

TOGETHER *we* CAN

Act now to end Family Violence in Cardinia Shire

Prevention of Family Violence First Aid - Pilot

Evaluation Report - July 2023



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Acknowledgment of Country

WHISE and Cardinia Shire Council acknowledge the Traditional Custodians of Country throughout Australia and recognises the continuing connection to lands, waters and communities. We pay our respect to Aboriginal and Torres Strait Islander cultures; and to Elders past and present.

Background

Family violence and gender-based violence are pervasive and increasing in our communities. In Victoria, one in four women has reported experiencing intimate partner or family violence since the age of 15; one in four women has experienced emotional abuse by a partner since the age of 15; one in 50 women has experience partner violence in the last year; and one in five women has experienced physical and/or sexual violence by a person other than a family member since the age of 15.¹

The risk of family violence increases for those in our community facing intersectional barriers. Aboriginal women are 33 times more likely to be hospitalised by family violence than non-Aboriginal women.^{2,3} Women with disability are almost 40 percent more likely to experience family violence than other women, and twice as likely to experience violence from a partner than men with disability.⁴

Yet, this serious and life-threatening issue is preventable.

Gender-based violence has its roots in gender inequality and other intersecting forms of oppression and discrimination. The most recent National Community Attitudes Towards Violence Against Women Survey (NCAS)⁵ report showed that,

Attitudes towards gender inequality were the most significant predictor of attitudes towards violence against women: high rejection of gender inequality meant someone was more likely to reject violence against women.

It is therefore important for the general public to understand the link between gender equality and prevention of violence as well as the importance of standing up to everyday sexism, racism, homophobia and other forms of discrimination that reinforce unequal valuing of people's worth and dignity.

Our Watch states that violence is preventable but in order for us to stop it before it starts, we need to understand the drivers of gendered violence and what we can do together to prevent it. Research shows that only 44% of a representative sample of Australians have an advanced understanding of violence against women; only 34% demonstrated an advanced rejection of violence against women; and only 28% demonstrated an advanced rejection of gender inequality.⁶ For individuals to be able to take action, there needs to be an increased awareness and understanding of violence against women and its drivers.

The other factor that the NCAS report highlighted in terms of bystander responses was that people had varying levels of preparedness to intervene when they saw sexist, disrespectful or abusive behaviour. People's responses about whether or not they were going to intervene depended, very reasonably, on

¹ Personal Safety Survey 2016.

² Safe and Equal, n.d. *Family Violence Statistics*. Available at: <https://safeandequal.org.au/understanding-family-violence/statistics/> (Accessed 11 July 2023).

³ The Centre for Aboriginal Economic Policy Research (2013) say that "it is important to note that most violence against Aboriginal women is perpetrated by non-Aboriginal people. In 2011, 85 per cent of Aboriginal women in Melbourne had a non-Aboriginal partner."

⁴ Personal Safety Survey 2016.

⁵ The 2021 National Community Attitudes Towards Violence Against Women Survey, ANROWS 2021

⁶ Ibid

factors such as, a power imbalance between the bystander and perpetrator, whether or not they had peer support, and the gender composition of their friendship groups and peers.⁷ This shows the importance of giving people the skills and tools not only to know what to do when they see disrespectful behaviour but to also build safe systems and structures within their workplaces, clubs and community groups so that there are safe mechanisms to manage this behaviour.

This is where the idea of first aid comes in. “First Aid” is a frame of reference that seeks to empower non-clinical and/or specialist skill personnel on how to intervene to support the health and wellbeing of a person so it does not escalate to put the person’s life at undue risk. The concept has been typically used to enable the broadening of people in our community who can skillfully intervene to preserve life, prevent a condition from getting worse, and promoting recovery.

The concept of a first aider is also based on the idea that an individual can take action, make a difference and do this in many settings. Recently, the term has also been applied to support mental health where it is recognised that members of the public can take action to help a person experiencing a mental health problem regardless of whether it is developing or worsening, including those that emanate from substance misuse.

Importantly, first aiders are also members of the public who, because of their actions, commitment and skills, have an informed framework of how to address issues in our community and reduce stigma and discrimination. It is this concept of the first aider that was used to develop a non-formal learning program for members of the community and public called Preventing Family Violence First Aid.

About the Preventing Family Violence First Aid Training program

Module descriptions

Level 1 – Foundation knowledge

The program can commence with any of the first two “Level 1” modules. These modules unpack some of the core concepts of family violence, violence against women and intersectional gender equity.

Family violence: What is it and why does it happen

Introduction to the reality and prevalence of family violence in Australia. With a particular reference on the local environment that the participants are part of, this session walks participants through:

- The latest information on the prevalence of family violence in the area
- How family violence is defined and how it presents itself (including coercive control and latest evidence on trajectory of perpetration)
- The drivers of family violence (i.e., why family violence happens) in our community and the strategies and approaches to address family violence
- An introduction to the concept of gender equality and gender vs sex.

⁷ Ibid

Fundamentals of gender equality

Deepen knowledge and understanding of gender inequity and equality, and its role in perpetration of family violence and gender-based violence. Key aspects of the session include:

- Defining gender equity vs gender equality
- Understanding the role of stereotypes in our community and their impact
- The impact of gender inequity across our community for all genders including an introduction to the *Man Box* study from Jesuit Social Services
- Different layers of inequity – how other factors in our society create inequity (intersectionality)
- Deepen understanding of how we can create equity and equality and its role in prevention of family violence and gender-based violence.

Level 2 – Knowledge into practice

These modules are best delivered after completion of both Level 1 modules as they build on the knowledge and understanding of family violence and gender inequity. While Level 2 modules can be delivered in any order, it is preferable for them to follow the order below.

Bystander action in community and workplaces

Introduction to the core concept of an “active bystander” and the evidence on why active bystanders do what they do, and how they make a difference. Through this module participants will:

- Be introduced to the history of the active bystander and its role in society to make change
- Learn the core process that a bystander goes through and the points of resistance that stop us from taking action to stop poor behaviours
- Learn and discover the options available to bystanders to stop poor behaviour in a range of settings
- Work through a series of case studies to apply and practice bystander action in a safe environment.

Managing resistance and backlash

This session takes a strengths-based approach to developing understanding of resistance and backlash and how to respond to it. This session will:

- Introduce participants to the VicHealth model of resistance and backlash and Respect Victoria's Resistance and Backlash framework to help identify what responses to poor behaviour are available to call upon
- Use real life examples to role play how to act when faced with resistance and backlash
- Ensure that participants can understand and recognise organisational resistance.

This module would typically be delivered after the bystander action module but either before or after the managing disclosures module.

Managing and referring disclosures respectfully and safely

Key to understanding how to prevent and address family violence is knowing how and when to respond to disclosures and understanding possible signs of family violence and gender-based violence.

This shorter session can be delivered separately or with the bystander action module and will:

- Seek to outline and raise awareness of possible signs and indications of family violence in the workplace and other settings
- Build confidence to respond well to a disclosure of family violence from a victim or a perpetrator
- Inform and enable participants to know the processes to refer disclosures on to services, taking into account their role as a colleague, friend or member of the community.

Level 3 – Sustaining momentum

This module should be delivered after the completion of Levels 1 and 2.

Practicing self-care

It is crucial that individual members in our community take time to understand how they will sustain their skills and also practice self-care. Learning about gender equity, understanding the prevalence of family violence, taking action to address gender inequity in our community and stop poor behaviours can have an impact on individuals which, if not considered and talked through, can have negative consequences.

The purpose of this module is to provide time for participants to talk through and learn about:

- What self-care is, and how it can be practiced by everyone
- The importance of self-care for “everyday change agents”
- Understanding the signs of stress and how to respond.

Program aims

The Preventing Family Violence First Aid Training program has three aims:

1. Program participants will be able to act appropriately to prevent family violence and gender-based violence.
2. Program participants will be able to respond appropriately to family violence and gender-based violence.
3. There will be uptake of the course delivery across partners.

Program objectives

The objectives of this program were to:

1. Increase understanding of the prevalence and drivers of family violence and gender-based violence.
2. Increase understanding of the role of stereotypes in poor behaviours that lead to family violence and gender-based violence.
3. Increase understanding of how to be an active bystander in different settings.

4. Increase confidence to stop the poor behaviours that lead to family violence and gender-based violence.
5. Increase confidence to implement safe and respectful ways to manage and refer disclosures.
6. Increase capacity to notice when to practice self-care.
7. Generate interest to complete train the trainer.

Theory of change

The theory of change for the Family Violence First Aid Training program is displayed in Figure 1. The theory of change and all that was implemented in the program was influenced by four key principles:

1. Community is at the centre of the program
2. Building skills in individuals
3. The consideration of lived experience
4. Application of an intersectional gender lens.

The model contains two main impact pathways which work towards achieving the three end-of-program outcomes which were:

- Program participants can act to prevent family violence and gender-based violence
- Program participants can respond appropriately to family violence and gender-based violence
- Uptake of the course delivery across partners who continue to deliver the training across different settings.

The broader goals communicate the overarching reason why this training program is running. That is, for women to feel safe and secure from family and gender-based violence. We also want people in the community feel capable to prevent and respond to family violence and gender-based violence.

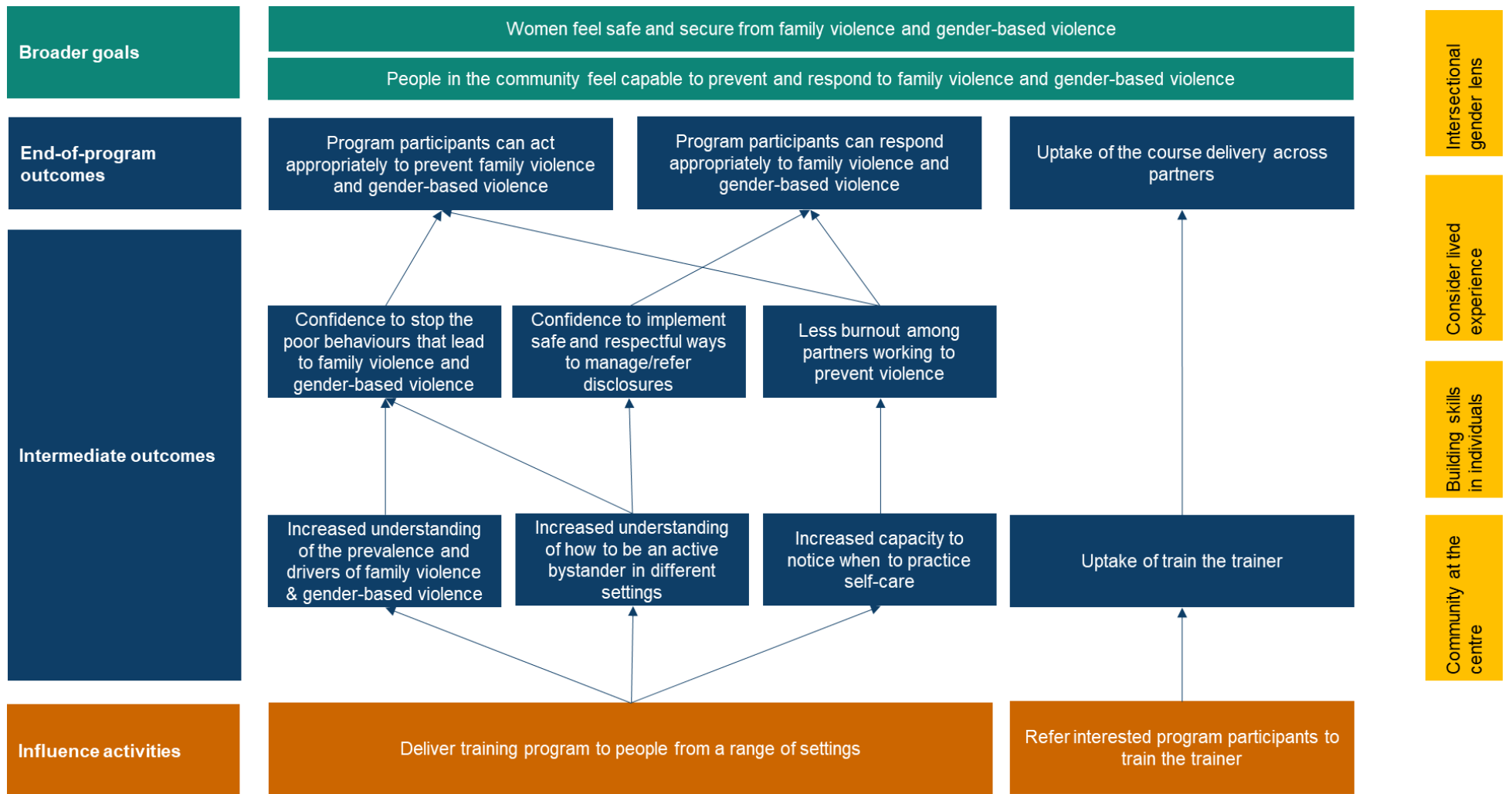


Figure 1. Theory of Change for the Preventing Family Violence First Aid Training program.

