. 2001).
- Some of the perpetrator risk factors identified elsewhere in this paper (see p. 34) may be particularly influential in relationships involving a woman with a disability. Brownridge (2006) found that male partners of women with disabilities were 2.5 times more likely to behave in a domineering manner and 1.5 times more likely to assume sexual propriety of their partners than were male partners of women without disabilities.

Broad considerations and approaches identified in the literature include:

- the need for interventions targeted at schools, residential settings and service providers with whom women with disabilities are likely to have contact, especially disability care workers (Carlson 1997; Johnson et al. 2001; Nosek et al. 2001; Olkin 2003);

- the importance of strategies that address the economic and social marginalisation of women with disabilities (Olkin 2003). This includes community strengthening and empowerment programs to prevent social isolation among, and build the connections of, women with disabilities so they are better able to effectively manage their lives (Copel 2006);

- the development of education programs targeted at women with disabilities and their families and caregivers that have been found to be acceptable (Bruder & Kroese 2005; Cattalini 1993; Hassouneh-Phillips & Curry 2002; Johnson et al. 2001; Macklin 2005). These programs generally emphasise the teaching of protective behaviours and include information giving, interactive activities, role playing and modelling. Such programs have been developed for young women with disabilities in schools as well as adult women;

- the potential in building partnerships and collaborations between disability services, domestic violence services and other relevant services with an interest in addressing violence to improve inter-agency coordination and build workforce skills. Recent pilots of this approach in both Victoria and NSW have demonstrated it to be successful in improving intervention in violence affecting women with disabilities (Clancy 2004; Jennings 2003; Macklin 2005). There may also be benefits in building on the approach for the purposes of developing primary prevention activity; and

- the need for communication and social marketing programs to both address the issue of violence against women with disabilities and to counter some of the negative social norms which contribute to their particular vulnerability.
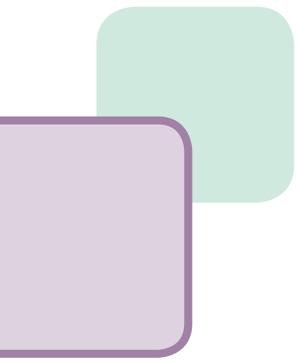
The framework in detail: Settings for action

Many of the factors contributing to violence against women occur in the settings in which we live our day-to-day lives, such as our homes, schools, sporting clubs, communities and workplaces. This means that many of the opportunities for preventing the problem are also likely to lie in these environments. Taking action on violence against women will require a multidisciplinary approach, bringing together professionals, organisations, individuals and communities from very different backgrounds and with many different skills and experiences.

Settings and disciplines currently involved in intervention in violence against women (for example, women's refuges, the police), have an important contribution to make. However, effective primary prevention will also depend on engaging new settings and disciplines.

Evidence relating to risk factors for violence against women, effective intervention strategies and population groups requiring targeted intervention presented elsewhere in this paper indicate that engagement of the sectors and settings outlined in Table 5 will be important.

Table 5: Key settings and sectors involved in the primary prevention of violence against women

Setting/sector	Rationale
Education	• School-based anti-violence/respectful relationships programs are among the best documented and most effective primary prevention interventions. • School contexts have a significant influence in childhood and adolescence, times when the prospects for primary prevention are strong.
Workplaces	• Workplaces are organisational contexts through which social norms are shaped and can be changed. • Workplaces are an important context for reaching men and women who have limited contact with place-based community networks and organisations. • Employers are potential partners in violence prevention efforts and benefit from reductions in violence in terms of increased productivity in the workplace.
Cultural institutions and networks and faith communities	• These networks and institutions are important contexts through which people from CALD communities can be reached. • Faith and cultural institutions have been found to be important avenues for transmitting beliefs and norms that either support violence or protect against it (Flood & Pease 2006). • Faith-based and community leaders have an important role to play in fostering protective cultural norms and practices.
The arts	• The arts are an important medium for raising awareness of violence against women, its consequences and factors responsible for its perpetration.
Sports and recreation	• Experience suggests these are settings through which primary prevention approaches can be effectively targeted, especially to men and boys. • There are features associated with some sporting environments that increase the risk of the perpetration of violence by men associated with them. This suggests that there is an important role for education and organisational development initiatives to prevent violence against women in such environments.

Setting/sector	Rationale
Media and popular culture	• The media and popular culture play an important role in transmitting social norms and beliefs. • Communications and marketing initiatives are promising approaches for the primary prevention of violence against women. These are among the three strategies it is proposed in this paper should be given priority in the development of a State plan.
Local government	• Experience in Victoria suggests that there is a high level of interest at the local government level in coordinating local community mobilisation and community development responses to violence against women. • Given the extensive role local government plays in creating safe public environments, developing community facilities and providing health and community services, they are well placed to take active roles in preventing violence against women.
Health and community services	• Health and community service providers (such as community health centres, centres against sexual assault, primary care partnerships and women's health services) currently play an important role in supporting collective mobilisation and community development initiatives to prevent violence against women. • These services also play a role in supporting or delivering anti-violence/respectful relationships programs and direct participation initiatives targeted at high-risk populations such as socially isolated young women. • There is significant potential to incorporate violence prevention objectives and associated activities into the core business of a range of early childhood, health and family support programs, including those in contact with women during pregnancy and early child rearing years.
The corporate sector	• The corporate sector has and continues to be an important funder of violence prevention and has an interest in doing so given the cost of violence to business.
Cyberspace and new technologies	• New information technologies have been used as vehicles for perpetrating violence against women and for reinforcing attitudes implicated in its perpetration and hence should be a focus for future work. • These technologies also offer potential for communicating positive messages, particularly to children and young people.
Academic	• The engagement of the academic sector will be important given the emergent nature of primary prevention practice and the need to further build the knowledge and evidence base.
Justice	• While the justice system is concerned primarily with violence after it has occurred, there is evidence (presented elsewhere in this paper) that justice system responses also influence primary prevention.
The military and military-like institutions	• There is evidence that aspects of organisational culture in the military may be a factor in the perpetration of violence. There are other institutions which share some features in common with the military (for example, male-dominated organisational cultures) which may also be important sites for intervention.

