



# COMMUNITY CHAMPIONS FOR PRIMARY PREVENTION ACTION IN THE WEST

Community insights report 2018

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## Acknowledgements

Women's Health West acknowledge the traditional custodians of the land on which we work, the people of the Kulin Nation, and we pay our respects to Elders and community members past and present. We express solidarity with the ongoing struggle for land rights, self-determination, sovereignty and the recognition of past injustices. We express our hope for reconciliation and justice.

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## Introduction and Background

Violence against women is a significant social problem internationally, nationally, in Victoria and throughout Melbourne's west. It is recognised as gendered in nature, with the majority of intimate partner violence and family violence in Australia perpetrated by men against women, and rooted in gender-based power inequalities between women and men. Importantly, violence against women is not inevitable; it is preventable.

*Preventing Violence Together 2030: Western Region Strategy to Prevent Violence Against Women* (PVT) is the regional partnership and strategy that guides the primary prevention of violence against women in Melbourne's western region. Led by Women's Health West, the partnership comprises twenty-three partner organisations, including all community health services, primary care partnerships and local governments in the west, as well as a number of response services, education and sporting organisations.

Over recent years there has been increased recognition of the need for community-based initiatives to prevent violence against women. Community mobilisation and strengthening has been identified as a key proven and promising technique for prevention in the national framework to prevent violence against women. In the western region, increasing community interest to take action to prevent violence against women has also been observed by PVT partners. Further to this, partners also observed the need for further work and resources to build community understanding of, and capacity to undertake, primary prevention action.

In recognition of this, in May 2017 the PVT partnership were successful in receiving funding through the State Government's Community Partnerships for Primary Prevention (CPPP) grants program, to implement a 12 month community based primary prevention project, Community Champions for Primary Prevention Action in the West (which will be referred to as Community Champions from hereafter). Led by Women's Health West, the project aimed to initiate community engagement and capacity building to enhance community-led violence prevention action across Melbourne's west.

The Community Champions project's objectives were to:

1. Mobilise and support communities across the west to understand and take action to redress the drivers of violence against women.
2. Provide direct community participation opportunities that build knowledge, skills, networks and access to resources to support community members to undertake sustained action to prevent violence against women.
3. Increase awareness and understanding among communities across the west of the extent and impact of gender inequality and reduce tolerance for attitudes and behaviours that support gender inequality.
4. Strengthen primary prevention partnerships between communities, and PVT project partner organisations.

The primary audience for the Community Champions project was community members who live, work, study and play in the western metropolitan region and who have undertaken, or aspired to undertake action, to prevent men's violence against women and promote gender equality. In consultation with partners, a community engagement and participation model was developed for the project, which included a range of methods and mechanisms through which to consult and engage community members in the project. This report highlights the

main findings from the community consultation process, which was used to inform the development of *Act to Prevent Men's Violence Against Women: A Guide for Community Action* (Women's Health West, 2018), which was launched in June 2018.

## Community consultation methods

An online survey (appendix 1) was developed to gather information regarding community understandings, interest, experiences and support needs, in taking action to prevent violence against women. It was noted in the survey that the data would be used to help inform a report and the development of a resource and forum, to support community prevention of violence against women action. The online survey was reviewed by the project working group, and piloted with community reference groups. The survey was created through Survey Monkey and administrated by Women's Health West. It was distributed via email to approximately 400 community members in the west, and hard copies of the survey were also provided to the working group members to ensure greater accessibility and dissemination. The survey was confidential, and obtained consent from participants. All survey participants were eligible to go into a draw to win a \$100 Coles Myer Gift Card.

A series of workshops were undertaken with three community reference groups established for the project. These project community reference groups were community groups already established in the western region, who had undertaken or expressed interest in undertaking action to prevent violence against women. The workshops sought to gather information regarding community understanding, interest, experiences and support needs, to take action to prevent violence against women. The consultation workshops were recorded and transcribed, with consent obtained. In recognition of participant's time and contribution, they were provided with a \$30 Coles Myer Gift Card.

## Community consultation participants

A total of 46 community members across the west completed the survey, from a distribution to approximately 400 community members, which is approximately a response rate of 10 per cent. Of those respondents, 60 per cent identified as a woman (n=26), 37 per cent identified as a man (n=16), and 2 per cent (n=1) identified as another gender identity. A total of 2 per cent of respondents identified as Aboriginal or Torres Strait Islander, 2 per cent were unsure and another 2 per cent nominated not to provide this information. With regard to place of birth, 67 per cent of the respondents were born in Australia, with 33 per cent of respondents being born overseas, including in Ethiopia, Canada, Wales, Egypt, Italy, Bangladesh, Sri Lanka, Malaysia, Greece, Bulgaria, Ireland, Vietnam or Myanmar. Over three quarter of the respondents reported they speak English at home (78 per cent), with 16 per cent reporting they speak English and another language at home, and 7 per cent reported they speak another language other than English at home. With regard to the western region of Melbourne, 65 per cent of survey respondents reported they lived in Melbourne's west, 49 per cent reporting they worked in the west, 18 per cent reported they studied in Melbourne's West, and 49 per cent reported they enjoy leisure activities in the western region.

