



ONLINE WEBINAR

Affirmative Consent



With
**Yumi Stynes &
Dr. Melissa Kang,**
co-authors of
**"Welcome to Consent"
"Welcome to Sex,"**

and a panel of experts, who will discuss
affirmative consent, what it means
and its application in your work

EVALUATION REPORT Affirmative Consent Webinar

Evaluation Report for the Affirmative Consent Webinar

Background

Women's Health in the South East (WHISE), the Good Health Down South (GHDS) partnership and the Promoting Respect and Equity Together (PRET) partnership hosted an online Affirmative Consent webinar on Wednesday 4 Oct 2023 to increase practitioner knowledge and understanding of affirmative consent, and capability to build the capacity of their respective networks to implement principles of affirmative consent.

Affirmative consent means if someone wants to engage in a sexual act with another person, they must actively gain consent, rather than rely on the other person to give their consent. This means that sexual consent can never be assumed and involves ongoing and mutual communication and decision-making between each person involved. It is worth noting that every person can change their mind and withdraw consent at any time even if they have given affirmative consent. Every person when involved in the sexual activity must answer the question - What did I do to confirm that the person was consenting to sexual activity?

This webinar aligns with a key partnership, the Consent Matters project, a DFFH-funded affirmative consent project shared by Sexual Health Victoria and Women's Health in the South East with support from Women's Health Loddon Mallee, council youth services and other organisations. Consent Matters is a strengths-based project adopting a preventive approach to sexual violence by enhancing youth and community worker's capacity to provide at-risk young people with information, support and resources needed to understand and engage in healthy, consensual sex and relationships. The project will involve co-design, trial and evaluation of a comprehensive education, training and mentorship program with youth and community workers in metropolitan and rural Victoria.

The webinar aligns with a number of key actions from the Good Health Down South Action Plan, Year Three and Four. These include Action 1.1: GHDS will "convene learning forums for sexual and reproductive health, to encourage network learnings and professional development for the Southern Metropolitan Region" and Action 2.4: GHDS will "explore opportunities that illustrate the links between gender inequality, prevention of violence against women and sexual and reproductive health."

Objectives of this session included:

- Increase practitioner knowledge of principles of affirmative consent, including current context of legislative changes.
- Increase practitioner knowledge of the linkages between gender inequality, gender-based violence and sexual and reproductive health outcomes.
- Increase practitioner knowledge of affirmative consent within primary prevention efforts.

- Increase practitioner knowledge of current initiatives or interventions related to affirmative consent.
- Increase confidence to apply principles of affirmative consent to their work as relevant.
- Increase confidence and capability to build the capacity of practitioners' respective networks to implement principles of affirmative consent.

Who attended this session?

A total of 399 people registered for the session and 195 people attended on the day, with 108 (55%) attendees completing the pre survey. Furthermore, 71 attendees completed the post survey (66%).

The majority of people who completed the pre survey were women (90%, n=97), four (4%) people said they identified as a man, six person identified as non-binary (6%), one person stated they would prefer not to answer (1%), and one person identified as trans-masculine (1%). Of the 71 people who completed the post-webinar survey, 60 (85%) were women, five (7%) said they identified as a man, five person identified as non-binary (7%), one person stated they would prefer not to answer (1%), and one person identified as trans-masculine (1%). Lastly, of the 58 people who completed the follow-up survey, 90% of attendees identified as female (n=52), 9% as male (n=5), and 2% of participants identified as non-binary (n=1). It was reported that 92% of participants attended this webinar for work.

A broad range of organisations and workforces attended the event, including a strong representation of those from the community health and primary prevention sector, youth and social work, service delivery, education sector, and parliamentarians. For example, Department of Education, Monash health, Polytechnic, better health Network, Sexual health Victoria, Family Life, Body Safety Australia, City of Casey, and Anglicare.

Findings

Overall ratings of knowledge and understanding

Figures 1 to 4 show that there were changes in understanding and knowledge from pre to post. Worth highlighting is the increased understanding of *current* initiatives or interventions related to affirmative consent, selecting *high* to *very high* (80%), with an overall 49% increase of understanding (see *Figure 4*). Similarly, the questions that asked about their understanding the principles of affirmative consent in the context of legislative changes, received the second largest increase in understanding (37%), with the majority of respondents selecting *high* to *very high* (82%; see figure 1)

The question that asked about their knowledge and understanding of the role of affirmative consent in enhancing gender equality received the lowest increase at 31% (see figure 2). Saying this, the majority of responses were *high* to *very high* (92%). Furthermore, looking at Figures 3, people's level of understanding of the of the role of affirmative consent in the primary prevention of gender-based violence, increased 33%, with a high proportion of people selecting *High* to *very high* (99%). This was the highest number of participants who selected high to very high.

As we can see below, the follow-up demonstrates demonstrates that there was a slight decrease of knowledge across all domains, except the question that asked participants to rate their understanding of the role of affirmative consent in the primary prevention of gender-based violence (see figure 3). This question had a slight increase of *very high* responses.