Methodology

Procedure

Two WHISE staff and one Cardinia Shire staff were involved in the development and delivery of this program.

The training program consisted of seven sessions. The first session was designed to be a briefing/introductory session. The following six sessions delivered the training content. The participants were asked to complete a survey before and after each training session. The surveys measured learnings specific to each session's topic. The survey following the final session included additional questions which asked the participants to reflect on the program and what they had learned.

Measures

Please see [Appendix A](#) for all questions included in the pre- and post-session surveys.

The survey questions not only map against the program's objectives but also the following indicators from the [Free from Violence Outcomes Framework](#):

Outcome 1

- 1.1 Increased awareness of what constitutes violence
- 1.3 Increased awareness and understanding of the extent and impact of gender inequality
- 1.4 Increased culture of challenging gender inequalities across all settings and across all life stages

Outcome 2

- 2.3 Reduced reports of everyday stereotypes and sexism
- 2.4 Increase in bystanders feeling supported to challenge sexism and discrimination
- 2.5 Increase in positive bystander behaviour in the face of sexism and discrimination
- 2.6 Increased confidence among men and boys to challenge their peer group when faced with disrespectful or hostile attitudes towards women

Outcome 3

- 3.2 Increase in number of people who feel able, safe and willing to report violence
- 3.4 Reduction in people subject to family violence
- 3.5 Reduction in women subject to violence
- 3.6 Reduction in the over-representation of particular groups experiencing violence
- 3.7 Increased confidence in the systems and structures dedicated to preventing violence
- 3.8 Increased number of organisations and institutions who model and promote inclusive behaviour

Outcome 4

- 4.5 Increased competence in interpersonal conflict resolution

The survey questions also map against the following indicators from the *Victorian Women's Health Service Indicator Framework*:

Outcome 1

- 1.1 Increased confidence to apply knowledge of the extent and impact of gender inequality on the health and wellbeing of women

Outcome 2

- 2.2 Increased confidence and skills of the workforce to undertake primary prevention of violence against women

About the participants

Who completed the first aid training?

Nineteen people, 17 women and two men, provided survey data after the briefing session. People worked in a wide variety of roles with almost half working in the field of women's health and gender equity (e.g., Equity and Inclusion Officer, Home Visiting Liaison Midwife, and Family Violence & Homelessness Rapid Response Worker). Nine people (47%) worked for Cardinia Shire Council with one of these people specifying that they worked within the maternal child health service. Three people were self-employed with one specifying that they were a hairdresser and the other working within the wellness industry. Others worked for Community Restorative Centre Miranda Project, Officer City Soccer Club, a family daycare, Uniting Tas Victoria, VSB Futures, and Windermere.

Thirteen people (68%) had previously attended training on preventing gender-based violence. This included bystander action training, values-based messaging, managing backlash and resistance, gender equality, MARAM training, Uniting Care courses, and an iLearn online module.

Expectations for the training program

After the briefing session, the attendees were asked to reflect on their motivation for signing up for the training program. The majority of people were motivated by an interest to "enhance my skills" and a "willingness and keen interest in women's health issues and family violence prevention strategies." In addition to learning more information and skills to prevention gender-based violence, several people were interested in becoming a trainer. One person acknowledged that "local community sporting groups are the only connection some families have to the [community]" and so they were interested in helping their community by learning how to take action. Other responses included a "passion" for preventing family violence, and accumulating "professional development hours to put towards my midwifery registration requirement."

People were asked what their expectations were for their participation in the training program. Several people said that they are expecting to learn from the course facilitators, to participate in group activities, to work through case studies, and to engage in reflective practice. Other expectations included:

[Learning] some new relevant information on safely reporting family violence.

Motivate others to do the training and to make a difference.

Face to face and engage with the facilitators.

Learning and practicing, extension to be a trainer.

Hope to contribute my knowledge to the group and also learn from others.

Being more confident and passing on my knowledge and assistance to others.

People were asked to share what they were hoping to learn. Some people wanted to learn about how they can “prevent or take action in violent situations” and the “best approaches” for preventing family violence and being an active bystander. There was also interest in learning “how to better detect instances where FV may be occurring.” Indeed, one person specifically wanted to know how to support a member of their sporting club if they are experiencing family violence. Some people were interest in learning about “coping with disclosures” and “how I can be a contact point for people who need to disclose.” There was also interest in “train the trainer” so that they can learn how to train others in preventing family violence.

Confidence to participate in the first aid training program

People were asked to rate their confidence to participate in the first aid training program. The responses were encouraging with 32% rating their confidence as good and 58% as very good. Though, this is to be expected as they have voluntarily signed up for the training program. One person did not respond to the question and one rated their confidence as neutral implying that they felt neither confident or not confident to participate in the training program.

The only concerns people had about participating in the training program related to time. That is, while the training takes place at the end of the day, many of the participants work long hours and have family commitments to manage. One person commented that it may clash with meetings that are normally held on Wednesday evenings but that they “want to make this training a priority.”

It should be noted that one person was concerned that “it may be triggering for me.”

Findings

The findings from each session’s pre- and post-session surveys are presented below. Note that while every effort was made to collect survey responses from all the attendees, not everyone completed the pre- and post-session surveys each week.

Session 1

The pre-session survey was completed by 12 people (11 women and one man) and the post-session survey was completed by 14 people (12 women and two men).

Before and after the first training session, people were asked to rate their level of knowledge and understanding of:

- how much family violence is happening in their local community and Australia.

- how family violence is defined.
- why family violence happens (i.e., the drivers of family violence).
- gender equality.
- the difference between gender and sex.

Figures 2 to 6 display the responses to each of these questions. While there were increases in knowledge and understanding following the training session, it is worth noting the increased proportions of people who rated their knowledge and understanding as *very good* following the training session. No one felt that they had *very poor* levels of understanding following the training, however, one person (8%) felt their understanding of how family violence is defined and why family violence happens (i.e., the drivers of family violence) was *poor*.

These ratings of knowledge and understanding can be recoded so that they become a scale whereby very poor = 1, poor = 2, neutral = 3, good = 4, and very good = 5. In doing this, it is possible to analyse whether the difference in mean ratings before and after the training session were statistically significant. The analyses found that the difference in mean ratings for how much family violence is happening in your local community and Australia ($p = .026$, $r = -.52$) and the reasons that people make excuses for family violence ($p = .033$, $r = -.48$) were statistically significant. Furthermore, the mean increase in knowledge and understanding for both topics were statistically large⁸ as indicated by the Rank Biserial Correlation (r).

The people who attended the first training session therefore learned the most about the prevalence of family violence and why people make excuses for it. The smallest increase in knowledge and understanding was about why family violence happens. However, this might be because the training session spoke about the drivers of family violence and surveys did not use this terminology but instead asked about why family violence happens.

⁸ Cohen, J. W., 1998. *Statistical power analysis for the behavioral sciences*. 2nd ed. Hillsdale, NJ: Lawrence Erlbaum Associated.

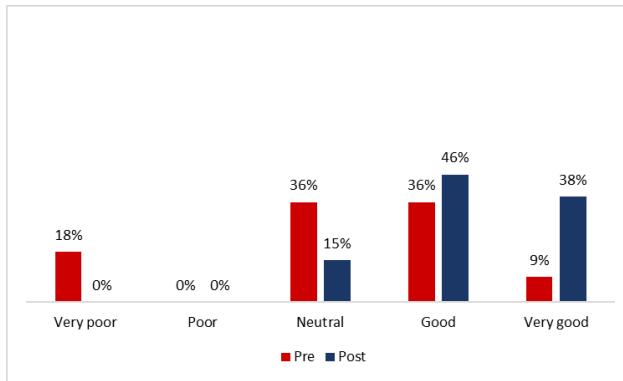


Figure 2. Pre- and post-session ratings of understanding how much family violence is happening in their local community and Australia.

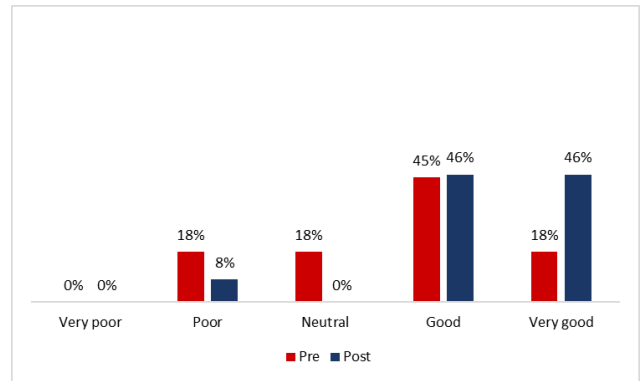


Figure 3. Pre- and post-session ratings of understanding how family violence is defined.

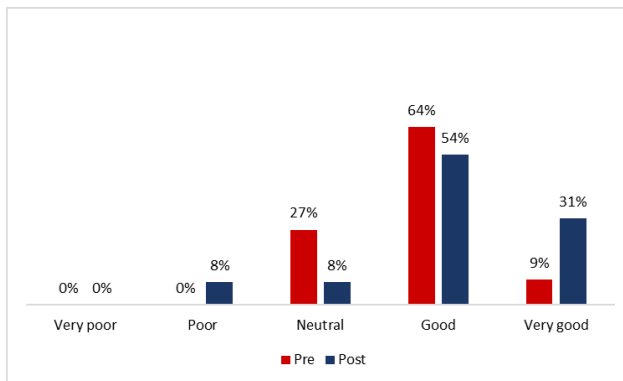


Figure 4. Pre- and post-session ratings of understanding why family violence happens.

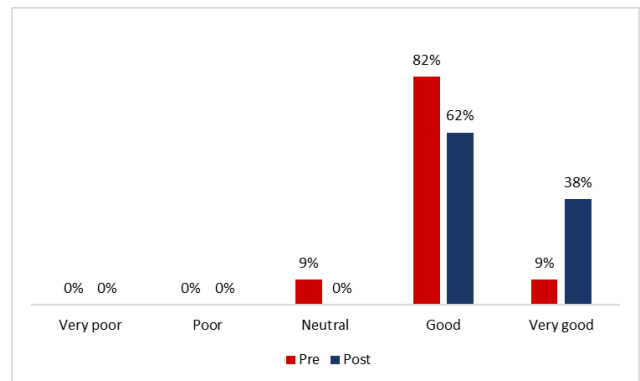


Figure 5. Pre- and post-session ratings of understanding gender equality.

