More than ready: Bystander action to prevent violence against women in the Victorian community

Research report

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List of tables and figures

Contents

Glossary/selected key terms

bystander
A person or persons, not directly involved as a victim or perpetrator, who observes an act of violence, discrimination or other unacceptable or offensive behaviour; for the purposes of this report this includes sexism, discrimination or violence against women.

bystander action
Action taken by a bystander to identify, speak out about or seek to engage others in responding to specific incidents of sexism, discrimination or violence against women; and/or behaviours, attitudes, practices or policies that contribute to sexism, discrimination or violence against women.

gender equity
Fairness and justice in the distribution of benefits and responsibilities between women and men. It often requires women-specific programs and policies to end existing inequalities (WHO 2006).

primary prevention
Strategies that target the underlying determinants and contributing factors of a phenomena *before it occurs*. Strategies for the primary prevention of violence against women can be distinguished from *tertiary prevention* that seeks to respond to past victims or perpetrators to minimise the harm and prevent future occurrences of violence and from *secondary prevention* that targets 'at risk' populations or groups (such as childhood victims or witnesses of abuse).

sex and/or gender discrimination
Behaviours or practices that result in avoidable and unfair inequalities in power, resources and opportunities based on a person's sex and/or gender identity. While the *Sex Discrimination Act 1984* protects individuals across Australia from discrimination on the basis of sex, marital status, pregnancy, family responsibilities and from sexual harassment, discrimination can extend beyond this legal definition. It encompasses both interpersonal discrimination (that occurring between individuals) and systemic discrimination (that occurring in the practices, policies structures and cultures of institutions).

sexism
Behaviour, conditions or attitudes that foster or reinforce rigid gender roles based on a person's sexual characteristics; and which may form the basis of hatred, prejudice or the devaluing of one sex over another.

social norms
Rules of conduct and models of behaviour expected by a society or social group. They are rooted in the customs, traditions and value systems that gradually develop in a society or social group (VicHealth 2007:8).

violence against women

Any act of gender-based violence that results in, or is likely to result in, physical, sexual or psychological harm or suffering to women, including threats of such acts, coercion or arbitrary deprivation of liberty, whether occurring in public or in private life (United Nations 1993).

violence-supportive attitudes

Attitudes and beliefs that justify, excuse, trivialise, deny or minimise violence against women.

Executive summary

Violence against women is a major public health problem and its prevalence remains unacceptably high in Australia. One in three women experience physical violence, and almost one in five experience sexual violence in their lifetime, most often from an intimate male partner.

VicHealth research has demonstrated the significant health impact of violence against women as well as the pivotal role of community attitudes that tolerate or excuse violence against women. While the vast majority of the community recognise violence against women as serious, there is still a significant proportion of the population who believe that violence is acceptable in certain circumstances or who would fail to intervene to stop violence or minimise harm.

In 2007, the VicHealth framework *Preventing Violence Before it Occurs: A framework and background paper to guide the primary prevention of violence against women in Victoria* identified the potential role of 'bystanders' in preventing violence against women. 'Bystanders' are those individuals that are not directly involved in violence as a victim or perpetrator, but who observe an act of violence, discrimination or other unacceptable or offensive behaviour.

The potential role of bystanders is premised on the notion that preventing violence and discrimination is a shared responsibility across the community, and is not just the responsibility of perpetrators or victims. In addition, bystanders are recognised as having potential to influence the social determinants of violence against women, such as the unequal distribution of power and resources between women and men, sexist and discriminatory attitudes towards women, and rigid gender role divisions in communities and organisations. In this way, rather than being limited to intervening in violent incidences or potentially harmful situations, bystanders can also intervene in the social conditions that lead to violence occurring in the first place.

To better understand the organisational and community cultures that support pro-social bystander action (that is, action intended to reduce harm to others), VicHealth initiated the VicHealth Bystander Research Project. This project aimed to assess community and organisational readiness and support for bystander programs in support of the primary prevention of violence against women in Victoria.