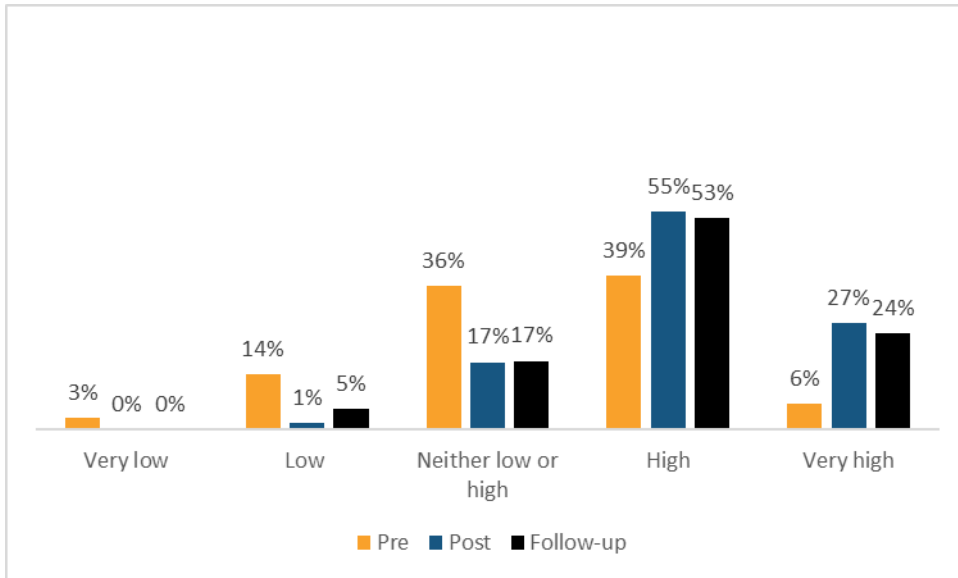


Figure 1. Pre, post, and follow-up session ratings of understating of the principles of affirmative consent in the context of legislative changes.

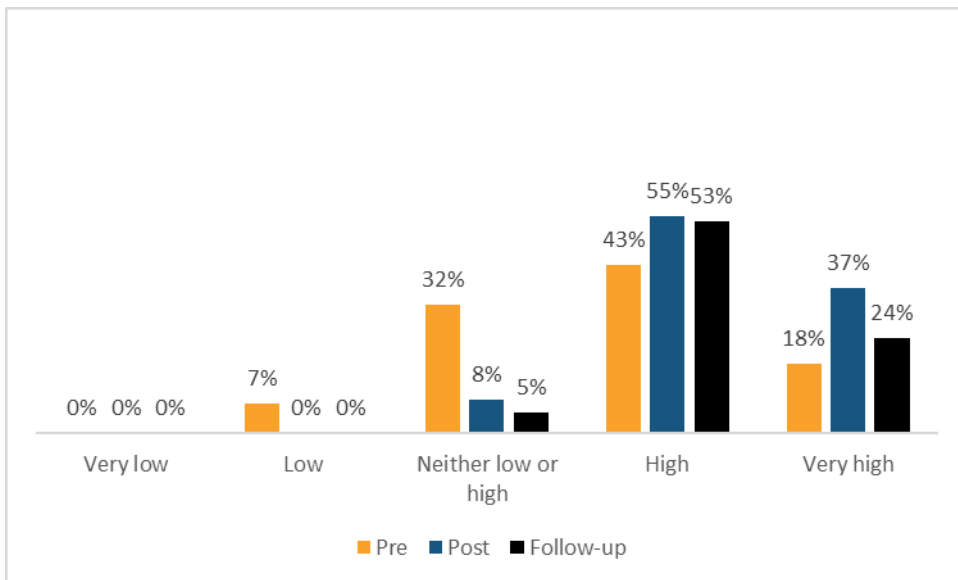


Figure 2. Pre, post and follow-up session of understanding of the role of affirmative consent in enhancing gender equality.