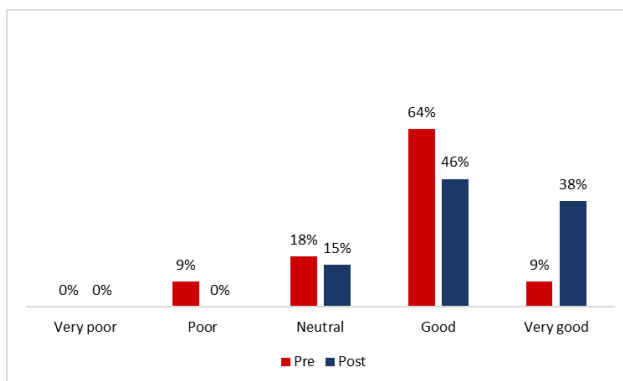


Figure 6. Pre- and post-session ratings of understanding the difference between gender and sex.

The trainees were asked to rate their confidence to apply a gender lens to women's health and wellbeing. As can be seen in Figure 7, there was an overall increase in confidence following the training

session. While over half of respondents felt *neutral* about their confidence before the training session, most felt *good* and *very good* about their ability to apply their learnings once they had attended the training session. While this increase in confidence was not statistically significant, it can be harder to increase confidence in people as we are asking people to put their learning into action which requires a deeper understanding and application of knowledge.

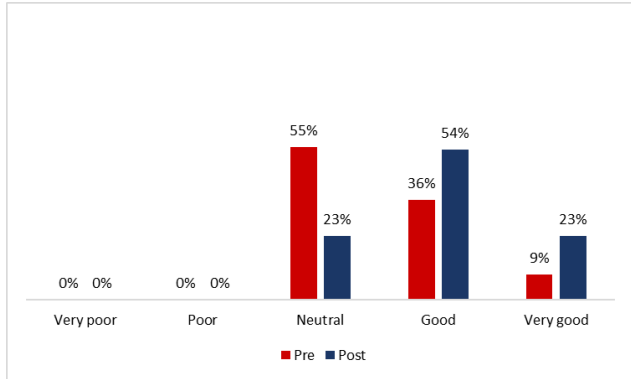


Figure 7. Pre- and post-session ratings of confidence to apply a gender lens to women's health and wellbeing.

Nine people who were attending the training for their work were asked to rate their confidence to undertake primary prevention of violence against women. Before the training session, half of the workforce attendees rated their confidence in the middle with one person rating their confidence as *good* and *very good*, and two people having *poor* confidence (see Figure 8). There was a small increase in confidence following the training session. No one rated their confidence to undertake primary prevention of violence against women as being *poor* and we can see that most people felt either *neutral* or *good* about their confidence. One person remained very confident about their ability to undertake primary prevention of violence against women.

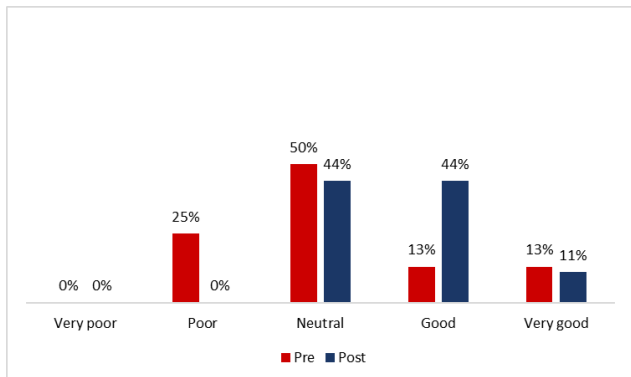


Figure 8. Pre- and post-session ratings of confidence to undertake primary prevention of violence against women.

Session 2

Fifteen people (13 women and two men) completed the pre-session survey and seven people (six women and one man) completed the post-session survey.

Before and after the second training session, people were asked to rate their level of knowledge and understanding of:

- the difference between gender equity and gender equality.
- the role of stereotypes in poor behaviours that lead to family violence and gender-based violence.
- the impact of gender inequity across our community for all genders.
- intersectionality.

Figures 9 to 12 show that everyone felt their level of knowledge and understanding was *good* or *very good* following the training session. It is worth highlighting the large increases in knowledge and understanding of the difference between gender equity and gender equality, and the impact of gender inequity across our community for all genders.

The difference in mean ratings of knowledge and understanding were analysed for each question to determine if the changes from pre- to post-session were statistically significant. The analyses found that the changes in knowledge and understanding were statistically significant for the difference between gender equity and gender equality ($p = .008$, $r = -.68$), the impact of gender inequity across our community for all genders ($p = .02$, $r = -.59$), and understanding intersectionality ($p = .04$, $r = -.52$). Furthermore, the increases were high or very high.⁹

The people who attended the second training session therefore deepened their knowledge and understanding about gender inequity and equality, and its role in perpetuating family violence and gender-based violence. Although the increased knowledge and understanding of the role of stereotypes in poor behaviours that lead to family violence and gender-based violence was not statistically significant, there was nonetheless an increase. It might be helpful to provide follow-up resources on this topic.

⁹ *ibid.*

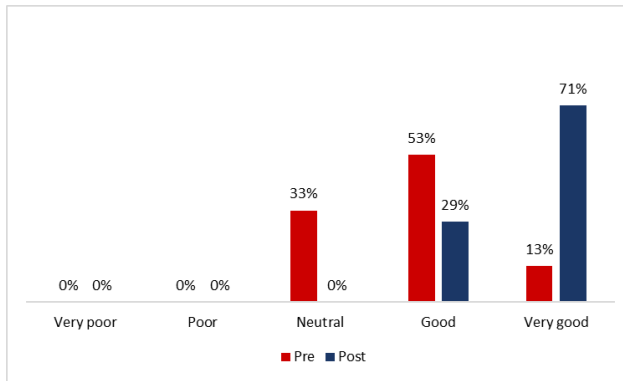


Figure 9. Pre- and post-session ratings of understanding the difference between gender equity and gender equality.

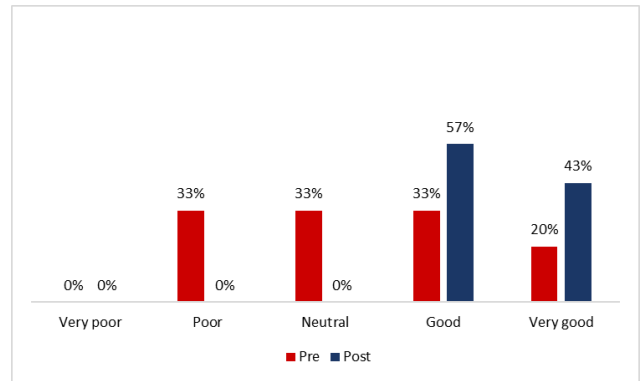


Figure 10. Pre- and post-session ratings of understanding the role of stereotypes in poor behaviours that lead to family violence and gender-based violence.

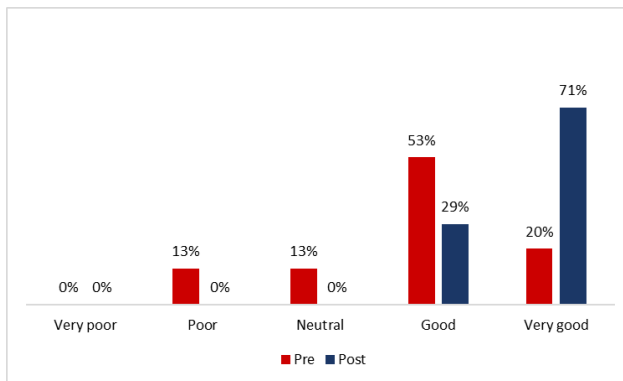


Figure 11. Pre- and post-session ratings of understanding the impact of gender inequity across our community for all genders.

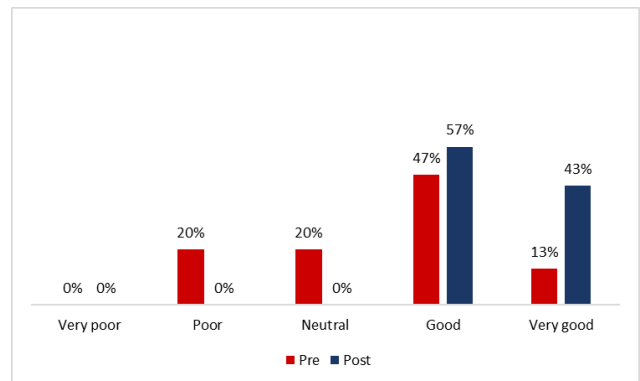


Figure 12. Pre- and post-session ratings of understanding intersectionality.

Attendees were asked to rate their confidence to apply a gender lens to women's health and wellbeing (see Figure 13). The nine people who were attending the training for work were asked to rate their confidence to undertake primary prevention of violence against women (see Figure 14). As can be seen, levels of confidence increased on both measures. Most people (71%) felt they had a *good* level of confidence to apply a gender lens to women's health and wellbeing after attending the session. Similar proportions of people (40%) felt *neutral* or *very good* about their confidence to undertake primary prevention of violence against women. Although the increases in confidence were not statistically significant, the increase is nonetheless significant in a practical sense as it suggests many of the attendees feel as though they can apply their learnings in their work practices.

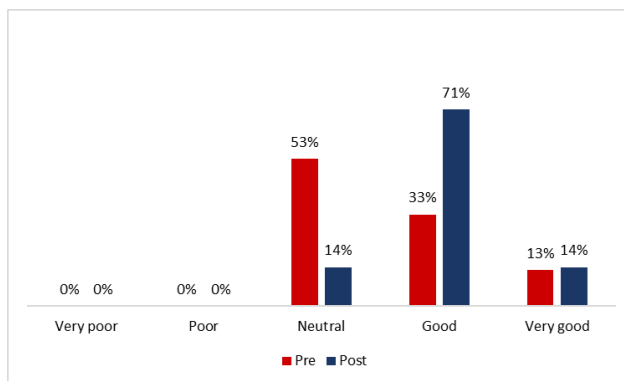


Figure 13. Pre- and post-session ratings of confidence to apply a gender lens to women's health and wellbeing.

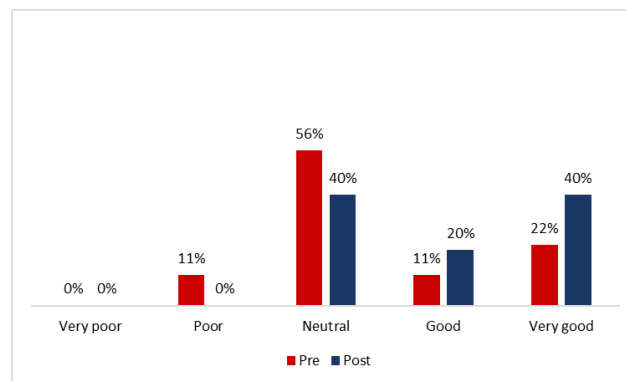


Figure 14. Pre- and post-session ratings of confidence to undertake primary prevention of violence against women.

Session 3

Eleven people (10 women and one man) responded to both the pre- and post-session surveys.

The surveys for session 3 asked trainees to rate their knowledge and understanding of:

- what it means to be an active bystander
- how an active bystander can take action to prevent family violence
- what stops a bystander from taking action, and what factors support bystander behaviours
- the options that are available to stop poor behaviours in different settings.

Looking at Figures 15 to 18, it is clear that the trainees learned and understood more about each of the topics listed above. The increased proportions of *very good* ratings are especially noteworthy. In particular, Figures 16 and 18 show that no one felt that they had *very good* knowledge before the training about how to be an active bystander, and the options available to stop poor behaviours in different settings but after the training, 36% and 55%, respectively, felt that they had *very good* knowledge about both topics.

The difference in mean ratings of knowledge before and after the training were analysed for each question and found to be statistically significant. This means, the changes in knowledge that can be observed in Figures 15 to 18 are statistically significant and the increases were found to be large.¹⁰

The attendees therefore learned about how to be an active bystander and what options are available to be an active bystander in different settings which means they can translate this knowledge to social and workplace contexts. They also have a greater awareness of what might prevent them from taking action in different contexts and conversely, what might support and help them to stop poor behaviours.