A total of 46 community members participated in the three workshops held with the project community reference groups. These reference groups included participants from the Working Together with Men project (led by project partner HealthWest), the Melton Women

Making It Happen project (led by project partners Djerriwarrh Health Services and Melton City Council), and participants from the Empowering African Australian Women program (led by project partner Melbourne City Council). Nineteen of the participants identified as women, two identified as men, and four participants did not complete evaluation forms which collected demographic information. One member from the workshops identified as Aboriginal or Torres Strait Islander. Regarding place of birth, 43 per cent of workshop participants were born in Australia, 24 per cent were born in Somalia, 19 per cent were born in Eritrea, 10 per cent were born in Sudan and 5 per cent were born in the United Kingdom. In terms of languages spoken at home, a total of 43 per cent reported English, 24 per cent reported Arabic, 24 per cent spoke Somali and 5 per cent spoke Oromo at home. Most commonly, workshop participants reported they worked (71 per cent), lived (57 per cent) or enjoyed leisure activities (43 per cent), in Melbourne's west. A small percentage of participants reported they studied in the western region (14 per cent).

## Community consultation findings

The results from the community insights survey and community reference groups have been analysed and presented below through major key themes. The consultation results have been disaggregated by gender identify to note any key differences of significance and these findings will be noted throughout the report where appropriate.

### a. Primary prevention of violence against women

The primary prevention of violence against women refers to taking action to redress the primary or underlying drivers of violence against women, to stop it from occurring in the first place. In the community insights survey, over half (59 per cent) of respondents reported they had been involved in primary prevention projects or activities to prevent violence against women. One participant said that it was 'advocating that violence is not acceptable and talk about it before it happens'. On the other hand, when asked to describe the activity, a number of these respondents listed activities that were focused on responding to violence once it had occurred, and would not be considered primary prevention. These activities included fundraising for family violence refuges, providing respite or support for women experiencing violence, and taking action in family violence circumstances. The most commonly identified primary prevention activities participants had been involved in were activities associated with the White Ribbon Foundation and the International 16 days of activism to eliminate gender-based violence.

These findings highlight that there continues to be different understandings among community members regarding what primary prevention of violence against women is, and how this is distinct from early intervention or response efforts once violence has occurred. These findings are consistent with reflections from project partner practitioner insights also gathered through the project, which have noted varying community understandings of primary prevention of violence against women. Such findings and reflections suggest further capacity building work is required with community members, to support their understanding of what constitutes the primary prevention of violence against women, and to support community members to design their activities and projects with a true primary prevention focus.

## **b. The drivers of violence against women**

In the community insights survey, respondents were asked the extent to which they agreed or disagreed about a variety of factors as driving or causing violence against women. These factors included the five drivers of violence against women, as identified in Australia's national framework to prevent violence against women, Change the Story, and a series of factors that are commonly misunderstood as driving or causing violence against women (VicHealth, 2015).

It was encouraging to note that the vast majority of respondents either agreed or strongly agreed with the five evidence-based drivers of violence against women listed, including: men's power and control over women (89 per cent agreed or strongly agreed); controlling women's independence and decision-making (87 per cent agreed or strongly agreed); condoning of excusing violence against women (86 per cent agreed or strongly agreed); friendships between men that involve disrespect towards women (81 per cent agreed or strongly agreed); and rigid gender stereotypes (80 per cent agreed or strongly agreed).

Despite this, survey respondents also agreed or strongly agreed with a range of myths or misunderstandings about what drives violence against women. This included: men getting angry or losing control (80 per cent); alcohol or other drugs (72 per cent); money stress (65 per cent); and mental illness (63 per cent). These findings are consistent with the National Community Attitudes towards Violence Against Women Survey findings in relation to drivers of violence against women. Such findings highlight that while many survey respondents agreed with the evidence-based drivers of violence against women when prompted, the significant majority also agreed with key myths and factors that are often used to justify or excuse violence against women (such as anger, alcohol or stress). These findings are also consistent with project partner practitioner reflections gathered throughout this project, that there are many misunderstandings about the drivers of violence against women in the community and that violence supportive attitudes continue to be a challenge more broadly (VicHealth, 2014). This suggests further work is required to build community understanding about the evidence-based drivers of violence against women, awareness of common misunderstandings about violence against women, and to challenge violence-supportive attitudes that justify or excuse violence against women.

During the consultation workshops with the community reference groups, the drivers of violence against women were also briefly explored. Here, community members noted that the usefulness of using everyday examples to help explain the drivers of violence against women. By way of example, a male participant noted a situation where he opposed a peer's sexist remarks saying, 'that was probably the first time that I said that I don't find that appropriate'. Further to this, workshop participants also noted the importance of language when communicating the drivers of violence against women. Community members noted the use of words such as 'respect' and 'women's independence' whilst explaining what those would look like.