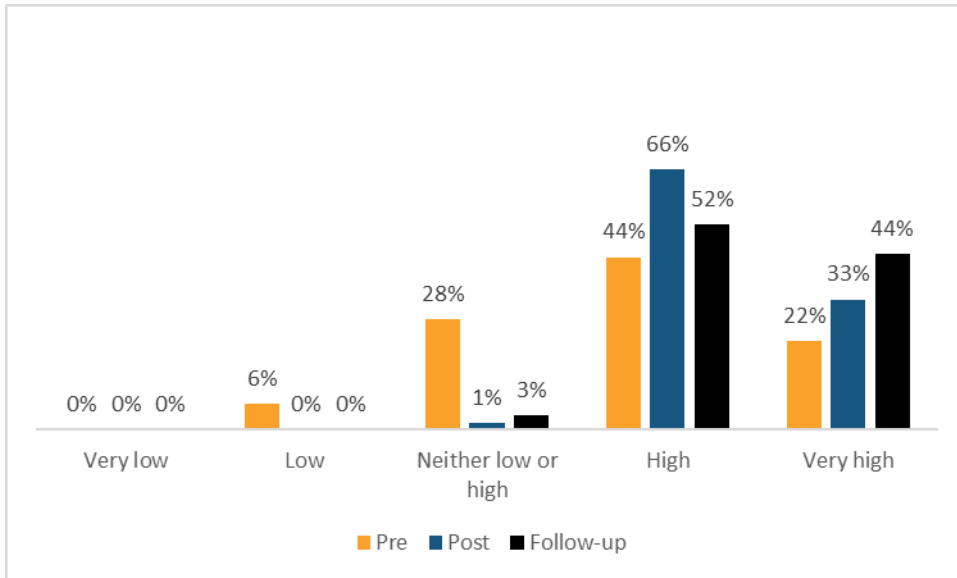


Figure 3. Pre, post, and follow-up session ratings of understanding of the role of affirmative consent in the primary prevention of gender-based violence.

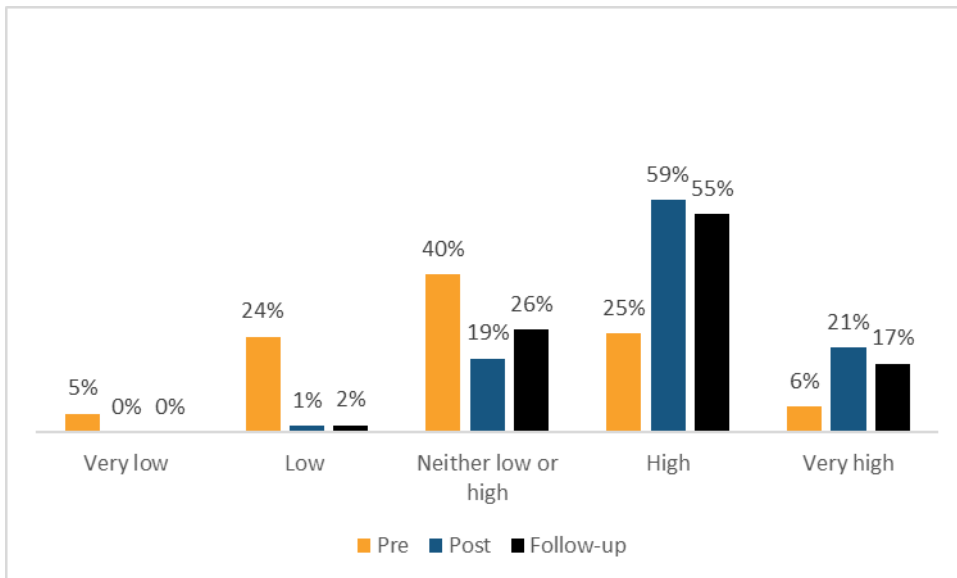


Figure 4. Pre, post, and follow-up session ratings of understanding of current initiatives or interventions related to affirmative consent.

Overall ratings of confidence

Figures 5 to 7 show that there were changes in confidence from pre to post. The questions that asked about their confidence of confidence in building the capacity of a professional network to implement principles of affirmative consent in their own work (figure 7) had an overall increase in confidence of 30%, with the majority of participants selecting *high* to *very high* (72%). Furthermore, figure 5 demonstrates a clear increase of confidence, when participants were asked whether they feel confident inf applying principles of affirmative consent in their work (29%). Similarly, the question that asked about their confidence in applying principles of affirmative consent in your personal relationships, received the lowest increase at 28%, with the majority of participants selecting *high* to *very high* (85%), and 52% of those people selecting *very high* (see figure 6). The question that asked participants to rate their confidence on applying principles of affirmative

consent in your personal relationships, only received one response by one person and who selected *confident*. Furthermore, as we can see below, the follow-up survey demonstrates that there was a slight increase in confidence across all domains. It is worth highlighting figures 5 and 6 which not only received *very high* responses but high increases of confidence from the post survey to the follow-up.