An international review of evidence in the field pointed to a current research gap in relation to the barriers and drivers for individuals to undertake pro-social bystander action, as well as the organisational and cultural conditions that support pro-social bystander action.

As part of the VicHealth Bystander Research Project, VicHealth conducted a large-scale community survey. The survey was the first of its kind and sought to identify, firstly, whether Victorians recognised sexist and discriminatory behaviour or cultures as harmful or requiring their intervention and, secondly, their readiness to act on unfair conditions in social settings, workplaces and sports clubs as 'case study' settings. In addition some qualitative study was undertaken to gather further data on the potential approaches for program development to support bystander action in these settings.

The survey findings indicate strong support in the general community for bystander action to address violence and discrimination against women. However, the more subtle and systemic contributors to violence against women – such as sexism and gender discrimination – are still not considered very serious or warranting of bystander action.

Whilst physical and verbal forms of violence against women and sexual harassment are seen as unacceptable by the majority of Victorians, for a significant proportion of the community sexist jokes, comments and attitudes are seen as more acceptable particularly when they occur in social settings.

Around one-third (29 per cent) of respondents stated that they had witnessed sexism towards women in the last 12 months in a social setting, at work, within their sports club or within their family; almost half (47.6 per cent) of these respondents reported either saying or doing something in response or taking some other form of action.

In general, women, university graduates and people aged between 35 and 54 years were most likely to report having taken bystander action in response to violence, sexual harassment or sexism. Whilst young people (aged 18 to 34 years) were the most likely to have witnessed sexism or violence in the last 12 months, they were least likely to have taken pro-social bystander action.

The survey findings identify a small but significant group in the community who recognise and are uncomfortable when witnessing harmful behaviours and cultures but who, for various reasons, choose not to take action. This group of respondents could be categorised as 'ambivalent' and comprised 13.2 per cent of respondents in the overall survey. (This group is defined as those who deemed each of the selected behaviours as never or rarely acceptable and whose stated response to each behaviour was 'discomfort' rather than an intention to say or do something to show their disapproval.) This group is identified as having the potential to take bystander action in the future.

The majority of Victorians expect sports clubs and workplaces to take a leadership role in promoting respectful relationships between women and men. There was very strong agreement that both sports clubs and workplaces have a responsibility to provide respectful and welcoming environments and to make sure that women or girls are not treated unfairly.

However, there were gendered patterns in the perceptions about what kind of culture and conditions actually exist in these settings. For example, fewer than 2 per cent of male respondents believe that women are subjected to unwanted attention in a local sports club setting, whilst almost one quarter (23.7 per cent) of women believe that this unwanted attention is likely to occur.

The survey findings provide an in-depth understanding of the factors that can increase – or indeed, inhibit – the likelihood of individual pro-social bystander action when witnessing sexist, discriminatory or violent behaviour. In particular, the likelihood is influenced by an individual's level of confidence in their capacity to take bystander action; whether they think their bystander action will have a positive impact on the situation; and whether they believe they will have the support of their friends, peers or colleagues.

Victorians are most likely to take pro-social bystander action when they perceive the behaviour as serious and when there is likely to be strong support for such action from their peers and colleagues, from their community or from their organisation.

In the workplace context, respondents were more likely to act if they perceived that certain conditions were in place to support their action, namely: their individual confidence in knowing what to do; their personal confidence that their employer would take the matter seriously; and the perceived level of support they would receive from their colleagues. For example, four in 10 employees interviewed (41.3 per cent) were 'very confident' that all three pre-conditions for bystander action were in place at their workplace; however, the proportion was much higher among males (58.6 per cent) than females (24.4 per cent).

Overall these findings point to the importance of creating community and organisational cultures and conditions that support and encourage bystander behaviour, especially in response to the more subtle and more accepted forms of violence or the behaviours that contribute to violence-supportive attitudes and culture, such as sexist jokes.