The framework in detail: Intermediate outcomes and anticipated longer-term benefits

The framework is based on the understanding that long-term reductions in the incidence of violence against women are likely to be achieved by supporting sustained changes in individual skills and knowledge as well as changes in the broader environment. Accordingly, the primary prevention actions are designed for implementation at a societal level (e.g. in legislation and regulatory frameworks, the media), at an organisational level (e.g. in schools and workplaces), at a community level (e.g. by building networks) and at an individual level (e.g. by building a person's social connections).

Supporting equitable and respectful gender relations, reducing exposure to all forms of violence and violence-supportive cultural norms and improving access to resources and systems of support through actions at these levels is likely to help prevent violence against women from occurring and to reap associated long-term benefits (see Table 7). The intermediate outcomes are the conditions it is anticipated can be achieved in the short term with a view to achieving these benefits (see Table 6). They provide a useful basis against which progress can be measured and monitored as well for evaluating the effectiveness of individual programs and interventions. They have been identified on the basis of the evidence of factors underlying and contributing to violence.

Table 6: Primary prevention of violence against women: Intermediate outcomes

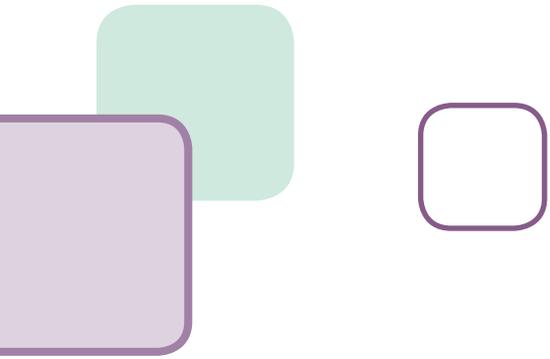| Individual/relationship	Organisational	Community	Societal
● Improved connections between women/families and resources and sources of economic and social support ● Respectful and equitable gender relations ● Healthy, non-violent gender role identity development ● Improved attitudes toward gender equity, gender roles and violence/violence against women ● Improved skills in non-violent means of resolving interpersonal conflict ● Responsible alcohol use	● Organisations that: – Model, promote and facilitate equal, respectful and non-violent gender relations – Work in partnerships across sectors to address violence – Implement evidence-based violence prevention activities – Are accessible to and safe and supportive for women	● Environments that: – Value and support norms that are non-violent and build respectful and equitable gender relations – Build connections between women and their families and sources of formal and informal support – Take action to support individuals and groups affected by violence – Promote collective activity between women	● A society in which there are strong legislative and regulatory frameworks and appropriate resource allocation for supporting: – Gender equity – The prevention and prohibition of violence in public and private contexts – The positive portrayal of women (e.g. in advertising) – The development of healthy relationships between men and women

Table 7: Primary prevention of violence against women: Anticipated long-term benefits

Individual/relationship	Organisational	Community	Societal
• Reduction in violence-related mental health problems and mortality • Improved interpersonal skills and family and gender relations • Reduced intergenerational transmission of violence and its impacts	• Violence prevention resources and activities integrated across sectors and settings • Organisations that value and promote respectful gender relations • Improved access to resources and systems of support	• Communities that value gender equity and respectful relationships between men and women • Reduced social isolation and improved community connections	• Reduced gender inequality • Improved quality of life for men and women • Reduced levels of violence/violence against women • Improved productivity

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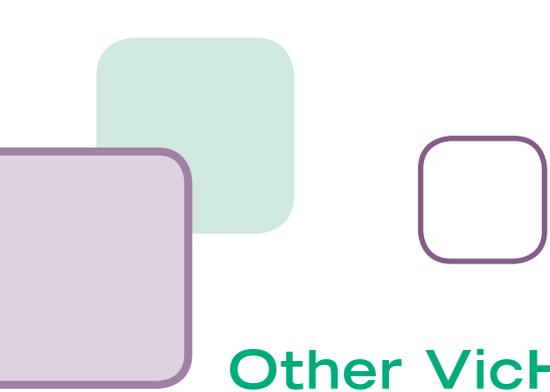
Other VicHealth violence prevention documents

You may also want to refer to these other VicHealth documents supporting the prevention of violence against women. These can be downloaded from our website at www.vichealth.vic.gov.au

The Health Costs of Violence: Measuring the burden of disease caused by intimate partner violence (2004)

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 (2006)

Community Attitudes to Violence Against Women Survey: A Full Technical Report
Taylor, N & Mouzos, J, 2006, Australian Institute of Criminology, Canberra
Paper 1 of the Violence Against Women Community Attitudes Project (2006)

VicHealth Review of Communication Components of Social Marketing/Public Education Campaigns Focusing on Violence Against Women
Paper 2 of the Violence Against Women Community Attitudes Project (2006)

The Factors Influencing Community Attitudes in Relation to Violence Against Women:
A Critical Review of the Literature
Paper 3 of the Violence Against Women Community Attitudes Project (2006)

Refugee Settlement, Safety and Wellbeing: Exploring Domestic and Family Violence in Refugee Communities
Paper 4 of the Violence Against Women Community Attitudes Project (2006)

VicHealth Letter: Respect, Responsibility and Equality: Preventing Violence Against Women
Spring 2006 (Issue 28)

Responsibility and Equality: Preventing Violence Against Women Program. Funded Projects (2007)