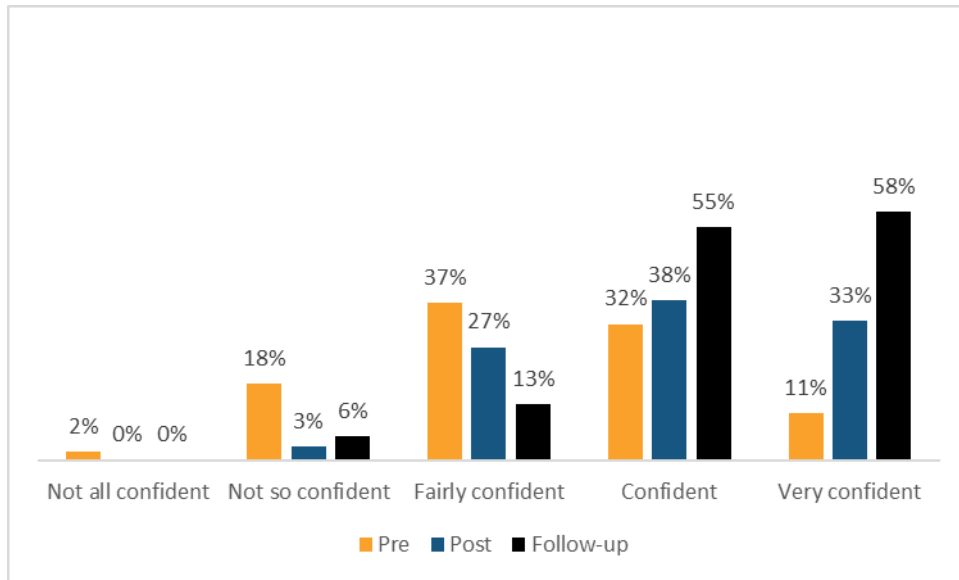


Figure 5. Pre, post, and follow-up session ratings of confidence in applying principles of affirmative consent to your work.

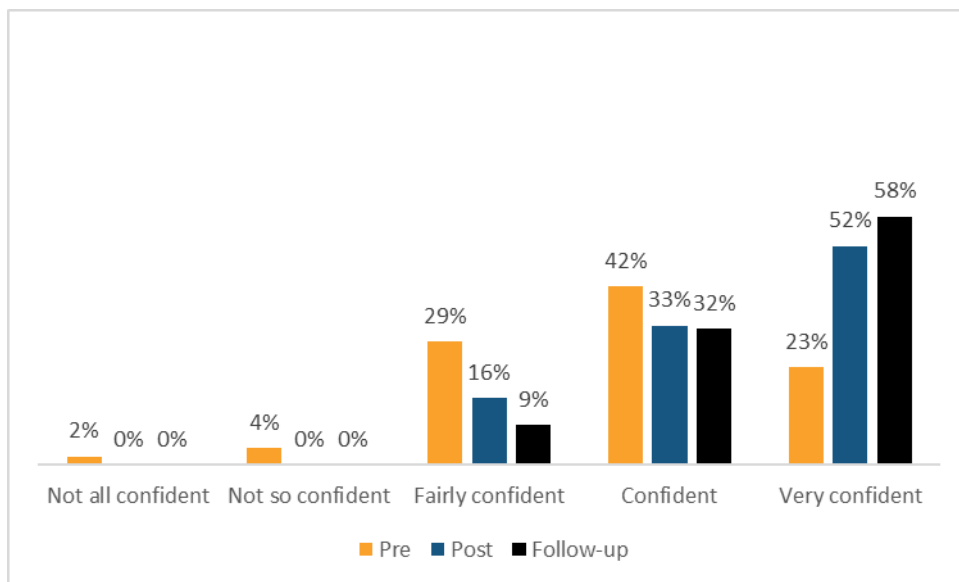


Figure 6. Pre, post, and follow-up session rating of confidence in applying principles of affirmative consent in your personal relationships.

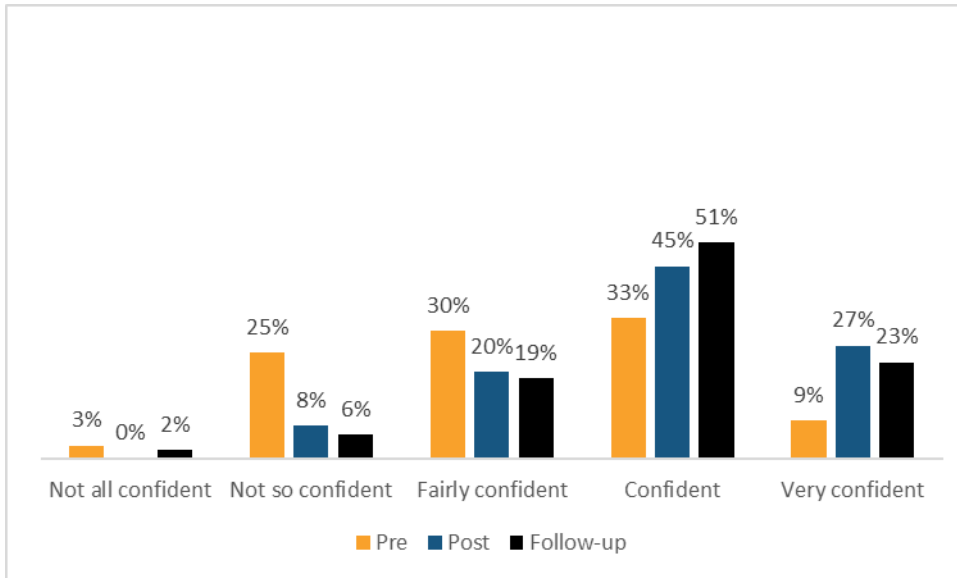


Figure 7. Pre, post, and follow-up session rating of confidence in building the capacity of your professional network to implement principles of affirmative consent in their own work.

Indicator framework

Figures 8 to 11 show the indicator framework questions and demonstrate that there were changes in confidence from before to after the webinar. The indicator framework questions were only asked in the post survey; therefore, only the participants who completed the post survey had the opportunity to answer these questions, with 62 attendees (of the 71 participants) answering these questions.