## **c. The essential actions to prevent violence against women**

Survey respondents were asked a question regarding actions to take to prevent violence against women before it occurs. Respondents were provided with a list of actions that included primary prevention, intervention and response activities, and were asked 'to what extent do you believe that each of these actions prevents violence against women before it

occurs (also known as primary prevention)'. The primary prevention actions listed included the essential actions to redress the drivers of violence against women, as identified in Australia's national framework to prevent violence against women, *Change the Story* (VicHealth, 2015). Most survey respondents *agreed* or *strongly agreed* with the following known actions for the primary prevention of violence against women: strengthening respectful relationships between women and men (95 per cent); promoting women's independence and decision making (93 per cent); and challenging behaviours and attitudes that excuse or justify violence against women (81 per cent). Far less survey respondents identified 'challenging gender stereotypes' as a primary prevention action to prevent violence against women (52 per cent agreed or strongly agreed), despite this also being one of the key evidence-based actions to prevent violence against women.

Despite this, survey respondents also agreed or strongly agreed with a range of actions that would not be considered primary prevention of violence against women. These included 'high police presence in public spaces' (52 per cent) and 'well-lit streets, car parks and train stations' (65 per cent). Over a quarter of survey respondents agreed or strongly agreed that 'women not going out alone at night' was an action to prevent violence against women before it occurs (26 per cent). Some respondents also agreed or strongly agreed that 'women not wearing revealing clothing' was a primary prevention action (15 per cent). These findings support practitioner perspectives that community need further education and support to understand the evidence around what prevents violence against women, and evidence-based actions that community can take. The findings also highlight the need to continue work with communities to challenge the condoning of violence against women, including victim-blaming attitudes that place responsibility on women for the violence.

#### **d. Gender equality and gender equity**

Community consultations also explored the topics of gender equality and gender equity. The Preventing Violence Together partnership defines gender equality as the realisation of equal and measurable outcomes for women, men and people of diverse gender identities, including equal representation, status and rights (Preventing Violence Together 2017). It defines gender equity as the process of being fair to women, men and people of diverse gender identities, with the aim of achieving equal outcomes for all. To ensure fairness, strategies must often be introduced to compensate for disadvantage which prevents women and people of diverse gender identities from operating on a level playing field with men (Preventing Violence Together 2017).

Survey respondents were asked 'what do you think gender equality is about?' and were provided with the opportunity to provide qualitative responses.

Several survey respondents demonstrated an understanding of gender equality, with participants reporting:

- 'Equal access to resources and opportunities regardless of gender'
- 'Let woman have the same rights as men'
- 'Given same opportunities and access for all genders because we have achieved gender equality'
- 'An aspiration, to have access to the same rights, benefits and privileges as men'
- 'I think gender equality is about equal power between genders and particularly between men and women'

However, some community members talked about equal treatment of all genders, more so than the realisation or experience of equal outcomes:

- 'Treating all genders the same'
- 'Treat everyone equal'
- 'Same treatment'
- 'Regardless of gender, everyone is treated the same'

Regarding gender equality, we know that if we give women and men equal treatment in our current unequal society, that the outcomes would be unequal. A number of participants also responded with 'unsure' when asked what gender equality is about (n=5). The results from this question highlight that while some community members have an understanding of gender equality, there are varied understandings about the term, with many understanding it to be about equal treatment as opposed to the realisation and experience of equal outcomes.

Survey respondents were also asked 'what do you think gender equity is about?', and were again provided with the opportunity to provide qualitative responses. A much smaller portion of the respondents provided an answer to this question, with twelve participants responding with 'unsure'. A number of community members provided responses which touched on key aspects of the concept of gender equity, noting it as a process, in accordance with different needs and barriers, and as a means to achieving gender equality:

- 'Fair treatment of women and men according to their respective needs and requirements'
- 'Process of being fair and addressing past inequalities'
- 'Making the necessary adjustments to remove barriers that inhibit equity'
- 'How to achieve gender equality'
- 'Providing opportunity and access for women in spaces not given equally e.g. leadership'

In particular, when talking about gender equity, the word 'fair' resonated and was used by many community members:

- 'Recognising fair and just access to needs...'
- 'Being treated fairly...'
- 'Giving everyone a fair chance...'
- 'Referring to fairness in handling and treating, taking into consideration that different adjustments may be required to ensure just treatment of all genders.'

This suggests that the concept of being fair might be helpful to use when engaging with community around the topic of gender equity, in both explaining its purpose and helping to garner support for gender equitable strategies and actions. While the term 'fair' might be familiar to many in the community, it is also important to note that what is considered 'fair' can differ significantly between individuals, and that this would need to be taken into consideration when utilising this term.

Interestingly, some survey respondents explained gender equity in a monetary or financial sense:

- 'Men and women treated as equal in opportunities, remuneration etc.'

- 'Same rights. Same pay'
- 'Ensuring that women have the right to earn the same amount as a man for undertaking the same activity'

This might suggest that some community members are unclear on the term 'equity' more broadly, or that they have associated this as a term often used in finance.