¹⁰ Ibid.

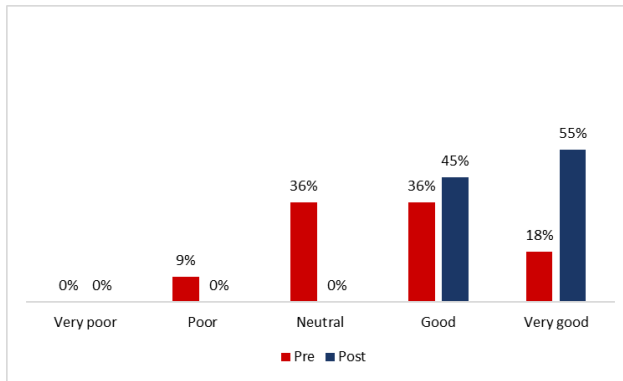


Figure 15. Pre- and post-session ratings of understanding what it means to be an active bystander.

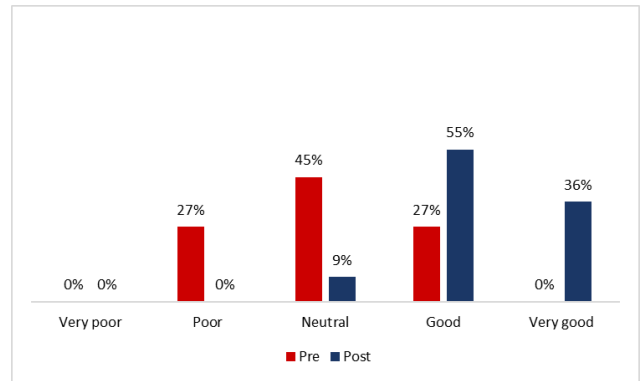


Figure 16. Pre- and post-session ratings of understanding how an active bystander takes action to prevent family violence.

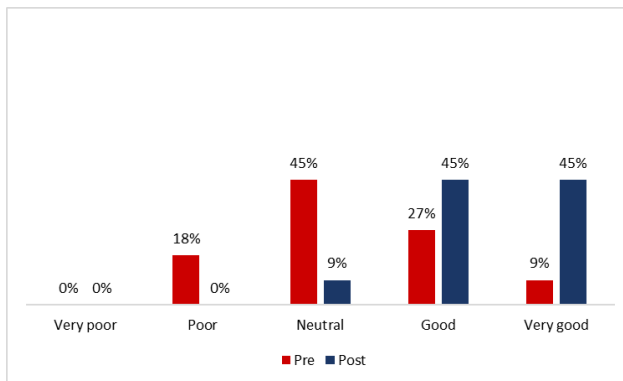


Figure 17. Pre- and post-session ratings of understanding what stops a bystander from taking action, and what supports bystander behaviours that prevent family violence.

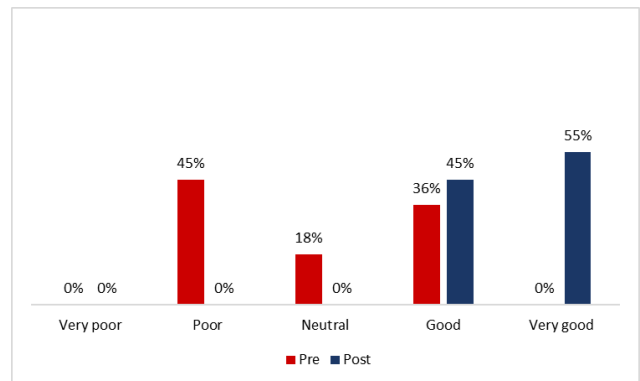


Figure 18. Pre- and post-session ratings of understanding the options that are available to stop poor behaviours in different settings.

In addition to measuring the knowledge and understanding of attendees, the pre and post surveys also measured levels of confidence to:

- be an active bystander to prevent poor behaviours in our community.
- apply a gender lens to women’s health and wellbeing.
- undertake primary prevention of violence against women.

Figures 19 to 21 show that people felt more confident following the training session. The increase in confidence to be an active bystander (see Figure 19) is worth noting as only 27% felt they had a *good* level of confidence before the training but following the training, 64% endorsed this rating. Of the 11 people who attended the training for work, Figure 21 shows that 33% felt they had a *very good* level of confidence to undertake primary prevention of violence against women following the training which is also noteworthy as no one rated their confidence as *very good* before the session.

Analyses of the difference in mean ratings of confidence before and after the training session were statistically significant for the first ($p = .013, r = -.60$) and third questions ($p = .007, r = -.75$). The increases in confidence were moderate to high which is very encouraging as it suggests the attendees are more likely to be active bystanders and undertake primary prevention of violence against women.

There was not a significant increase in confidence to apply a gender lens to women’s health and wellbeing. While there was an increase in the mean ratings of confidence before (3.55) and after (4.18) the session, the change was small. Nonetheless, there was an increase which is worth noting.

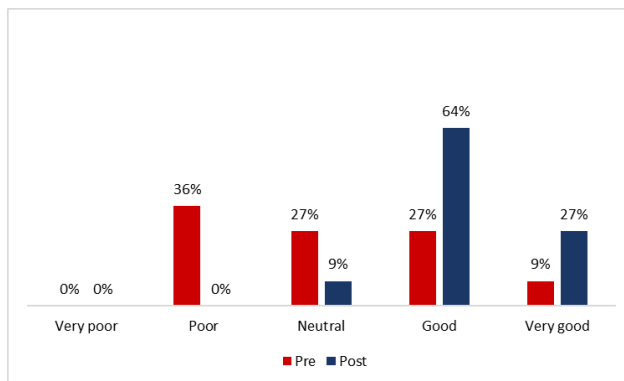


Figure 19. Pre- and post-session ratings of confidence to be an active bystander to prevent poor behaviours in our community.

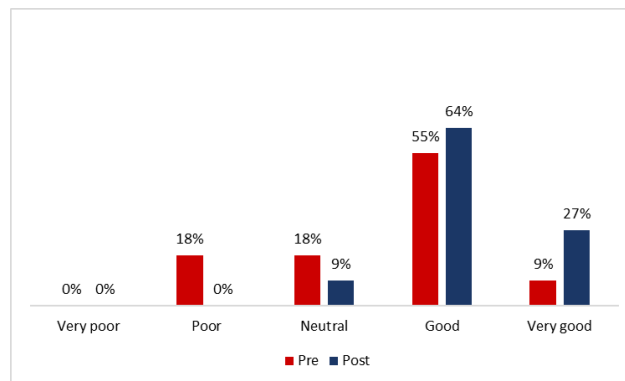


Figure 20. Pre- and post-session ratings of confidence to apply a gender lens to women’s health and wellbeing.

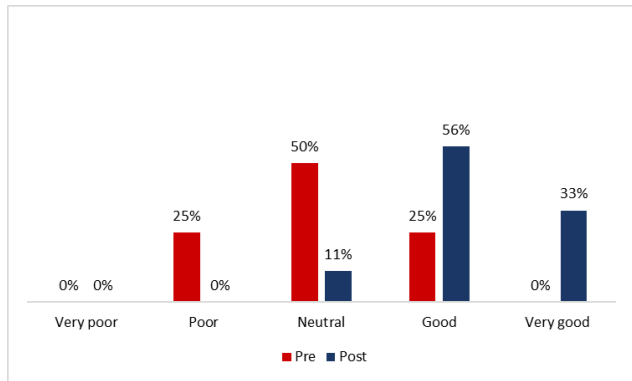


Figure 21. Pre- and post-session ratings of confidence to undertake primary prevention of violence against women.

Session 4

The pre-session survey was completed by nine women (no men) and the post-session survey was completed by 10 people (nine women and one man).

Before and after session 4, attendees were asked to rate their knowledge and understanding of:

- the different forms of resistance and backlash.
- how to respond to resistance and backlash.
- what organisational resistance looks like.

Figures 22 to 24 show that people did not have much understanding of what resistance and backlash look like and how to respond to it. Most people had a *poor* or moderate level of understanding before the training session. Following the training, 67% of people rated their understanding as *good* for all three questions and 22% and 33% of people felt their understanding was *very good*.

Unsurprisingly, the differences in mean ratings of understanding before and after the training were statistically significant. That is, people demonstrated a significant increase in their understanding of the different forms of resistance and backlash ($p = .006$, $r = -.73$), how to respond to it ($p = .002$, $r = -.85$), and what organisational resistance looks like ($p = .013$, $r = -.65$). The increases were moderate to high¹¹ which is to be expected considering the low levels of knowledge before the training session.

¹¹ Ibid.

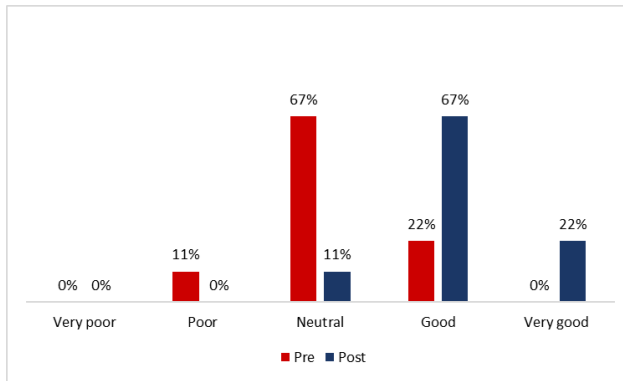


Figure 22. Pre- and post-session ratings of understanding the different forms of resistance and backlash.

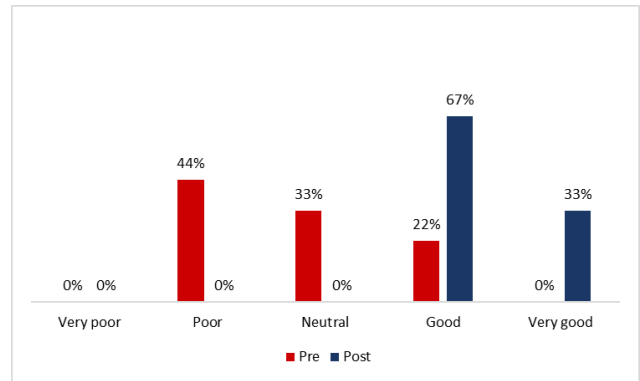


Figure 23. Pre- and post-session ratings of understanding how to respond to resistance and backlash.

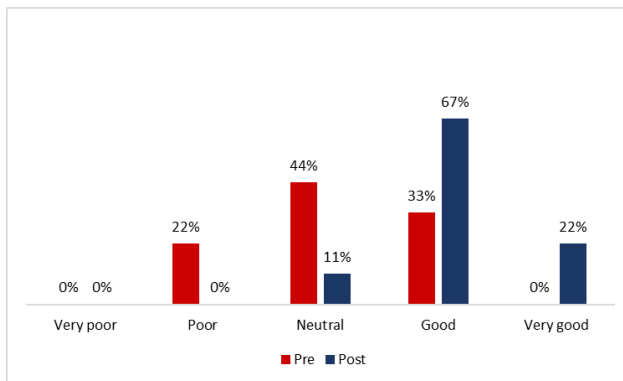


Figure 24. Pre- and post-session ratings of understanding what organisational resistance looks like.

Attendees were asked to rate their confidence to:

- manage resistance and backlash to gender equity.
- apply a gender lens to women's health and wellbeing.
- undertake primary prevention of violence against women.

As can be seen in Figure 25, two-thirds of people were not confident to manage resistance and backlash to gender equity before the training session but following, 67% had a *good* level of confidence and 22% had a *very good* level of confidence. Figure 26 also shows an overall increase in confidence to apply a gender lens to women's health and wellbeing with over three-quarters of attendees rating their confidence as *good* or *very good* following the training session. Looking at Figure 27, we can see there was not much change in confidence to undertake primary prevention of violence against women. However, this might be because the levels of confidence were relatively high to begin with.