As can be seen, there was a clear increase in confidence in applying a gender lens to their work. There was a 40% overall increase, with the majority of participants selecting *confident* to *very confident* (84%), with 52% of those people selecting *very confident* (see figure 8). Furthermore, figure 9 demonstrates that there was a 11% increase of confidence in undertaking primary prevention of violence against women at work, with the majority of people selecting *very confident* (48%).

The question that asked participants to rate their confidence in understanding of how women with multiple types of disadvantage and discrimination experience higher rates of violence against, received an increase of 14%, with the majority of participants selecting *confident* to *very confident* (91%), with 54% of those people selecting *very confident* (see figure 10). Lastly, the question that asked participants to rate their confidence in applying knowledge of women's sexual and reproductive health at work, received an increase of 15%, with the majority of participants selecting *confident* to *very confident* (76%; see figure 11). The question that asked participants to rate their confidence in understanding that women who experience multiple types of disadvantage and discrimination experience higher rates of violence, only received one response by one person, who selected *fairly confident* before the session, and *confident* after the session.

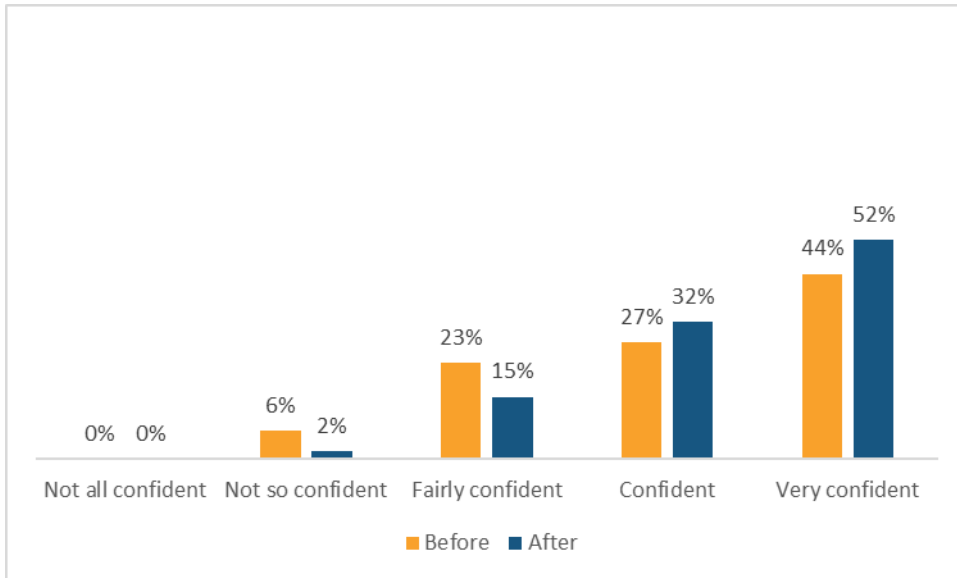


Figure 8. Before and after session ratings of confidence in applying a gender lens to work.

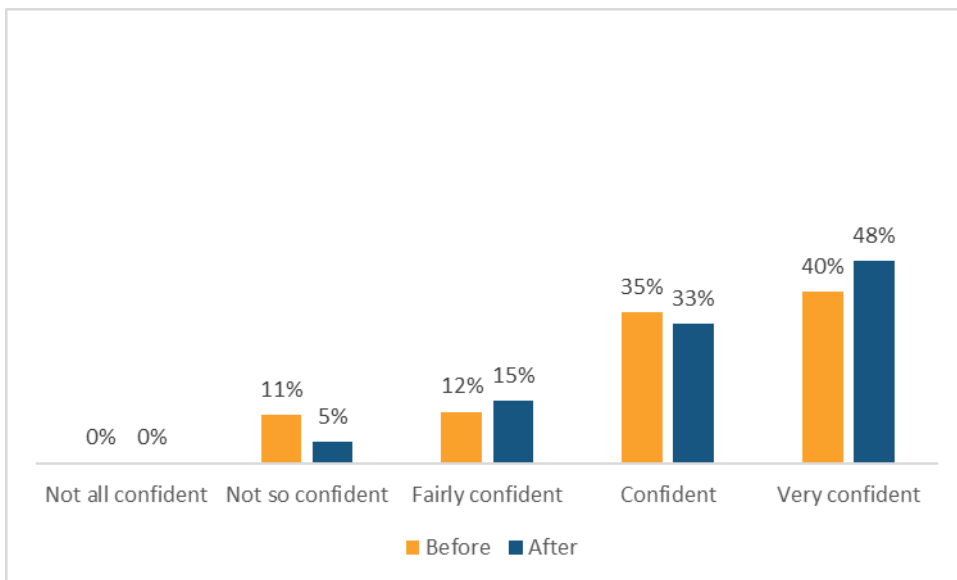


Figure 9. Before and after session ratings of confidence in undertaking primary prevention of violence against women at work.