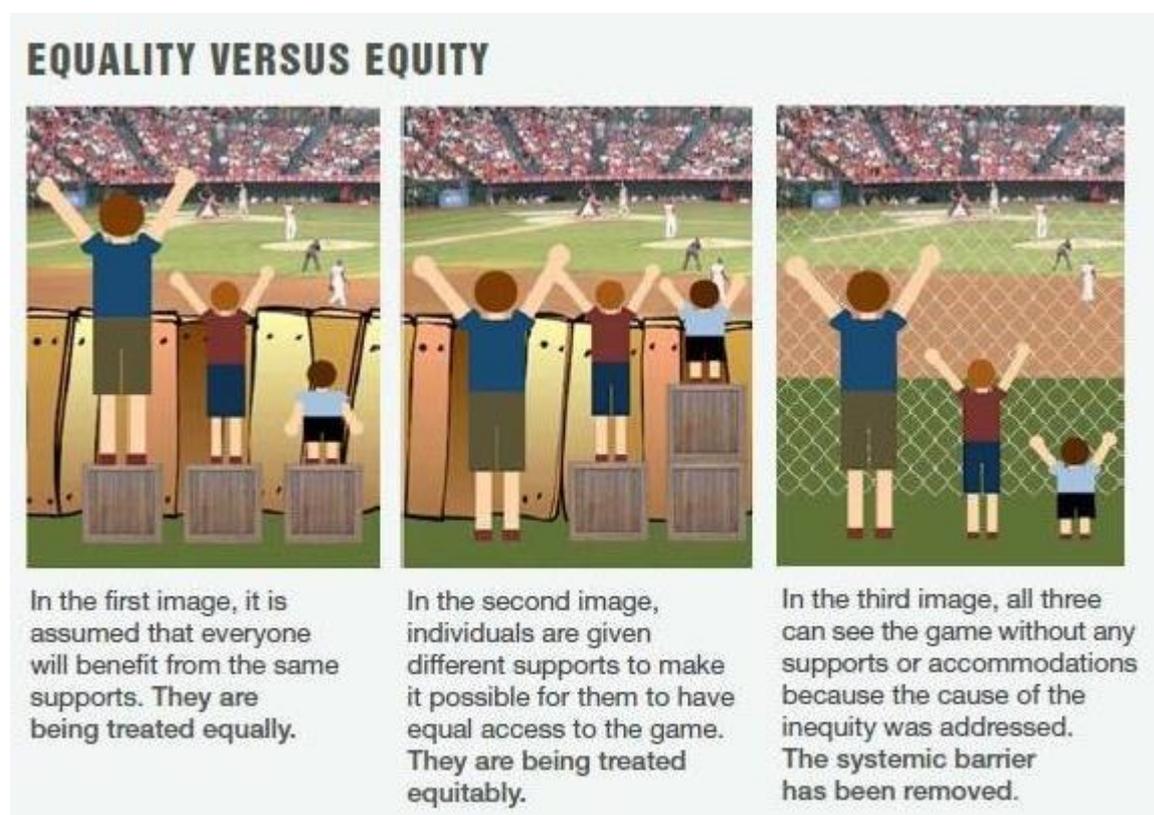
The topics of gender equality and gender equity were also explored in the workshops with the three project community reference groups. Overall, conversations indicated that the community reference groups more strongly understood the concept of gender equality, than gender equity.

'we knew [gender] equality' – Women Making It Happen participant

During the consultations with the community reference groups, a visual representation of gender equality and gender equity was utilised to help explore both concepts and the interrelationship between the two. Both the Empowering African Australian Women and Women Making It Happen community reference groups reported that the use of visuals (such as the figure below), were extremely helpful in communicating the message effectively to large and varied audiences:

### 'Pictures speak a thousand words'

- Community consultation participant



In fact, some members from the Women Making It Happen group shared that they did not know the difference between the two terms, until it had been explained in the consultations using the visual:

'I thought they were the same' - Women Making It Happen participant

'I knew they were different words...but I didn't understand' - Women Making It Happen participant

Overall, four times as many community members were 'unsure' of how to describe gender equity compared to gender equality (44 per cent and 11 per cent respectively). This suggests that the respondents were more familiar with and more confident in describing gender equality. Further to this, when asked to describe gender equity, many respondents described key elements of gender equality instead. This finding is consistent with project practitioner perspectives shared throughout the project, which noted that community members can sometimes confuse the two terms/ideas, are unsure of the difference or believe them to be the same concept. In light of these findings, explaining the concepts of gender equality and gender equity and their interrelationship, were highlighted in the community resource developed as part of the Community Champions project.

Survey participants were also asked about the concepts of power and resources in relation to gender. When asked 'do you think women and men in our community currently have equal access to power and resources?' over three quarter of respondents answered 'no'. Four respondents answered 'yes', and two answered 'unsure'. These results highlight that while the majority of community members believed women and men did not have equal access to power and resources, there were still some community members who disagreed this was the case or were uncertain. This suggests further work is required to build community understandings of the current status of gender inequality in Australia and in the western region.

#### **e. Barriers/challenges to taking prevention of violence against women action**

Community consultations also included questions that explored barriers and challenges in prevention work. In the survey, respondents were asked 'to what extent have you faced the following challenges or barriers in taking action to prevent violence against women?' and were provided with a list of barriers/challenges from which to nominate. The barrier/challenge that 59 per cent of respondents most commonly agreed or strongly agreed they had faced in taking action to prevent violence against women, was 'fear of backlash or criticism from others.' These findings are consistent with the working group insights gathered throughout the project, where practitioners had also identified concerns over backlash and resistance as a challenge when engaging community in prevention of violence against women initiatives work.