Analyses found that before and after the training session, mean ratings of confidence were statistically significantly different when it came to managing resistant and backlash to gender equity ($p = .003$, $r = -.79$), and applying a gender lens to women's health and wellbeing ($p = .012$, $r = -.68$). The increases

were moderate to high which is a fabulous outcome for ratings of confidence as it suggests people will apply their learnings and be less likely to feel intimidated when they encounter resistance. As expected, the change in confidence to undertake primary prevention of violence against women was not statistically significant.

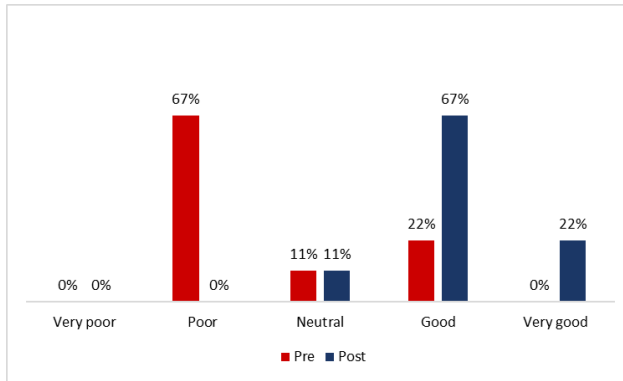


Figure 25. Pre- and post-session ratings of confidence to manage resistance and backlash to gender equity.

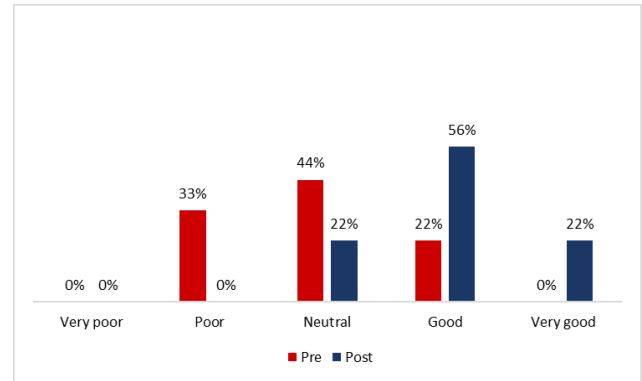


Figure 26. Pre- and post-session ratings of confidence to apply a gender lens to women's health and wellbeing.

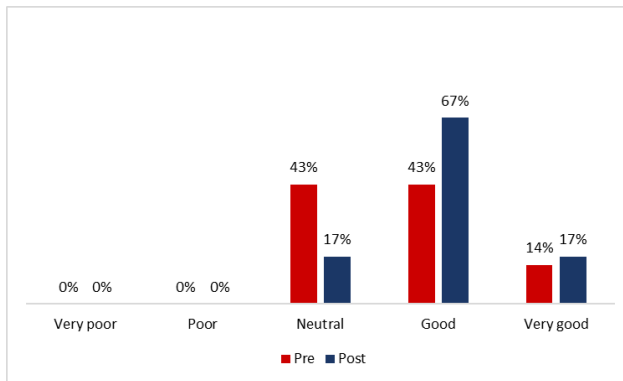


Figure 27. Pre- and post-session ratings of confidence to undertake primary prevention of violence against women.

Session 5

The pre- and post-session surveys were completed by 10 people (nine women and one man).

Before and after session 5, attendees were asked to rate their understanding of the different signs or indicators of family violence in the workplace or other settings. As can be seen in Figure 28, there was already a fairly high level of understanding before the session with 70% of people feeling their understanding was *good* or *very good*. Understanding the processes for referring disclosures on to services was also measured and Figure 29 shows that there was a notable increase in *very good* understanding from 10% to 50%. Importantly, no one felt their understanding was *poor* or *neutral* following the training session.

Analyses of the mean ratings of understanding before and after the training session found a statistically significant difference in understanding the processes for referring disclosures on to services ($p = .023$, $r = -.55$) with a moderate¹² increase from pre to post. The difference in mean ratings of understanding the different signs or indicators of family violence in the workplace or other settings was not statistically significant because there was only a very small change in mean ratings. Although a higher proportion of *good* and *very good* endorsements can be seen in Figure 28, the mean rating before the session was 4.00 and after the session it was 4.40.

At this point in the training, this might be an indicator of the cumulative learning that has taken place. That is, people have already attended four sessions about family violence and therefore have a higher level of understanding about what it might look like in the workplace or other settings than they would have at the beginning of the first aid course.

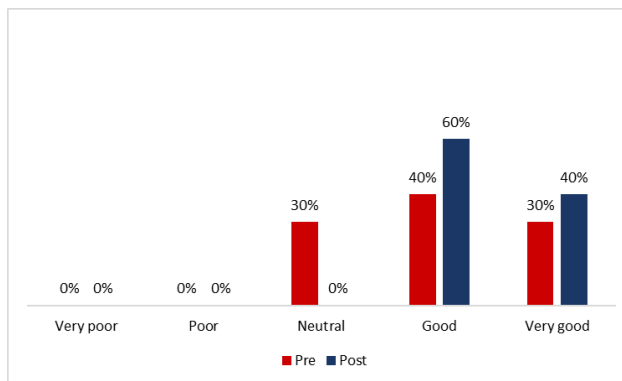


Figure 28. Pre- and post-session ratings of understanding the different signs or indicators of family violence in the workplace or other settings.

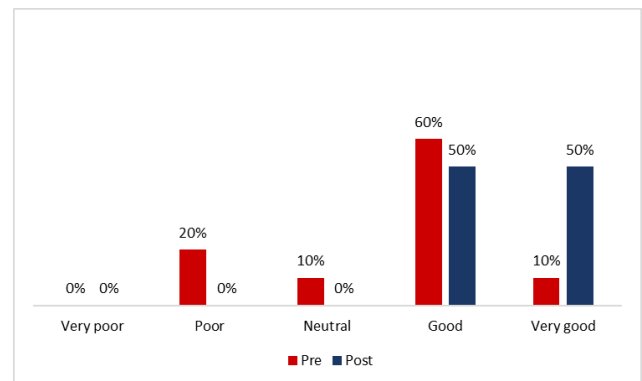


Figure 29. Pre- and post-session ratings of understanding the processes for referring disclosures on to services.

The surveys also measured confidence to:

- effectively receive, manage and refer disclosures from a victim or a perpetrator.
- apply a gender lens to women's health and wellbeing.
- undertake primary prevention of violence against women.

The most noticeable increase in confidence can be seen in Figure 30 which displays ratings of confidence to effectively receive, manage and refer disclosures from a victim or a perpetrator. The majority of people felt their level of confidence was *poor* or *good* before the training which increased to mostly *good* and *very good*. Confidence to apply a gender lens to women's health and wellbeing (see Figure 31), and confidence to undertake primary prevention of violence against women (see Figure 32) have been measured in every survey. It is encouraging to see that before and after the session, the majority of people felt they had a *good* level of confidence for both indicators.

¹² Ibid.

Unsurprisingly, mean ratings before and after the session were only statistically significantly different for confidence to effectively receive, manage and refer disclosures from a victim or a perpetrator ($p = .034$, $r = -.54$) with a moderate¹³ increase in confidence from pre to post.

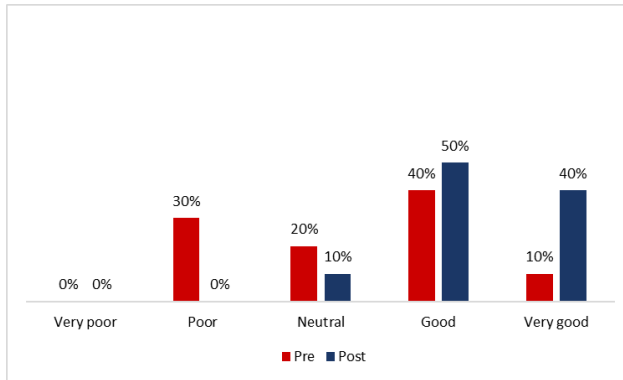


Figure 30. Pre- and post-session ratings of confidence to effectively receive, manage and refer disclosures from a victim or a perpetrator.

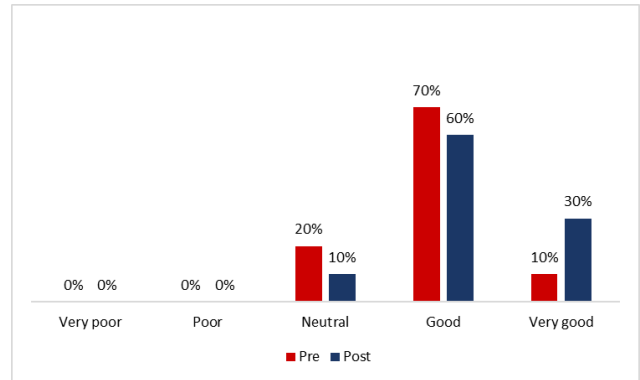


Figure 31. Pre- and post-session ratings of confidence to apply a gender lens to women's health and wellbeing.

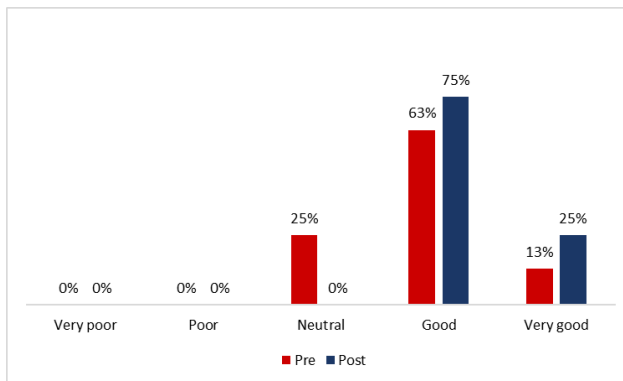


Figure 32. Pre- and post-session ratings of confidence to undertake primary prevention of violence against women.

Session 6

The final pre-session survey was completed by 12 people (11 women and one man) and 11 people (10 women and one man) completed the post-session survey.

Before and after the final session, people were asked to rate their understanding of:

- what self-care is.
- why self-care is important.
- how self-care can be practiced.

¹³ Ibid.

As can be seen in Figures 33 to 35, there was a high level of understanding about self-care and its importance before the session with only a few people reporting *poor* or *neutral* levels of understanding. Following the session, it is clear that all attendees were clear on the what, why, and how of self-care.

Analyses confirmed that the mean ratings of understanding what self-care is ($p = .006, r = -.69$) and why self-care is important ($p = .021, r = -.57$) before and after the session were statistically significant. The increase in understanding was moderate¹⁴ and likely not higher because understanding was fairly high to begin with. With all participants rating their understanding of how self-care can be practiced as *very good* following the session, we were unable to analyse whether the mean pre and post ratings were statistically significantly different. Based on the mean ratings before (3.56) and after (5.00) the session, we feel confident saying that there was a significant increase in understanding.

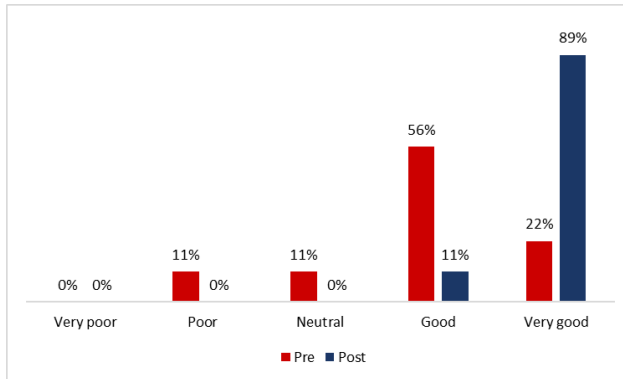


Figure 33. Pre- and post-session ratings of understanding what self-care is.