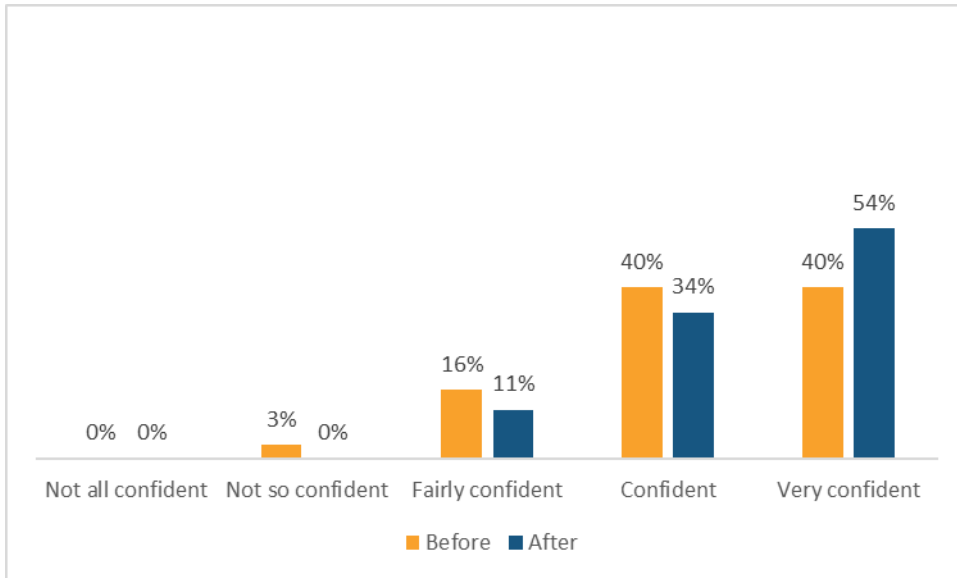


Figure 10. Before and after session ratings of confidence in understanding of how women with multiple types of disadvantage and discrimination experience higher rates of violence against.

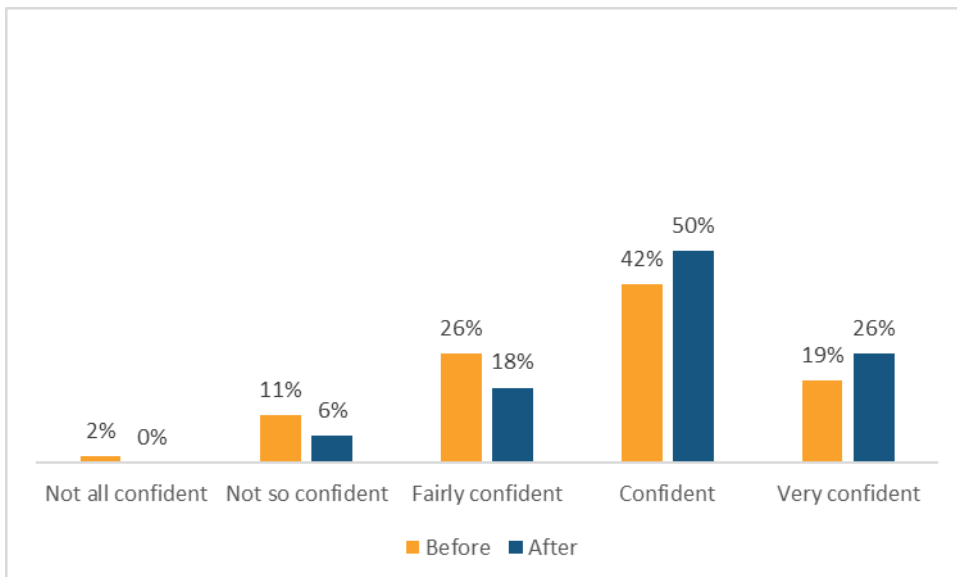


Figure 11. Before and after session ratings of confidence in implementing primary prevention initiative for and with individuals and communities who face multiple forms of discrimination.

Key learnings

Of the 71 people who answered the quantitative question, 43 people (61%) answered this short answer question on key learnings and takeaways. The majority of people reported key learnings/takeaways on the new affirmative consent laws (n=15). Two people specifically said the *'update on the changes in the law, and how to start and navigate conversations with young people about consent and sexual relationships.'* Most people person simply said, *'changes in law'*, whereas one other person said, *'the cultural and legal changes of legislation.'* Another ten people spoke about the availability and usefulness of resources, such as, *'academic resources for further education and using them as a tool when discussing these issues with clients.'* Some attendees spoke about how these resources are also helpful in guiding conversations with young people. Another two participants said:

So much! I'm going to be buying the books and it has encouraged me to have more conversations with my young children.

Resources to talk with parents on how to do this.

Four attendees reported how they learnt how this is a topic with ongoing learning, with one participant stating that this is one of the reasons why we need more education in school. Two other people stated that this webinar helped them understand that:

Learning and teaching consent is not just about sex. It sets children up to be assertive and confident and exercise self-control.