Individuals with strong support for gender equality were more likely to report that they have taken bystander action in the last 12 months, as were those who were aware of policies and procedures in their workplace or organisation relating to respectful relationships, gender equality and/or sexual harassment. In addition, those who reported an intention or willingness to take bystander action were more likely to report having actually taken bystander action when witnessing an incident or behaviour.

Overall, the research suggests there is a current and immediate opportunity to strengthen formal and informal support in key settings to enable more individuals and groups – especially among young people and men – to consistently and confidently respond to the social conditions that support violence against women.

The findings of the VicHealth Bystander Research Project to date suggest that there is a potential leadership role for Victorian organisations in undertaking pro-social bystander action in support of preventing violence against women and that there is strong community support for this role. Organisations in the government, non-government, business and community sectors can create cultures, policies and working conditions that promote gender equality and respectful relationships, which will in turn have the effect of increasing bystander action from individuals and groups in the community.

Programs to promote and build capacity for pro-social bystander action will be most effective when they are led by organisations with a commitment to gender equality and respectful relationships. The findings from the VicHealth Bystander Research Project suggest that programs to promote bystander action must:

- increase knowledge of sexism, discrimination and violence against women; and awareness of the impacts of these behaviours and the costs of not taking action
- increase skills to take bystander action safely and effectively
- reduce the perceived social costs or increase the perceived benefits of taking bystander action

- promote organisational cultures that are conducive to pro-social bystander action through clear policies, procedures and leadership.

The VicHealth Bystander Research Project is the first of its kind in Australia and provides a sound evidence base to develop further programs that encourage pro-social bystander action to address the determinants of violence against women. The findings also point to future directions in research, for example to better understand the impact and outcomes of bystander action on the prevalence of violence against women.

The VicHealth Bystander Research Project has indicated some important future directions for program design and development. Programs that are designed to increase bystander action must not only build individual knowledge and skills but also contribute to a social climate that supports and promotes bystander action. These programs are most likely to be effective when they are led by and embedded in organisations that have demonstrated an existing commitment to recognising and ending violence against women.

Where sexism, discrimination and violence go unchallenged they are effectively condoned. Yet silent bystanders are an untapped resource and have a potentially greater role to play in the prevention of violence against women. VicHealth will continue to work in partnership with a range of sectors and organisations to build the capacity and readiness of the Victorian community to undertake pro-social bystander action to prevent violence against women before it occurs.

Introduction

Violence against women was once considered a personal issue; a problem between two people occurring in private and likewise to be dealt with in private. Today many Australians and government policy rightly identify violence against women as a shared community issue, a shared responsibility and requiring whole of community action.

At the federal level, in 2009 the Australian Government released *Time for Action: the National Council's Plan for Australia to Reduce Violence against Women and their Children* (National Council to Reduce Violence against Women and their Children 2009b). *Time for Action* proposed a 12-year national strategy for primary prevention and also further reform of the response and intervention systems for intimate partner violence and sexual assault.

In 2011 the Council of Australian Governments launched the *National Plan to Reduce Violence against Women and their Children* to drive activity in six outcome areas, including primary prevention and respectful relationships (Commonwealth of Australia 2011).

In Victoria, VicHealth has been developing a program of research evidence and strategies to support the primary prevention of violence against women since 2001. Since its publication in 2007, *Preventing Violence Before it Occurs: A framework and background paper to guide the primary prevention of violence against women in Victoria* has informed the development of state government policy on this issue.

At the time of writing, the Victorian Government was developing an Action Plan to Address Violence against Women and their Children, which includes a significant focus on stopping violence before it starts through prevention activity. Together these documents provide a high-level framework for government and community action to prevent violence against women.