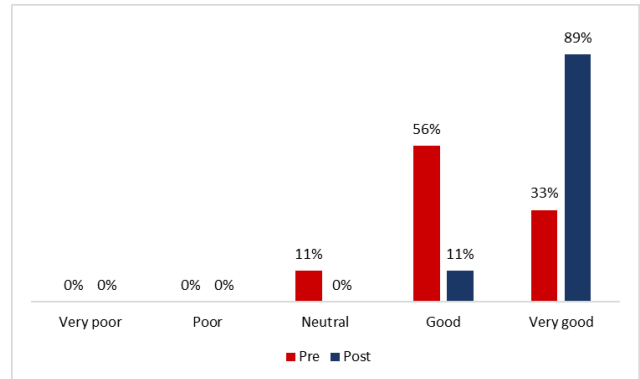


Figure 34. Pre- and post-session ratings of understanding why self-care is important.

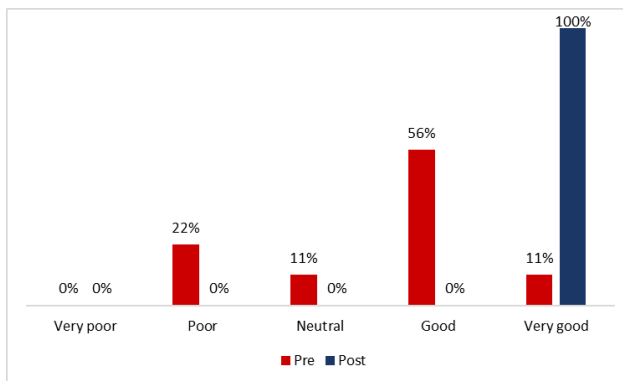


Figure 35. Pre- and post-session ratings of understanding how self-care can be practiced.

Confidence to make a self-care plan and to practice self-care when feeling stressed were measured. Figures 36 and 37 show that ratings of confidence were spread across *poor*, *neutral*, and *good*. Following

¹⁴ Ibid.

the session, everyone rated their confidence as *good* and *very good*. It is worth noting that *very good* ratings of confidence to make a self-care plan increased from 0% to 78% (see Figure 36).

The mean ratings of confidence to make a self-care plan ($p < .001, r = -.90$) and practice self-care when stressed ($p = .010, r = -.70$) before and after the session were statistically significantly different. The increases in confidence were high¹⁵ and suggest that people not only understand why self-care matters but feel confident to practice self-care.

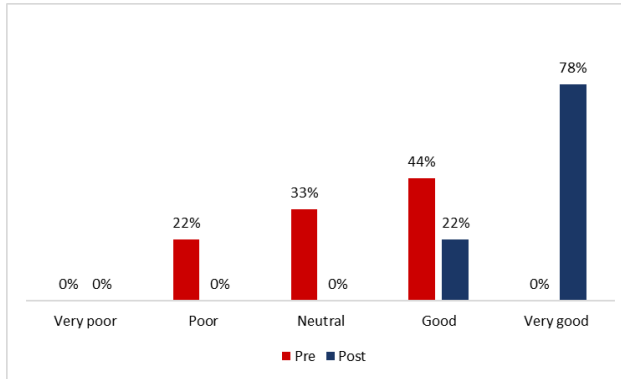


Figure 36. Pre- and post-session ratings of confidence to make a plan for your own self-care.

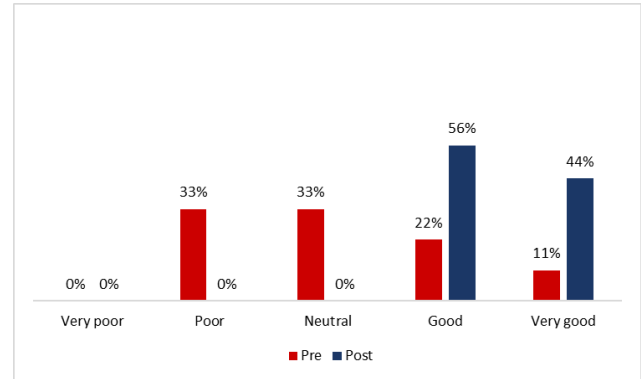


Figure 37. Pre- and post-session ratings of confidence to notice when you are feeling stressed and respond by practicing self-care.

Key learnings from the program

People were asked to describe a key learning from the training program. Majority of people discussed the realisation that “I can do something to act against family violence.” People felt confident to be an active bystander, saying that they can now “recognise violence and [have] the courage to intercept.” There was a sense of empowerment in these comments as the participants acknowledged “I can make a difference.” One person discussed learning about “why bystanders decide to act or not act.”

Some people spoke about having the “tools to assist identifying and helping reduce family violence.” They are aware of the support lines that are available and “all the different techniques” that they can draw from to challenge poor behaviours. One person specifically mentioned knowing “what to do if someone discloses.”

These key learnings suggest that people who finished the first aid training found the content on how to be an active bystander most significant and useful. The important role and impact an individual can have seemed to stay with people.

Confidence to apply the learnings

All respondents felt confident to apply the learning from this training program. Almost everyone discussed increased awareness of the signs of family violence and feeling able to respond and act appropriately. For example, one person commented, “Being more aware of what is happening around

¹⁵ Ibid.

me and taking action when needed." Another person similarly said, "I will be more aware of signs more confident to know what to say etc."

A couple of people discussed feeling confident to educate others on how to take action against family violence. One person said, "I work with mostly males, so I can pass on info & teach them to call out other males bad behaviour."

Feasibility and acceptability of the program

Cost of the program

The upfront cost of delivering this program (including the Facilitators' time and the Evidence and Policy Lead's time to conduct the evaluation) was \$4,536. An evaluation produced by the Australian Social Values Bank has estimated that the net benefits of this program are \$132,319 with a net benefit per participant of \$6,964. This represents a benefit cost ration of 30.17. See Appendix B for the full evaluation report.

Attendance

The introductory session was attended by 19 people. Attendance rates steadily declined over the weeks with some sessions attended by only 10 people. An average of 12 people attended across the six sessions.

Session content

When asked about the acceptability of the content covered in the program, everyone responded that it was "great," it was "well presented and clearly explained," and that there were "no gaps" that made the sessions hard to follow. Other comments include,

Content was easy to follow and sessions had a logical flow. Lots of opportunity to ask questions, clarify and contribute.

All sessions were enjoyable interactive & I definitely felt I'd learnt a lot after each one.

Only two participants made suggestions for that next time that this training is run. One person suggested including case studies saying, "Maybe some case studies or more examples of what it looks like in action?" Another person commented, "Online worked best when everyone was online, it was a bit more difficult when it was hybrid."

Seven (64%) out of 11 people said that they attended all six training sessions. The four people who could not attend all sessions were asked if this had an impact on their ability to follow the content each week. While two people said no, the other two people felt the content was unclear if they had missed a session. One person explained, "I felt that I missed parts, I think I missed 2 sessions in a row."

Session length and frequency

When asked about the length of the sessions, the majority of people commented that "they were about right" and that "2.5 to 3 hrs is fine." Although, while the session length was appropriate for covering the content and providing time for audience involvement, the time at which the sessions were held made the length more challenging as one person commented, "I must admit sometimes I was very tired from

the days work." Another stated that the session were, "a bit long for after a day's work." A couple of people felt that the sessions could have been shorter but acknowledged the difficulty of doing so as they questioned, "Could be shorter but what content to cut?" Only one person commented that they would like the sessions to be "longer."

There was also a question about the frequency of the sessions. While one person said that "fortnightly would be good," everyone else felt that "weekly was good." One person said that the program "was planned well" and another said, "the weeknight after work hours was fine for me." One person commented that the sessions "should have been each week." This might have been referring to the two weeks break over the school holidays.

Recommend the training program to others

All respondents said that they would recommend the Preventing Family Violence First Aid Training to others. Reasons included the importance of helping other people know how to respond to family violence. For instance, one person said, "Many are unsure about how to respond," and another commented, "a way to enlighten others in violence prevention and offer assistance." Some people also acknowledged the strength of numbers saying, "the more people we have in our community actively engaged in wanting to reduce violence in our shire the better chance we have of reducing the shocking figures." Many people said the training program was "comprehensive" and helped them to "build strong knowledge and call for action." In addition to learning from the facilitators, some people found it valuable to listen and learn from their peers saying, "listening to others in the group was great."

Train the trainer

Eight out of 11 people (73%) said that they would be interest to know more about the Train the Trainer program.

Discussion

WHISE and Cardinia Shire Council would like for women to feel safe and secure from violence. Also, to see people in the community feeling capable to prevent and respond to family violence and gender-based violence. To work towards these broad goals, the Preventing Family Violence First Aid Training program had three aims: 1) program participants will be able to act appropriately to prevent family violence and gender-based violence; 2) program participants will be able to respond appropriately to family violence and gender-based violence; and 3) there will be uptake of the course delivery across partners.

To achieve these three aims, the training program intended to work towards seven objectives. The first objective, to increase understanding of the prevalence and drivers of family violence and gender-based violence, was certainly achieved. Understanding of the prevalence of family violence in their local community and Australia significantly increased following the training sessions. Furthermore, knowledge of how family violence is defined and the drivers of family violence also increased overall. This foundational knowledge is important because before someone can feel motivated to take action, they need to first understand the severity of the issue in their community. People also need to understand what family violence is and why it happens so that they can work to stop (prevent) violence before it

happens. Yet, we know that in Australia, men are less likely than women to understand gender-based violence and recognise non-physical forms.¹⁶ It is worth noting that the two male program participants felt that they had *very good* knowledge and understanding of gender-based violence and its different forms following the training.

There is evidence that all attendees increased their understanding of the role of stereotypes in poor behaviours that lead to family violence and gender-based violence (objective 2). In fact, 100% of people reported *good* or *very good* understanding of the role of stereotypes. This is critical because we know that gender stereotypes perpetuate the idea that women and girls are less than equal to men and boys. Yet, NCAS data has revealed that there is a decline in the proportion of Australians who report feeling bothered when a male friend tells a sexist joke.¹⁷ It is therefore important to educate and increase understanding of the role of stereotypes and encourage people to challenge them to break the cycle of ongoing sexism, gender inequality, and family violence and gender-based violence.

The third objective was to increase understanding of how to be an active bystander in different settings. Overall, the participants reported significantly large increases in understanding how an active bystander takes action, and how to take action in different settings. This was an important objective to achieve because we know from NCAS data that about one in five people have said that they would like to take bystander action if they witnessed a male friend insulting or verbally abusing a woman he was in a relationship with but would not know how, and 5% would not feel comfortable to act.¹⁸ Thus, for many people, the techniques for being an active bystander and knowing how to take action in different contexts can seem out of reach or beyond their capabilities. Before people can feel confident to be an active bystander, it is important to build understanding of what it means to be an active bystander and what options are available in different work and/or social settings.

The program participants reported an overall statistically significant large increase in confidence to be an active bystander which demonstrated the fourth objective was achieved. In fact, following the training, 91% of people said that they felt confident which suggests they understood the techniques for being an active bystander and felt able to apply their learnings and take action in different contexts. It is hoped that these participants will continue to feel confident to stop the poor behaviours that lead to family violence and gender-based violence as we know that in recent years, there have been declining numbers of people who have taken bystander action after witnessing workplace sexual harassment.¹⁹ Furthermore, men and boys are less likely than women to challenge disrespectful or hostile attitudes towards women.²⁰

An overall statistically significant moderate increase in confidence to implement safe and respectful ways to manage and refer disclosures shows that the fifth objective was successfully implemented. This was an important objective because responding appropriately to family violence and gender-based violence includes both taking bystander action when witnessing poor behaviours as well as managing a disclosure from a victim or perpetrator. Knowing how to manage and refer disclosures appropriately is

¹⁶ The National Community Attitudes towards Violence against Women Survey (NCAS) 2017.

¹⁷ Ibid.

¹⁸ Ibid.

¹⁹ National Survey on Sexual Harassment in Australian Workplaces 2018.