Further enhanced my understanding and importance of teaching consent to younger generations, and also teaching this to the parents I work with

Another four attendees stated that they learnt more about intersectionality and how to apply this content to the CALD community. For example, one person stated that this webinar helped them learn that more 'Work needs to be done with migrant and refugee communities', another person stated that this helped to 'highlight the importance (and good tactics) of how to approach this.'

Other comments included:

Be prepared for backlash and resistance in this work, keep pushing ahead, things are changing for the positive.

How much great work is being done to support education systems.

This work is achievable.

The gaps in sexual health curriculum.

Teaching about pleasure.

Applications of learnings

Of the 71 people who answered the quantitative question, 41 people (58%) answered this short answer question on whether participants feel confident to apply the learnings from this session to their work. Four people simply stated 'yes', 'already do' or 'absolutely', whereas another two people specifically stated how they felt confident or lacking confidence:

Yes, but I'm reassured that I can connect with WHISE to provide local evidence and support.

Yes, but I will have to have a think about the applications.

Eleven attendees reported how they now feel confident in having conversations, and communicating their knowledge to others, such as confidently discussing this topic in training workshops, and 'obtaining baseline information and providing additional resources.' Another attendee stated that this webinar has helped her feel more confident in 'using better/correct terminology for non-consensual actions.' She further states, 'and better language around asking for consent and how to communicate these concepts to different age groups.' One other attendee stated:

Fairly confidently. I provide sexuality and consent education, but this webinar reinforced the obligation we have as health professions and teachers to discuss this information. This helped to instil greater confidence to have these conversations (in age-appropriate ways), even if there is backlash.

Another three people spoke about working with or at schools, whereas as another four attendees spoke about CALD communities and being mindful of 'being cultural sensitivity.' Five people specifically said this session increased their confidence in having discussions with young people, with one person stating an example such as 'inviting young people to talk about that in a safe space'. Whereas three people stating they now feel for confident in talking to parents about these issues. For example:

Further building my confidence in standing my ground to parents when explaining to them what we teach in RSE classes and why.

Further educating parents on consent and how to teach the importance of consent to their children.

Other comments include:

Yes, for sure. The speakers all provided different examples and resources to draw on for my programs.

Yes, but I feel I would need to further research to ensure I have them correct.

I want to develop some of our own workshops to create safe spaces for these conversations.

Supporting the role and work of primary prevention in the region and connect stakeholders to the work of WHISE / SECL with respect to consent / primary prevention.

I feel confident to provide education access to resources.

I feel confident in including resources and learnings in our primary prevention projects.

Feedback and requests

Of the 17 people who answered the quantitative question, 29 people (84%) answered this short answer question on key learnings and takeaways. By far, most people reported that the facilitators were 'well organised', 'fabulous', 'amazing', 'very informative', and/or 'stellar'. Other comments included:

Very good presentations - discussions about consent need to occur more often in schools and all education settings in an age-appropriate way. It is such an important part of growing up, to know what consent is and how to obtain consent from others.

Despite having overwhelming positive feedback, one attendee said this session was 'probably a bit long as I was losing interest at the end. I suggest less speakers (x2).' One participant asked whether a video or recording of the session can be sent to attendees after the session. Another attendee

stated 'I think RR initiative can be discussed more. The departments initiative is great.' While another three attendees said:

I was disappointed Yumi and Melissa left after they briefly chatted about their own work.

Start condensing these sessions as information is being duplicated at times.

I wished they broke down the definitions of each key word e.g., affirmative consent.

Other comments included:

Well run event, ran to time which is always appreciated. Excellent speakers- particularly Vanessa Hamilton

Thank you for providing a space for informative and practical discussions with a great selection of experienced panellists.

It was fantastic. Thank you. Using Yumi Stynes was a great way to engage people!!

I was absolutely shocked at the hate Yumi and Dr. Melissa received regarding their book. I heard some of the back lash on the radio and I was so sad that fear and ignorance causes such reactivity that violence occurs. I think I have a different view of Brave. You are all so brave to simply tell the truth to those who don't want to hear. I feel so grateful and lucky to have participated in this webinar and I have very similar views and I feel encouraged to speak up more.

Support and resources

Of the 17 people who answered the quantitative question, 29 people (84%) answered this short answer question on further support and resources needed. By far, most people reported that having access to the 'recording and slides', and having access to the resources presented in the webinar would be most useful. Other attendees suggested opportunities for 'collaboration', 'factsheets', 'refresh information courses', 'training for health educators for secondary schools', and panels with young people.

Other comments included:

Challenges for working with multicultural people in this space.

More community resources on consent, perhaps translated content too.

Ongoing education and time!

Learning each individual topic like information session which related to sexual health and sex consent laws.

Potentially some resources to use with refugee and migrant communities.

It would be great to track the progress of the consent initiatives that Anne and Jessie spoke about.