The working group identified a stronger understanding of the evidence base as an essential need for community before engaging in prevention of violence against women work, and survey respondents identified this need also. A total of 36 per cent of survey respondents *agreed* or *strongly agreed* that 'a lack of understanding of what causes violence against women' was a barrier to them taking PVAW action. A total of 45 per cent *agreed* or *strongly*

*agreed* that 'a lack of understanding of how to prevent violence against women' was a challenge they face in engaging in PVAW action.

The working group identified an accessible PVAW resource as an essential tool for community before engaging in PVAW work, and survey respondents also identified this need. A total of 45 per cent of survey respondents *agreed* or *strongly agreed* that 'a lack of information and tools that I can use' was a barrier they face in taking PVAW action.

In relation to engaging in partnerships and support while undertaking PVAW action, community identified this need as did the working group. A total of 45 per cent of survey respondents *agreed* or *strongly agreed* that 'a lack of knowledge of local networks and organisations that can support me to take action to PVAW' was a barrier to engaging in PVAW action.

#### **f. Responding to disclosures**

As primary prevention work can involve discussions about the nature or prevalence or violence against women, it can sometimes prompt disclosures of experiences of violence from participants. While community members taking action to prevent violence against women are not expected to be experts in how to respond to disclosures of violence, it is essential that individuals are able to respond in a way that supports safety, is non-judgemental, and that includes referral information (VicHealth, 2015).

During all three community reference group consultations, participants highlighted the need to understand how to effectively respond to disclosures and offer support and referral options around violence against women or family violence, when engaging in prevention of violence against women action.

- 'Knowing how to respond to someone' – Consultation participant
- 'Knowing what's available and having that access [to referral information]' – Consultation participant

Participants from the Women Making it Happen community reference group reported that they wished they had known how to appropriately and effectively respond to disclosures from women experiencing violence, including an understanding of referral pathways, before engaging in this work. The women reflected they had also learnt that sometimes a woman needs a support network and that not all women can leave a violent relationship, nor does the violence always end because the relationship has ended.

The Working Together with Men community reference group participants noted that they would also like to have greater capacity and understanding about how to respond to disclosures, particularly responding to disclosures of violence by male perpetrators, and how to provide appropriate referral options for men's services.

Participants from the Empowering African Australian Women community reference group also discussed the importance of how to respond to disclosures when taking action to prevent violence against women. Participants identified a need for community leaders to be trained in prevention of violence against women, and to have an in-depth knowledge of how to respond to disclosures and talk about support options for women experiencing violence.

The importance of knowing how to respond to disclosures and having referral information was also noted by the project working group as important when undertaking prevention

action. These insights from community members and project partners highlight the importance of building community capacity to respond to disclosures appropriately should they arise in prevention work, including referral options, to support safe community-led primary prevention activities.

#### **g. Enablers/helpful measures in taking action to prevent violence against women**

Consultations with community members also explored key enablers and helpful measures that would support communities to take action to prevent violence against women.

#### **h. Partnerships**

Working in partnership with others is important in preventing violence against women (PVAW). It can bring different expertise, knowledge, resources and networks, and can expand the reach and sustainability of your activity. The importance of partnerships and networks in taking prevention action was explored with survey participants. Notably, 89 per cent of survey respondents *agreed* or *strongly agreed* that an 'increased knowledge of local networks and organisations that can support me to take action to prevent violence against women' would assist them to take action to prevent violence against women. Further to this, 88 per cent of survey respondents *agreed* or *strongly agreed* that 'the opportunity to get involved with existing community groups that are currently taking action to prevent violence against women' would also be helpful.

### **Prevention of violence against women: the evidence base**

An understanding of the drivers of violence against women and how it can be prevented, is important in supporting community-led action to prevent violence against women that is both safe and effective. This was explored in the survey, where 86 per cent of survey respondents *agreed* or *strongly agreed* that an 'increased understanding about what causes violence against women' would be helpful to engage in prevention of violence against women action. Additionally, 78 per cent of survey respondents *agreed* or *strongly agreed* that an 'increased understanding about how to prevent violence against women' would be useful to assist them to take action. These findings highlight the recognition among community members of the need for greater understanding of what drives violence against women and how it can be prevented and demonstrates the need for the prevention sector to continue to work with communities in building this knowledge and understanding.

During the community reference group consultations, participants also noted the importance of understanding the evidence base. Participants from both the Working Together with Men and Women Making It Happen groups also reported that knowing the statistics and the evidence base around what drives and prevents violence against women, is key when engaging in this work. Interestingly, some of the Women Making It Happen group members expressed that knowing how to respond to the question 'why a focus on PVAW?' was important to be able to answer when undertaking prevention of violence against women work. The importance of being able to respond to this question was also noted by the project working group as a consistent challenge experienced by many working in the prevention of violence against women sector more broadly.

## Access to resources and training

In addition to increased networks and understanding of the evidence base, access to resources was also explored in the survey. A total of 87 per cent of survey respondents *agreed* or *strongly agreed* that ‘increased access to information and tools that I can use’ would assist them to take prevention of violence against women action. This topic was also explored in the community reference groups, with participants from the Empowering African Australian Women group in noting the importance of training available for community leaders on prevention of violence against women, so that they can undertake work and spread messages within their communities that is effective and evidence-based.