While the national and international research evidence identifies several factors that can contribute to violence against women, it is well established that such violence occurs in societies due to the overarching gender inequalities that exist between men and women, as well as community attitudes which condone violence against women or view it as a private matter that is not the concern of the community or governments. Thus violence against women, such as intimate partner and sexual violence, is able to continue partly because many remain silent or tolerate it and its underlying causes. Where inequality, discrimination, sexist attitudes and violence go unchallenged they are effectively condoned. Yet silent bystanders are an untapped resource and have a potentially greater role to play in the prevention of violence against women. Indeed, much international research suggests that engaging bystanders to take action when they witness incidents of violence, sexism and gender discrimination, may be an effective tool in violence prevention.

Violence against women: its prevalence and impact

The impact of violence on the lives of Australian women and their children are far-reaching and cut across lines of age, ethnicity, ability and class. For some women that impact is lethal. Intimate partner homicides account for 20 per cent of all homicides, and four out of five of these involve a man killing his female partner (Davies & Mouzos 2007). According to the Australian Personal Safety Survey one in three women (33 per cent) report experiencing at least one incident of physical violence since the age of 15, while approximately one in six adult women (16 per cent) report experiencing physical or sexual violence from a partner since the age of 15. Nearly one in five women have also indicated that they have experienced sexual assault since the age of 15, again, most commonly at the hands of a known man such as a boyfriend, acquaintance or family member (ABS 2007; 2006). Taken together, this data reflects the overall gendered nature of violence against women; while men who experience violence are most likely to be assaulted by a male stranger, women continue to be most likely assaulted by a current or former male partner or family member (ABS 2006; Morgan 2002; Mouzos & Rushforth 2003). These findings are consistent with those of earlier Australian research which indicated that approximately a third of Australian women surveyed have experienced some form of physical or sexual violence during their lifetime, most often at the hands of a current or former intimate partner (Mouzos & Makkai 2004; ABS 1996). This research also indicated that approximately 80 per cent never report their experience of violence to police (Mouzos & Makkai 2004; ABS 1996).

While there are victims of violence from all walks of life, there are some women who experience disproportionate vulnerability to violence and its impact. For instance, younger women (18 to 24 years) have been found to be at greater risk of both physical and sexual violence than women in older age groups (Mouzos & Makkai 2004). Women with disabilities are particularly vulnerable to violence and abuse, especially where the abuser is also a carer and can exercise control over the woman's daily needs (Brownridge 2006). Much research has demonstrated that women from Indigenous backgrounds face a much higher risk of exposure to violence, suffer more severe forms of abuse, including disproportionately high rates of homicide, and face culturally specific barriers to seeking support (Al-Yaman et al. 2006; Memmott et al. 2001; Mouzos & Makkai 2004; Victorian Indigenous Family Violence Task Force 2003; Cox et al. 2009). While it is unclear whether women from culturally and linguistically diverse (CALD) backgrounds experience greater risk of violence, cultural and language barriers can make it more difficult to access assistance and support for violence once it has occurred. Similarly, while there is contradictory research evidence regarding any increased risk of experiencing violence for women from low-income backgrounds, what is clear is that women with fewer financial resources experience further barriers to accessing support and safe accommodation should they choose to leave a violent relationship.

The scale of the personal impact of violence on women, children and families may well be incalculable, but there are also serious and measureable social and economic costs of violence against women for the broader Australian community. For example, research commissioned by VicHealth (2004) found that domestic violence is the leading contributor to death, disability and illness in Victorian women aged 15 to 44

years, contributing more to ill-health than other risk factors such as smoking and obesity. In Victoria, women represent 66 per cent of those accessing government-funded homelessness services (VicHealth 2011). Many women seek housing support with their children and of these 55 per cent are fleeing domestic or family violence. For individual women over 25 years seeking housing services, 43.5 per cent are fleeing domestic or family violence, while for individual women under 25 years 23 per cent access supported accommodation because of domestic or family violence (AIHW 2011). Furthermore, the annual cost of violence against women to the Australian economy was estimated at $13.6 billion in the year 2008–09 including: health-related costs, lost productivity, legal system expenditure, provision of emergency accommodation and other costs (National Council to Reduce Violence against Women and their Children 2009a). If appropriate action is not taken, that cost is expected to increase to $15.6 billion per year by 2021 (National Council to Reduce Violence against Women and their Children 2009a). In sum, the problem of violence against women is far too prevalent and its effects on individuals and communities far too serious to limit responses to those taking place only after the violence has occurred (WHO 2002).