²⁰ NCAS 2017.

critical for the safety and wellbeing of victims as it helps them to know they are being taken seriously, their concerns are valid, and that a plan can be developed to support them. Appropriately responding can also empower the person disclosing by letting them know that they are not alone, that their experiences are acknowledged and validated, and that there are options and resources available to them including shelters, helplines, counselling services, and legal assistance.

The next objective was to increase capacity to notice when to practice self-care. All program participants finished the training with an understanding of self-care, and confidence to make a self-care plan and practice self-care when they feel stressed or anxious. Knowing how and when to practice self-care is critical as burnout is a significant concern in the family violence sector and amongst people who are actively challenging negative behaviours. The nature of the work, coupled with increasing prevalence rates, limited resources, and systemic issues, can contribute to burnout among those working in this field. Practicing self-care is crucial to ensure the wellbeing of people working in this sector.

The final objective, to generate interest to complete train the trainer, was accomplished. Seventy-three percent of people said that they would like to know more about train the trainer so that they can deliver the Preventing Family Violence First Aid Training to more people in different settings. It is hoped that with more people completing the training, there will be increased awareness and education in the community; a greater prevention-oriented mindset which will encourage people in the community to address risk factors, promote health relationships, and implement preventative strategies; and increase collaborative responses between different entities and stakeholders.

The feasibility and acceptability of the pilot program was measured to determine how it can be improved for delivery on a broader scale. The evaluation from the Australian Social Values Bank has demonstrated that not only is the cost of delivering the program low, the social value of the program in dollars represents a benefit cost ratio of 30.17. Attendance of the sessions declined over the program. However, this may be indicative of scheduling difficulties as some participants noted concerns with the timing of the sessions in the introductory survey. The sessions were run after work which may have been difficult for people with caring/family responsibilities or who were fatigued after their workday and thus these participants may have discontinued the training program.

The feedback was positive in terms of the delivery of the sessions and program structure. The content was not difficult to follow for participants who attended every session. There was a suggestion to include more case studies to make the learnings more tangible. Weekly three-hour sessions were acceptable to most people. Some people found it difficult attending sessions in the evening after a workday (as noted above), however, there were no suggestions for alternative times to deliver the training.

All respondents said that they would recommend the Preventing Family Violence First Aid Training program to others which is a strong indicator of the acceptability of the program. The feeling was that the training was comprehensive and impressed on the attendees the power that can come from many people working for a common cause. With more people skilled to take bystander action, we are more likely to see a reduction in family violence and gender-based violence.

The piloting of the Preventing Family Violence First Aid Training was therefore successful as people completed the training program with an understanding and confidence to act appropriately to both prevent and respond to family violence and gender-based violence. Though, it is important to note that

this was a pilot program which means there were some limitations. First, the small number of respondents to each pre and post survey means the findings cannot be generalised to the broader community. A second limitation is that it may have been more valuable to administer one pre survey at the beginning of the training program, and one post survey at the end of session six rather than pre/post surveys for each individual session. The program has been designed so that each session builds on learnings from the previous sessions. This meant that changes in knowledge/understanding and confidence were minimal for some measures in the latter sessions.

Next steps

There has been significant interest in this course, both within Cardinia Shire and in other parts of the Southern Metropolitan Region. It is clear from the pilot evaluation that the program delivers the outcomes and further demonstrates the need for such programs across community to enable non-specialists access to skills to prevent gender-based violence.

It is the intention of WHISE that the Preventing Family Violence First Aid program will in fact be “white labelled” so that it can be delivered in partnership with communities and organisations who have existing, strong and positive relationships with key community groups.

To progress the opportunities available to WHISE and its partners, and make this program more available across the Southern Metropolitan Region of Melbourne, WHISE and its partners will:

- Present the evaluation at Cardinia Shire to a range of teams to show the impact of the partnership and the project as well as to spark interest in future courses.
- Offer the Preventing Family Violence First Aid training to other groups within Cardinia Shire. Some groups that have shown interest include:
 - Erma 365
 - Foundation House
 - The Salvation Army
- Offer the model to other local councils to deliver to their community. There is already interest from Kingston City Council to have the program rolled out in September/October 2023 with a focus on:
 - Local teachers
 - Faith group leaders
 - Multicultural groups and support providers
- Engage and fund an instructional designer to develop a complete Train-the-Trainer course that could be offered to past participants of the Preventing Family Violence First Aid so they themselves can deliver the training in their various settings (including sports clubs, community groups, faith groups etc.).
- Continue to work in partnership with the partners of WHISE including the Promoting Respect and Equality Together (PRET) Partnership to promote the capacity building of individuals in the community to prevent gendered violence.

Appendix A

Pre-training survey

This section will ask you to answer some questions about yourself and what you do for work.

Q - How would you describe yourself? Please select all that apply.

- Man or male
- Woman or female
- Prefer not to answer
- I use a different term (please specify)

Q - Is English your first language?

- Yes
- No

Q - What is your job title?

Q - If you work, who do you work for?

Q - Have you attended any previous training on topics relating to the prevention of gender-based violence? If yes, what was the training?

This section will ask you to answer some questions about your motivations to sign up for this training course and your expectations ahead of the first session.

Q - What motivated you to sign up for this first aid training course?

Q - What are your expectations for your participation in this training course? E.g., are you expecting to learn from the course facilitators, to participate in group activities, to work through case studies, to engage in reflective practice, or something else?

Q - What are you hoping to learn?

Q - Please rate your confidence to participate in this training course.

- Very good
- Good
- Neutral
- Poor
- Very poor

Q – If you're comfortable, can you please share any concerns you have about participating in the sessions?

Session 1 Surveys

This section will ask you to answer some questions about yourself.

Q - How would you describe yourself? Please select all that apply.

- Man or male
- Woman or female
- Prefer not to answer
- I use a different term (please specify)

Q – Are you completing this training for work?

- Yes
- No

This section will ask you some questions about your knowledge and confidence relating to prevention of violence against women.

Q – Please rate your level of knowledge and understanding of:

	Very poor	Poor	Neutral	Good	Very good
How much family violence is happening in your local community and Australia					
How family violence is defined					
Why family violence happens					
The reasons that people make excuses for family violence and other forms of gender-based violence					
Gender equality					
The difference between gender and sex					

Q – Please rate your skills and confidence to:

	Very poor	Poor	Neutral	Good	Very good

Apply knowledge of the extent and impact of gender inequality on the health and wellbeing of women					
Undertake primary prevention of violence against women					

This section will ask you to answer some questions about how you found today.

Q - Do you think you understood the questions in this survey?

- Yes
- No

Q - Would you like to know more about this topic?

- Yes
- No

Q - Please rate the delivery of today's session.

- Very good
- Good
- Neutral
- Poor
- Very poor

Q - Do you have any suggestions for the facilitators to improve the next session?

Session 2 Surveys

This section will ask you to answer some questions about yourself.

Q - How would you describe yourself? Please select all that apply.

- Man or male
- Woman or female
- Prefer not to answer
- I use a different term (please specify)

Q - Are you completing this training for work?

- Yes
- No

This section will ask you some questions about your knowledge and understanding of gender inequity and equality, and its role in the perpetration of family violence and violence against women.

Q – Please rate your level of knowledge and understanding of:

	Very poor	Poor	Neutral	Good	Very good
The difference between gender equity and gender equality					
The role of stereotypes in poor behaviours that lead to family violence and gender-based violence					
The impact of gender inequity across our community for all genders					
Intersectionality e.g., people who are more likely to experience family violence than others					

Q – Please rate your skills and confidence to:

	Very poor	Poor	Neutral	Good	Very good
Apply knowledge of the extent and impact of gender inequality on the health and wellbeing of women					
Undertake primary prevention of violence against women					

This section will ask you to answer some questions about how you found today.

Q - Do you think you understood the questions in this survey?

- Yes
- No

Q – Would you like to know more about this topic?

- Yes

- No

Q – Please rate the delivery of today’s session.

- Very good
- Good
- Neutral
- Poor
- Very poor

Session 3 Surveys

This section will ask you to answer some questions about yourself.

Q - How would you describe yourself? Please select all that apply.

- Man or male
- Woman or female
- Prefer not to answer
- I use a different term (please specify)

Q – Are you completing this training for work?

- Yes
- No

This section will ask you some questions about your knowledge of and confidence to be an active bystander.

Q – Please rate your level of knowledge and understanding of:

	Very poor	Poor	Neutral	Good	Very good
What it means to be an active bystander					
How an active bystander takes action to prevent family violence					
What stops a bystander from taking action, and what supports bystander behaviours that prevent family violence					
The options that are available to stop poor behaviours in different settings					

Q – Please rate your skills and confidence to:

	Very poor	Poor	Neutral	Good	Very good
Be an active bystander to prevent poor behaviours in our community					
Apply knowledge of the extent and impact of gender inequality on the health and wellbeing of women					
Undertake primary prevention of violence against women					

This section will ask you to answer some questions about how you found today.

Q - Do you think you understood the questions in this survey?

- Yes
- No

Q – Would you like to know more about this topic?

- Yes
- No

Q – Please rate the delivery of today's session.

- Very good
- Good
- Neutral
- Poor
- Very poor

Q – Do you have any suggestions for the facilitators to improve the next session?

Session 4 Surveys

This section will ask you to answer some questions about yourself.

Q - How would you describe yourself? Please select all that apply.

- Man or male
- Woman or female

- Prefer not to answer
- I use a different term (please specify)

Q – Are you completing this training for work?

- Yes
- No

This section will ask you some questions about your knowledge and confidence relating to managing resistance and backlash.

Q – Please rate your level of knowledge and understanding of:

	Very poor	Poor	Neutral	Good	Very good
The different forms of resistance and backlash					
How to respond to resistance and backlash					
What organisational resistance looks like					

Q – Please rate your skills and confidence to:

	Very poor	Poor	Neutral	Good	Very good
Manage resistance and backlash to gender equity					
Apply knowledge of the extent and impact of gender inequality on the health and wellbeing of women					
Undertake primary prevention of violence against women					

This section will ask you to answer some questions about how you found today.

Q - Do you think you understood the questions in this survey?

- Yes
- No

Q - Would you like to know more about this topic?

- Yes
- No

Q - Please rate the delivery of today's session.

- Very good
- Good
- Neutral
- Poor
- Very poor

Session 5 Surveys

This section will ask you to answer some questions about yourself.

Q - How would you describe yourself? Please select all that apply.

- Man or male
- Woman or female
- Prefer not to answer
- I use a different term (please specify)

Q - Are you completing this training for work?

- Yes
- No

This section will ask you some questions about your knowledge and confidence relating to managing disclosures of family violence.

Q - Please rate your level of knowledge and understanding of:

	Very poor	Poor	Neutral	Good	Very good
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The difference signs or indicators of family violence in the workplace or other settings					
The processes for referring disclosures on to services					

Q – Please rate your skills and confidence to:

	Very poor	Poor	Neutral	Good	Very good
Effectively receive, manage and refer disclosures from a victim or a perpetrator					
Apply knowledge of the extent and impact of gender inequality on the health and wellbeing of women					
Undertake primary prevention of violence against women					

This section will ask you to answer some questions about how you found today.

Q - Do you think you understood the questions in this survey?

- Yes
- No

Q – Would you like to know more about this topic?

- Yes
- No

Q – Please rate the delivery of today's session.

- Very good
- Good
- Neutral
- Poor
- Very poor

Q – Do you have any suggestions for the facilitators to improve the next session?

Session 6 Surveys

This section will ask you to answer some questions about yourself.

Q - How would you describe yourself? Please select all that apply.

- Man or male
- Woman or female
- Prefer not to answer
- I use a different term (please specify)

Q - Are you completing this training for work?

- Yes
- No

This section will ask you some questions about practicing self-care.