Participants expressed that importance of prevention of violence against women training being provided to both men and women, to support the likelihood that everyone has access to the same information, opportunities to make a difference, and to support families to work together for social change. Empowering African Australian Women participants said:

- ‘With women and husbands’
- ‘Why not for men too’
- ‘To work together’

These findings highlight the need for further resources and opportunities to support community-led prevention of violence against women action, including opportunities for partnerships, networks, and access to training and resources. In particular, these insights highlighted key topics that were included in the community resource that was developed for the Community Champions project, including the drivers of violence against women, evidence-based prevention actions, prevention partnerships and networks, and information about additional resources and training opportunities in Melbourne’s West (Women’s Health West, 2018).

## Limitations

Due to the short project timelines, the consultations undertaken to inform the Community Champions project were limited in length and the number of participants that could be engaged. As such, the findings in this report provide an insight only into the interests and understandings of the community members who participated. Further to this, the community reference groups and survey respondents who participated in the community consultation were community groups in Melbourne’s west who were identified as having an interest or previous experience in taking PVAW action. Therefore, the findings in this report are based on a small sample, and are not a reflection more broadly of community interest and understandings of prevention of violence against women in Melbourne’s West.

## Conclusion

The consultations undertaken with seventy-one community members throughout the Community Champions project, have provided a range of insights into community interest, experiences and support needs, in taking action to prevent violence against women in Melbourne's west. The community members consulted had an interest or previous experience in taking action to prevent violence against women and the findings indicate that even with engaged community members, there are still significant capacity building needs, including the need to increase understanding of what is primary prevention (as distinct from early intervention or response actions), and the need to increase understanding of the drivers of violence against women (including common misunderstandings about what causes violence against women to occur). Further capacity building needs identified also include the need to increase understanding of evidence-based prevention actions, and the need to increase understanding of the concepts of gender equality and gender equity, and how they interrelate. The findings also highlight key barriers faced by community in taking prevention action, including fears around backlash, capacity to respond to disclosures and provide referral information, and lack of partnership and network opportunities.

The findings in this consultation also highlight the need for further training, resources and tools designed specifically to support safe and effective community-led action to prevent violence against women. The capacity building needs identified from these consultations were used to prioritise and inform the content of the community resource and the community forum, as a part of the Community Champions project (Women's Health West, 2018). Encouragingly, the consultations have highlighted a desire among respondents to receive further information and resources, and connect with others, to support taking action to prevent violence against women. Indeed, the work to prevent and end violence against women necessitates that everyone has a role to play, and the *Preventing Violence Together* partnership look forward to continuing our collaboration and partnerships with communities across the west to achieve a gender equitable, safe and inclusive community.

## References

Women's Health West 2017, Preventing Violence Together 2030, Western Region Strategy to Prevent Violence Against Women, Women's Health West, Melbourne.

Our Watch, Australia's National Research Organisation for Women's Safety (ANROWS) and VicHealth (2015) *Change the story: A shared framework for the primary prevention of violence against women and their children in Australia*, Our Watch, Melbourne, Australia.

VicHealth 2014, *Australians' attitudes to violence against women. Findings from the 2013 National Community Attitudes towards Violence Against Women Survey (NCAS)*, Victorian Health Promotion Foundation, Melbourne, Australia.

Women's Health West 2018, Act to prevent men's violence against women: A guide for community action, Women's Health West, Melbourne.

## Attachments

- Appendix one: Community survey
- Appendix two: Workshop agenda example
- Appendix three: Invitation to consultation example

## Appendix One: Community survey



### **Together We Can Prevent Violence Against Women**

You are invited to complete this survey as part of the **Community Champions project**.

Community Champions is delivered by Women's Health West in partnership with ten local organisations including councils, health services, universities and sporting clubs.

The project aims to support community-led action across Melbourne's west to prevent violence against women and promote gender equality.

This survey will help us to better understand community interest, experiences and support needs, to take action to prevent violence against women.

This survey is administered by Women's Health West and will take approximately **10-15 minutes** to complete.

All survey participants will be eligible to go into a draw to **win a \$100 Coles Myer Gift Card**.

### **Your Participation**

All survey responses will remain **confidential**.

Your responses to this survey will be used to inform a report and the development of a resource, to support community action. The report will be available next year and published on Women's Health West's website. No individual responses will be used in this report that could identify you. If you choose to provide your email address on the final page of this survey for prize draw or other purposes, your responses will remain confidential.

By continuing this survey, you are providing your **consent to participate** in the survey for the purposes outlined above.

You are free to stop this survey at any time.

If you have any questions or concerns relating to the purpose of this survey, please contact Women's Health West by emailing [info@whwest.org.au](mailto:info@whwest.org.au) or phone (03) 9689 9588.

### **Survey**

Violence against women – what does this term mean?

For the purposes of this survey, violence against women refers to any act of gender based violence that causes or could cause physical, sexual or psychological harm or suffering to women, including threats of harm or coercion. Forms of violence that women experience includes physical, sexual, emotional, spiritual, financial and others.