Primary prevention: a framework to guide activity in Victoria

Tertiary responses to violence against women, such as legal penalties for perpetrators and support services for victims, continue to play a crucial role in our community's overall response to violence against women. However, in the context of continuing rates of victimisation and low reporting of violence to police, such responses are not in of themselves enough to stop violence against women continuing to occur. As such, there has been a significant focus internationally (WHO 2002; 2004; 2006) and within Australia on the role of primary prevention to address violence against women.

In 2007 VicHealth published *Preventing Violence Before it Occurs: A framework and background paper to guide the primary prevention of violence against women in Victoria* (VicHealth 2007). Drawing on an international evidence-base, this document set out a conceptual framework for the prevention of violence against women (henceforth referred to as the 'VicHealth framework') as well as strategic directions and priority areas for government and community action. Based on an ecological model the VicHealth framework identifies the key contributing factors to violence across individual, organisational and societal levels as well as suggesting several key settings for preventative actions (such as social settings, workplaces, as well as sports and recreation).

Violence against women is more prevalent in societies where there is greater gender inequality and where there are strict gender codes and expectations (VicHealth 2007; WHO 2010). Overall what the international research evidence captured by the VicHealth framework suggests is that the prevention of violence against women is ultimately served by promoting gender equity, respect and non-violent attitudes and cultures; and that one way to do so is to target violence-supportive attitudes, sexism and gender discrimination. This includes addressing individual, organisational and societal norms and cultures that support, or have weak sanctions against, gender inequality; as well as norms and cultures that are violence-supportive or have weak sanctions against violence. As such, primary prevention strategies might include

seeking to directly change the violence-supportive, sexist and discriminatory attitudes and behaviours of individuals and organisations. A different, albeit complementary, strategy to promote respectful and non-violent cultures is to encourage those who already hold such attitudes promoting gender equity and respect to speak up and take action whenever they witness violence, sexism and/or gender discrimination. This kind of bystander action to prevent violence against women has been increasingly of interest internationally, but there has been very little applied research in the Australian context and little consideration of how we might facilitate bystander action or indeed what gains might be made by this approach to prevention.

Why support bystander action?

When witnessing an incident of violence, sexism or discrimination against women, an individual, or bystander, makes a decision as to whether to take some form of action to intervene or not. Understanding the decisions and actions of bystanders has been of interest to researchers internationally since at least the Second World War. In particular in the wake of the Holocaust, researchers were anxious to explain the pro-social actions of 'rescuers' as well as the widespread silence and failure of individuals to intervene to prevent the perpetration of genocidal violence and persecution. Some of the most striking research findings in relation to bystanders from this period are those identifying the prevalence of individuals' conformity to peer-group norms and pressures (e.g. Asch 1956; Schachter 1951) and obedience to perceived authority or leadership (Kelman 1958; French & Raven 1959; Bandura 1973; Milgram 1974). In short, bystanders are more likely to intervene if they perceive that their immediate leaders, peer-group or broader community support taking action.