Follow-up survey

Application of knowledge

Of the 71 people who answered the quantitative question, 39 (55%) people answered this short answer question on how they have applied their learnings of this session. One person responded, 'not this time', and one person simply wrote 'no'. Another two people said they haven't had an opportunity in their role. Whereas three other attendees stated they simply felt more confident. Another five people said they have had conversations with their peers, or their students. Whereas another six attendees said they felt for confident talking to family (including their own children) or friends. It is worth mention that five people had attempted to run health education sessions about consent to young people or young adults. One person said that they did not feel confident due to unforeseen backlash:

No. I had a workshop developed and ready to present to a group of young adult newly arrived students that we had been working with, but there was a huge amount of resistance so we couldn't proceed with it.

Another comment included:

Yes, at the time of the webinar we were preparing for the upcoming delivery of our first affirmative consent workshop, and it was super helpful to watch the webinar and learn from Yumi Stynes and Dr Melissa Kang, as well as hear from other programs delivering affirmative consent programs across the state.

Four people spoke about delivering resources and materials:

Yes, I have been able to create content for lessons that explains exactly what Affirmative consent means to young people. What those laws actually mean to young people isn't always clear, so it was good to be able to hear the language others use on this topics and mimic that for young people.

Other comments included:

When asking personal questions to my clients, I have tried to use more clear and explicit language which I have noticed a marked change in.

Questioning what is needed before hand. Reflecting upon practice afterwards to ensure consistency or any amendments.

When Participants were asked whether they feel confident in applying principles of affirmative consent in your personal relationships, only four people answered this question, with three people stating they feel *very confident* (see figure 12).

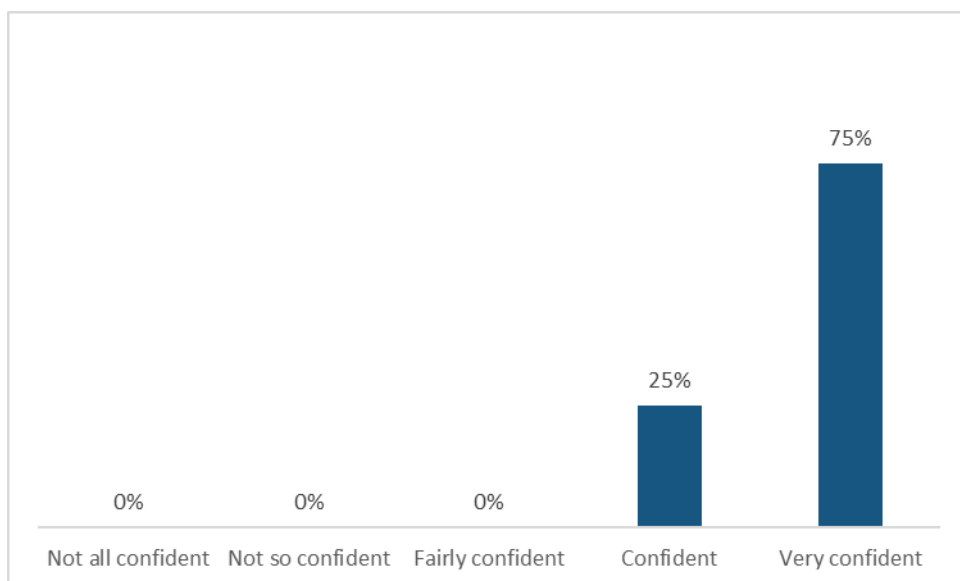


Figure 12. Ratings of confidence in applying principles of affirmative consent in your personal relationships.

Of the 71 people who answered the quantitative question, 38 people (54%) answered this short answer question on whether this session has impacted their behaviour or practice in their work. Two people simply said 'yes', whereas another eight people said either 'no' or 'not really'. Three people provided examples:

Not really, apart from having up to date law changed and ensuring that students are given up to date information.

Not in and of itself, rather it builds on the other information I have from participating in other workshops and from reading.

Not necessarily as I had an understanding of consent prior to attending the webinar.

One person said 'somewhat'. Three other people said that this session increased their understating, awareness, or confidence. Other comments focused on specific ways they have confidence in applying their leanings, this includes; engaging in conversations with their own children, students at school, and how to introduce these conversations.

comments included:

I think a lot more about consent with young people in my life who are learning and with my social circle and family.

Reminded me to keep explaining consent to my children not only in terms of what they can say no to, but also understanding other people's boundaries.

Five people said the session reinforced their current/existing beliefs and practices while others stated how this session influenced different work and personal practices:

I am co-designing affirmative consent resources or the Aboriginal community and found this webinar session very informative.

It's something I reflect on and refer to almost daily. It's been empowering for both work and personal life. Given me more knowledge therefore confidence in my role.

Reminded me to keep explaining consent to my children not only in terms of what they can say no to, but also understanding other people's boundaries.

More attention to children's body autonomy - e.g. hugging grandparents etc. With work, greater consideration of the how than the what - e.g. how can people discuss consent in their personal lives. What does seeking and giving consent look like and how can those conversations be managed.

Yes, it's a valuable perspective that I believe enhances communication and respect in both professional and personal settings. It's a continuous learning journey to which I'm committed.