1. To what extent do you believe that each of these factors causes violence against women?

a) Alcohol and/or drugs				
Strongly disagree	Disagree	Unsure	Agree	Strongly agree
b) Condoning or excusing violence against women (e.g. asking a sexual assault victim what she was wearing on the day of the attack)				
Strongly disagree	Disagree	Unsure	Agree	Strongly agree
c) Men getting angry or losing control				
Strongly disagree	Disagree	Unsure	Agree	Strongly agree
d) Controlling women's independence and decision making				
Strongly disagree	Disagree	Unsure	Agree	Strongly agree
e) Mental illness				
Strongly disagree	Disagree	Unsure	Agree	Strongly agree
f) Rigid gender stereotypes (e.g. believing men make better leaders than women)				
Strongly disagree	Disagree	Unsure	Agree	Strongly agree
g) Money stress				
Strongly disagree	Disagree	Unsure	Agree	Strongly agree
h) Friendships between men that involve disrespect towards women (e.g. laughing at sexist jokes)				
Strongly disagree	Disagree	Unsure	Agree	Strongly agree
i) Men's power and control over women				
Strongly disagree	Disagree	Unsure	Agree	Strongly agree
Other factors (optional)				
2. To what extent do you believe that each of these actions prevents violence against women before it occurs (also known as primary prevention)?				
a) A high police presence in public spaces				
Strongly disagree	Disagree	Unsure	Agree	Strongly agree
b) Challenging behaviours and attitudes that excuse or justify violence against women (e.g. challenging the media when it blames a woman for experiencing sexual assault because she was drinking alcohol)				
Strongly disagree	Disagree	Unsure	Agree	Strongly agree
c) Women not going out alone at night				
Strongly disagree	Disagree	Unsure	Agree	Strongly agree
d) Promoting women's independence and decision making (e.g. supporting women's leadership at work)				

Strongly disagree                  Disagree                  Unsure                  Agree                  Strongly agree

e) Well lit streets, car parks and train stations

Strongly disagree                  Disagree                  Unsure                  Agree                  Strongly agree

f) Challenging gender stereotypes (e.g. introducing baby change tables into men’s toilets)

Strongly disagree                  Disagree                  Unsure                  Agree                  Strongly agree

g) Women not wearing revealing clothing

Strongly disagree                  Disagree                  Unsure                  Agree                  Strongly agree

h) Strengthening respectful relationships between men and women

Strongly disagree                  Disagree                  Unsure                  Agree                  Strongly agree

Other factors (optional)

3. Have you been involved in a campaign, project or activity to prevent violence against women? (Please circle your answer)

- Yes
- No
- Unsure

4. If yes or unsure, please briefly describe the activity you were involved in:

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5. I have faced the following **challenges** or **barriers** in taking action to prevent violence against women:

a) Lack of understanding of what causes violence against women

Strongly disagree      Disagree      Unsure      Agree      Strongly agreeN/A

b) Lack of understanding of how to prevent violence against women

Strongly disagree      Disagree      Unsure      Agree      Strongly agreeN/A

c) Lack of interest or commitment within my community group to work on these issues

Strongly disagree      Disagree      Unsure      Agree      Strongly agreeN/A

d) Fear of backlash or criticism from others

Strongly disagree      Disagree      Unsure      Agree      Strongly agreeN/A

e) Lack of support from my partner, family or friends

Strongly disagree      Disagree      Unsure      Agree      Strongly agreeN/A

f) Lack of information and tools that I can use

Strongly disagree    Disagree    Unsure    Agree    Strongly agreeN/A

g) Lack of awareness or support from my workplace or management

Strongly disagree    Disagree    Unsure    Agree    Strongly agreeN/A

h) Lack of knowledge of local networks and organisations that can support me to take action to prevent violence against women

Strongly disagree    Disagree    Unsure    Agree    Strongly agreeN/A

Other factors (optional)\_\_\_\_\_

6. To what extent would each of these actions **help you** to take action to prevent violence against women? Response options will be randomised in order for each respondent.

a) Increased understanding about what causes violence against women

Strongly disagree    Disagree    Unsure    Agree    Strongly agreeN/A

b) Increased understanding about how to prevent violence against women

Strongly disagree    Disagree    Unsure    Agree    Strongly agreeN/A

c) The opportunity to get involved with existing community groups that are currently taking action to prevent violence against women

Strongly disagree    Disagree    Unsure    Agree    Strongly agreeN/A

c) Increased awareness and support from my workplace and management

Strongly disagree    Disagree    Unsure    Agree    Strongly agreeN/A

d) Increased access to information and tools that I can use

Strongly disagree    Disagree    Unsure    Agree    Strongly agreeN/A

e) Increased interest or commitment within my community to work on these issues

Strongly disagree    Disagree    Unsure    Agree    Strongly agreeN/A

f) Increased knowledge of local networks and organisations that can support me to take action to prevent violence against women

Strongly disagree    Disagree    Unsure    Agree    Strongly agreeN/A

g) Increased support from my partner, family or friends

Strongly disagree    Disagree    Unsure    Agree    Strongly agreeN/A

Other factors (optional)\_\_\_\_\_

7. What do you think gender **equality** is about? If you are unsure, please say 'unsure'.

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8. What do you think gender **equity** is about? If you are unsure, please say 'unsure'.