By the 1960s and throughout the 1970s the focus of bystander research was influenced by a number of high-profile cases of bystander failure to intervene. Perhaps the most famous of these was the case of 'Kitty Genovese'. Catherine (Kitty) Genovese was raped and murdered on 13 March 1964, outside her Queens (New York, USA) apartment, where it is alleged 38 neighbours witnessed or overheard the attack, but failed to call the police or intervene to prevent the murder (Rosenthal 1964). Ongoing research into this apparent trend of silent or passive bystanders, has led to a greater understanding of the factors or situations where individuals are more likely to intervene, or in other words, to act as a 'pro-social' or 'active' bystander. Indeed, much research has described the process through which an individual decides whether to take action as a bystander (Darley & Latané 1968; Latané & Darley 1970; see also Dovidio et al. 2006; Clarke 2003 for a review). The most widely cited of these studies is that of influential researchers and social psychologists Latané and Darley (1970), who identify five steps in bystander decision-making:

1. noticing the situation
2. interpreting the situation as requiring intervention
3. assuming responsibility
4. deciding what action to take
5. confidence in one's skills or capacity to take action.

An individual's own understanding of and attitudes towards violence against women, as well as their perception of the social norms of their peer group or community, and their awareness of what action might be taken can all influence this decision-making process. For example, noticing the situation means not only observing it but identifying it as 'violence against women'. Interpreting the situation as requiring intervention and assuming responsibility to do so may be in conflict with social norms suggesting violence against women is 'none of my business' or a 'private relationship matter'. Similarly, intervening may be in conflict with localised peer group norms, such as in some male peer cultures where masculinity is defined as aggressive or violent (Schwartz & DeKeseredy 1997; 2000; 2008; DeKeseredy & Kelly 1995; Sanday 1996; 2007). The VicHealth framework (2007) identifies the key determinants of violence against women as well as a range of contributing factors that may increase the likelihood of violence occurring or being tolerated, in particular cultural and attitudinal support for violence (see table 1 below). As features of an organisational or community environment, these determinants may also influence the likelihood that bystanders will take action to prevent violence against women.

Table 1: Key causes and contributors to violence against women

Source: VicHealth (2007)

Key determinants At the individual level	**Key determinants** At the community/ organisational level	**Key determinants** At the societal level
• belief in rigid gender roles and identities; weak support for gender equality • masculine orientation/sense of entitlement • male dominance and control of wealth in relationships	• culturally-specific norms regarding gender and sexuality • masculine peer and organisational cultures	• institutional and cultural support for, or weak sanctions against, gender inequality and rigid gender roles
Contributing factors At the individual level	**Contributing factors** At the community/ organisational level	**Contributing factors** At the societal level
• attitudinal support for violence against women • witnessing or experiencing family violence as a child • exposure to other forms of interpersonal or collective violence • use and acceptance of violence as a means of resolving interpersonal disputes • social isolation and limited access to systems of support • income, education, occupation • relative labour force status • alcohol and illicit drug use • poor parenting • personality characteristics and poor mental health • relationship and marital conflict • divorce/separation	• neighbourhood, peer and organisational cultures which are violence-supportive or have weak sanctions against violence • community or peer violence • weak social connections and social cohesion and limited collective activity among women • strong support for the privacy of the family • neighbourhood characteristics (service infrastructure, unemployment, poverty, collective efficacy)	• approval of, or weak sanctions against, violence/ violence against women • ethos condoning violence as a means of settling interpersonal, civic or political disputes • colonisation • support for the privacy and autonomy of the family • unequal distribution of material resources (e.g. employment, education)

This report is concerned with the potential of bystander action for the primary prevention of violence; however, to date, "the research literature focuses much more on explaining and describing bystander behaviour than on developing effective interventions to promote it" (Banyard et al. 2004:69). In addition, where bystander interventions are discussed in the international research, it is most commonly in reference to encouraging bystanders to intervene in the moment or after witnessing a specific violent incident, rather than intervening in the social norms or other contributing factors that underlie violence. In other words, the focus of bystander research on violence against women has to date been focused on *intervention* or *tertiary prevention* rather than *primary prevention*.