Q - Please rate your level of understanding about:

	Very poor	Poor	Neutral	Good	Very good
What self-care is					
Why self-care is important					
How self-care can be practiced					

Q - Please rate your confidence to:

	Very poor	Poor	Neutral	Good	Very good
Make a plan for your own self-care					
Notice when you are feeling stressed and respond by practicing self-care					

This section will ask you to answer some questions about how you found today.

Q - Do you think you understood the questions in this survey?

- Yes
- No

Q - Would you like to know more about this topic?

- Yes
- No

Q - Please rate the delivery of today's session.

- Very good
- Good
- Neutral
- Poor
- Very poor

This final section includes questions that will ask you to reflect on the 6-week course and what you have learned. Your responses will help us to improve the course.

Q - Were you able to attend all 6 sessions of this training course?

- Yes
- No

Q - (If no) - Each session built on the learnings from the previous session. Did you feel the session content was unclear if you missed a session?

Q - What was the most significant take away or key learning from the training course?

Q - Could you confidently apply the learnings from this course to your role or everyday life? If so, how?

Q - Was there anything you were hoping to learn that was not included?

Q - How did you find the length of the sessions? E.g., do you think the sessions could have been longer or shorter?

Q - How did you find the frequency of the sessions (noting that there was a break due to school holidays)? E.g., did weekly suit you or would you have preferred fortnightly or something different?

Q - Would you recommend that others participate in the Prevention of Family Violence First Aid course?

- Yes - please explain why
- No - please explain why not

Q - We would like for the Prevention of Family Violence First Aid course to be accessible in a variety of settings and workplaces. To do this, we would like to train people to deliver the training themselves. Please provide your details below if you would like a member of the team to contact you to discuss this opportunity.

Appendix B

The Australian Social Values Bank

Social Impact Valuation Statement begins on the next page.



Social Impact Valuation Statement

This program is still a DRAFT.

This statement certifies the social impact of the Family Violence First Aid Training program delivered by Women's Health in the South East, calculated using the Australian Social Value Bank. The values used in this Cost Benefit Analysis have been derived using the Wellbeing Valuation method from data gathered through the HILDA (Household, Income and Labour Dynamics in Australia) and Journeys Home surveys.

Program name: Family Violence First Aid Training (DRAFT)

Description of program:

Two WHISE staff and one Cardinia Shire staff were involved in the development and delivery of this program.

The training program consisted of seven sessions. The first session was designed to be a briefing/introductory session. The following six sessions delivered the training content. The participants were asked to complete a survey before and after each training session. The surveys measured learnings specific to each session's topic. The survey following the final session included additional questions which asked the participants to reflect on the program and what they had learned.

The objectives of this program were to:

1. Increase understanding of the prevalence and drivers of family violence and gender-based violence.
2. Increase understanding of the role of stereotypes in poor behaviours that lead to family violence and gender-based violence.
3. Increase understanding of how to be an active bystander in different settings.
4. Increase confidence to stop the poor behaviours that lead to family violence and gender-based violence.
5. Increase confidence to implement safe and respectful ways to manage and refer disclosures.
6. Increase capacity to notice when to practice self-care.
7. Generate interest to complete train the trainer.

The program ran until 19 Apr 2023 and the total number of participants was 19. The following outcomes were achieved as a result of the program:

Outcome name: Improved self esteem/ confidence

Outcome description: This outcome shows the social impact of participants having improved self/esteem and a higher level of confidence, in a range of scenarios.

Assumptions:

The theory of change for the Family Violence First Aid Training program in the program was influenced by four key principles:

1. Community is at the centre of the program
2. Building skills in individuals
3. The consideration of lived experience
4. Application of an intersectional gender lens.

The model contains two main impact pathways which work towards achieving the three end-of-program outcomes which were:

- Program participants can act to prevent family violence and gender-based violence
- Program participants can respond appropriately to family violence and gender-based violence
- Uptake of the course delivery across partners who continue to deliver the training across different settings.

The broader goals communicate the overarching reason why this training program is running. That is, for women to feel safe and secure from family and gender-based violence. We also want people in the community feel capable to prevent and respond to family violence and gender-based violence.

Nineteen people, 17 women and two men, provided survey data after the briefing session. People worked in a wide variety of roles with almost half working in the field of women's health and gender equity (e.g., Equity and Inclusion Officer, Home Visiting Liaison Midwife, and Family Violence & Homelessness Rapid Response Worker). Nine people (47%) worked for Cardinia Shire Council with one of these people specifying that they worked within the maternal child health service. Three people were self-employed with one specifying that they were a hairdresser and the other working within the wellness industry. Others worked for Community Restorative Centre Miranda Project, Officer City Soccer Club, a family daycare, Uniting Tas Victoria, VSB Futures, and Windermere.

By attending the sessions the participants have indicated in the pre and post evaluation surveys that they have improved self esteem and confidence in responding appropriately to family and gender based violence.

WHISE with the City of Casey undertook significant evaluations pre and post each session, with the summarised outcomes as per below:

To achieve these three aims stated above, the training program intended to work towards seven objectives.

1. The first objective, to increase understanding of the prevalence and drivers of family violence and gender-based violence, was certainly achieved. Understanding of the prevalence of family violence in their local community and Australia significantly increased following the training sessions. Furthermore, knowledge of how family violence is defined and the drivers of family

violence also increased overall. This foundational knowledge is important because people can feel motivated to take action, they need to first understand the severity of the issue in their community. People also need to understand what family violence is and why it happens so that they can work to stop (prevent) violence before it happens. Yet, we know that in Australia, men are less likely than women to understand gender-based violence and recognise non-physical forms. It is worth noting that the two male respondents to the survey had *very good* knowledge and understanding following the training.

2. There is evidence that all attendees increased their understanding of the role of stereotypes in poor behaviours that lead to family violence and gender-based violence (objective 2). In fact, 100% of people report good or very good understanding of the role of stereotypes. This is critical because we know that gender stereotypes perpetuate the idea that women and girls are less than equal to men and boys. Yet, NCAS data has revealed that fewer Australians report feeling bothered when a male friend tells a sexist joke. It is therefore important for people to understand the role of stereotypes and challenge them to break the cycle of ongoing sexism, gender inequality, and family violence and gender-based violence.
3. The third objective was to increase understanding of how to be an active bystander in different settings. Overall, the participants reported significantly large increases in understanding how an active bystander takes action, and how to take action in different settings. This was an important objective to achieve because we know that about one in five people have said that they would like to take bystander action if they witnessed a male friend insulting or verbally abusing a woman he was in a relationship with but would not know how, and 5% would not feel comfortable to act. Thus, for many people, the techniques for being an active bystander and knowing how to take action in different contexts can seem out of reach or beyond their capabilities. Before people can feel confident to be an active bystander, it is important to build understanding of what it means to be an active bystander and what options are available in different work and/or social settings.
4. The program participants reported an overall statistically significant large increase in confidence to be an active bystander which demonstrated the fourth objective was achieved. In fact, following the training, 91% of people said that they felt confident which suggests they understood the techniques for being an active bystander and felt able to apply their learnings and take action in different contexts. It is hoped that these participants will continue to feel confident to stop the poor behaviours that lead to family violence and gender-based violence as we know that in recent years, there have been declining numbers of people who have taken bystander action after witnessing workplace sexual harassment. Furthermore, men and boys are less likely than women to challenge disrespectful or hostile attitudes towards women.
5. An overall statistically significant moderate increase in confidence to implement safe and respectful ways to manage and refer disclosures shows that the fifth objective was successfully implemented. This was an important objective because responding appropriately to family violence and gender-based violence includes both taking bystander action when witnessing poor behaviours, and managing a disclosure from a victim or perpetrator. Knowing how to manage and refer disclosures appropriately is critical for the safety and wellbeing of victims as it helps them to know they are being taken seriously, their concerns are valid, and that a plan can be developed to support them. Appropriately responding can also empower the person disclosing by letting them know that they are not alone, that their experiences are acknowledged and validated, and that there are options and resources available to them including shelters, helplines, counselling services, and legal assistance.
6. The next objective was to increase capacity to notice when to practice self-care. All program participants finished the training with an understanding of self-care and confidence to make a self-care plan and practice self-care when they feel stressed or anxious. Knowing how and when to practice self-care is critical as burnout is a significant concern in the family violence sector and amongst people who are actively challenging negative behaviours. The nature of the work, coupled with increasing prevalence rates, limited resources, and systemic issues, can contribute to burnout among those working in this field. Practicing self-care is crucial to ensure the wellbeing of people working in this sector.
7. The final objective, to generate interest to complete train the trainer, was accomplished. Three out of four people said that they would like to know more about train the trainer so that they can potentially deliver the Family Violence First Aid Training to more people in different settings. It is hoped that with more people completing the training, there will be increased awareness and education in the community; a greater prevention-oriented mindset which will encourage people in the community to address risk factors, promote health relationships, and implement preventative strategies; and increase collaborative responses between different entities and stakeholders.

The piloting of the Family Violence First Aid Training was therefore successful as people completed the training program with an understanding and confidence to act appropriately to both prevent and respond to family violence and gender-based violence. Though it is important to note that this was a pilot program which means there were some limitations. First, the small number of respondents to each pre and post survey means the findings cannot be generalised to the broader community. A second limitation is that it may have been more valuable to administer one pre survey at the beginning of the training program, and one post survey at the end of session six rather than pre/post surveys for each individual session. The program has been designed so that each session builds on learnings from the previous sessions. This meant that changes in knowledge and understanding, and confidence were minimal for some measures in the latter sessions. The changes in these measures likely would have had more impact if measured at the end of the entire program rather than after each session.

Benefits lasted: 12 months.

The number of people achieving the outcomes during or after the intervention are described in the table below:

Number of people	Number of beneficiaries who...
	Improved self esteem/ confidence
Living in a Capital City	19
Living outside of a Capital City	0

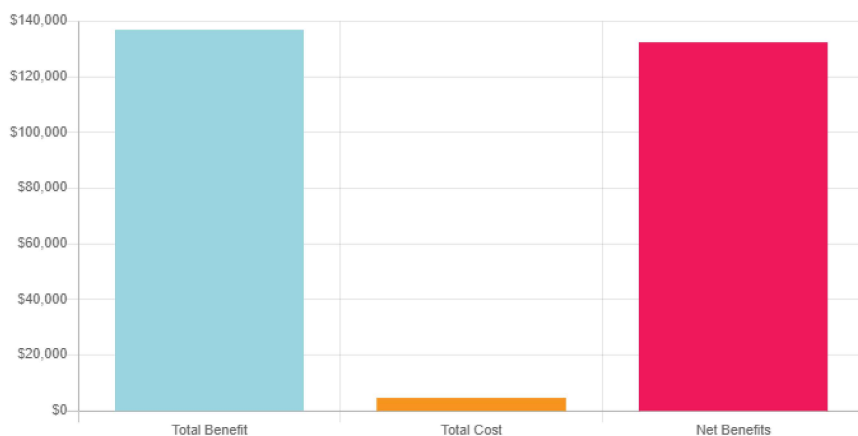
Total number of participants: 19

The total cost of the program is \$4,536. This has been adjusted to account for opportunity cost and optimism bias.

Assumptions:

Cost estimate is direct WHISE staff hours, with 30% overhead applied. This is before being adjusted for opportunity cost and optimism bias.

The key results of the program are presented below:



The net benefits of the program are \$132,319. This represents a benefit cost ratio of 30.17. The net benefit per participant is \$6,964.

By downloading this statement I, Denise Paxinos, of Women's Health in the South East, confirm that this Social Impact Valuation Statement is, to the best of my knowledge, a true and accurate record of the social impact of this program, and that the relevant rules of application have been followed.

The values used in these calculations, provided by the Australian Social Value Bank, are owned by Alliance Social Enterprises (www.asvb.com.au). They have been produced by Simetrica-Jacobs, using best practice methodology for policy evaluation. These values are used under licence # [bY3VQ8] expiry date: [26-06-2024]

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