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9. Do you think women and men in our community currently have **equal access** to power and resources? (Please circle your answer)

- Yes
- No
- Unsure

Comment (optional) \_\_\_\_\_

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10. Please select your response to the following statement:

I consider myself a leader in my community.

Strongly disagree    Disagree    Unsure    Agree    Strongly agree

Comment (optional) \_\_\_\_\_

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### Demographic Questions

11. What is your gender identity? (Please circle your answer)

- Woman
- Man
- Another gender identity
- Prefer not to answer

Comment (optional) \_\_\_\_\_

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12. What do you do in Melbourne's West? (Please circle all that apply to you)

- Study
- Live

- Work
  - Play/ leisure activities
  - Other (please describe)
- 
- 

13. What is your country of birth?

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14. Which language(s) do you speak at home?

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15. Are you of Aboriginal or Torres Strait Islander descent? (Please circle your answer)

- Yes
- No
- Unsure
- Prefer not to answer

**Remember:** if you choose to write your email address on this page for the purposes described below, your survey responses will remain confidential and unidentified in any public reports.

16. Would you be interested to attend a community forum next year, around gender equity and PVAW, with the opportunity to meet and network with other community members and groups? (Please circle your answer)

- Yes
- No
- Unsure

17. If you would like to enter the **prize draw**, receive an invitation to the **community forum** or would like a copy of the **resources** described below, please write your email address and tick your preferences below:

- I would like to enter the prize draw to win a \$100 Coles Myer Gift card.
- I would like to receive an invitation to the community forum.
- I would like to receive an electronic copy of the report which will summarise the results of this survey.
- I would like to receive an electronic copy of a community resource around PVAW.

Please write your email address:

---

**Thank you for completing this survey today!**

### **Would you like to learn more about PVAW?**

Please visit [Our Watch](#) or [Action To Prevent Violence Against Women](#)

[www.ourwatch.org.au](http://www.ourwatch.org.au)

[www.actionpvaw.org.au/home](http://www.actionpvaw.org.au/home)

### **Ready to take action?**

Sign up for the [16 Days Activist Challenge](#), running 25 November – 10 December to help end violence against women: <https://16daysactivist.whwest.org.au>

### **Support**

If you or someone you know is experiencing violence, please contact The National Sexual Assault, Domestic and Family Violence Counselling Service, open 24 hours 7 days a week, on 1800 737 732 or visit [www.1800respect.org.au](http://www.1800respect.org.au). If you, a child, or another person is in immediate danger, call 000.

## Appendix Two – Workshop Agenda Example

### Women Making It Happen Consultation Workshop

Monday 13 November 4pm-7pm

Women's Health West



#### Agenda

Item	Timeframe
Welcome <ul style="list-style-type: none"> <li>○ Acknowledgement of Country</li> <li>○ Introductions</li> <li>○ The Community Champions Project</li> <li>○ Consent Form</li> <li>○ Group Agreement</li> </ul>	4 – 4.25pm
Ice Breaker Activity	4.25 - 4.35pm
Presentation – PVAW	4.35 – 4.45pm
Discussion One	4.45 – 5.30pm
Break	15 mins
Presentation – Gender Equity and Gender Equality	5.45 – 5.55pm
Discussion Two	5.55 – 6.20 pm
Discussion Three	6.20 – 6.45pm
Evaluation Form	6.45 – 6.55pm
Closing Activity	6.55 - 7pm

## Appendix Three – Invitation to consultation example

### INVITATION

Dear Working Together with Men,



Women's Health West invite you to participate as a **Community Reference Group** for the 'Community Champions' project. Women's Health West is the specialist family violence service for women in Melbourne's west. 'Community Champions' is a 12 month project being led by Women's Health West, which aims to support community members in Melbourne's west to build their understanding of and ability to prevent, violence against women.

What does joining a Community Reference Group involve?

By accepting this invitation to participate as a community reference group, you are committing to attend:

- **One consultation workshop in October or November 2017**, facilitated by Women's Health West, to gain insights into your understanding around gender equity and PVAW, including challenges and support to help you to take action to prevent violence against women.
- **One consultation workshop in March 2018**, facilitated by Women's Health West, where you can provide feedback on a draft community resource and contribute your ideas for a community forum, to support community members to undertake gender equity and prevention of violence against women action.

Workshops will be held at a time and venue suitable to your community group, and light catering will be provided.

### In recognition of your participation

In recognition of your time and expertise, Women's Health West will:

- Provide you with a **\$30 gift card** for each workshop that you attend.
- Award you a **Certificate of Participation** after completing both workshops, for your valued participation.
- Invite you to attend a **free training session** in February 2018, to build your knowledge and skills in gender equity and prevention of violence against women.
- The 'Community Champions' project is delivered in partnership with Melton City Council, Hobsons Bay City Council, Moonee Valley City Council, City of Melbourne, Djerriwarrh Health Services, cohealth, Inner North West Primary Care Partnership, HealthWest Partnership, Victoria University and Western Bulldogs.