Bystander action can be directed at stopping a specific incident of violence against women (intervention); or reducing the risk of its escalation and seeking to prevent further physical, psychological and social harm (tertiary prevention). Bystander action may alternatively be directed at challenging some of the key contributors towards violence, such as sexism and gender based discrimination, as well as strengthening broader social norms and community or organisational cultures to prevent violence before it occurs (primary prevention) (see Powell 2011).

About the research

The VicHealth Bystander Research Project: method and approach

As part of VicHealth's ongoing work to support the primary prevention of violence against women the Social Research Centre and academic associates from The University of Melbourne and La Trobe University were commissioned to develop and undertake two companion research projects on bystander action to prevent race-based discrimination and violence against women. Here, the findings of the violence against women research project are reported and some implications for policy and prevention programming are discussed. A companion report discusses the findings of the race-based discrimination portion of the project.

The VicHealth Bystander Research Project sought to assess community and organisational readiness to support and implement bystander interventions for the primary prevention of violence against women in Victoria. As such, the focus of the research was on some of the key contributing factors to violence against women; in particular sexist and discriminatory attitudes and behaviours. The project aimed to:

1. Increase understanding of the Victorian community's capacity and willingness to engage in positive bystander action in response to the occurrence of, or conditions contributing to, violence against women.

2. Identify enablers of and barriers to bystander behaviour and to building cultures which encourage bystander principles and behaviours.

3. Identify settings and audiences to which efforts to strengthen bystander activity could be most effectively targeted.

In order to achieve these aims the VicHealth Bystander Research Project consisted of four components: literature review, a formative qualitative project, a statewide survey, and further qualitative consultations.

A comprehensive literature review (*Review of bystander approaches in support of preventing violence against women,* Powell 2011) was undertaken to identify knowledge gaps and inform further research development. This review identified much international research regarding the concept of bystander action to interrupt or stop an incident of crime or violence in the moment. However, there was a dearth of research literature regarding bystander action to support the primary prevention of violence against women, and virtually no Australian research to guide local program development.

The formative qualitative project consisted of focus discussion groups in order to inform development of a statewide survey as well as pilot testing of a draft survey through individual interviews. Discussions during the formative qualitative component revealed that people tended to associate the terms 'violence' and 'violence against women' with physical violence only. However, participants described other offensive or unacceptable behaviours towards women using terms such as sexism and discrimination.

The statewide representative survey (hereafter the 'Discrimination Against Women Survey') was developed to better understand the capacity and willingness of the Victorian community to engage in bystander action, and the barriers and facilitators to this action. The use of the broader terms of sexism and discrimination against women (referred to above), in addition to violence, was pilot tested and participants consistently associated these terms with a broader range of offensive or unacceptable behaviours towards women than physical violence alone. A further decision was made to focus the survey on the key settings of general social settings, local sports clubs and workplaces; these are three key settings from the VicHealth framework and also represent three key settings where bystanders might witness violence, sexism or discrimination towards women and have the opportunity to take action.

A telephone survey methodology was used for the survey which was conducted with Victorian residents aged 18 years and over. Interviews were mainly undertaken in English and a handful of interviews were also undertaken in Greek, Italian and Mandarin. The final achieved number of interviews was 603, with 399 being undertaken in the Melbourne Statistical Division and 204 in the rest of Victoria. For further detailed information about the development and conduct of the survey, refer to the technical report (Pennay & Powell 2012).

Finally, additional qualitative consultations were conducted with representatives from two case study settings (workplaces and local sports clubs) to gather further data on the potential approaches for an intervention to support bystander action in these settings. Three group consultations were conducted by the Social Research Centre with human resources personnel and a fourth with other employer-representatives (including some from local government). Additional consultations were undertaken with VicHealth personnel who hold expertise in relation to sports settings.

The research findings are presented and discussed in the following section. They focus foremost on the results from the Discrimination Against Women Survey; however, the analysis and discussion is informed by all four components of the project.

Research findings

How ready is the Victorian community to take action to prevent violence against women?

It is well established that violence against women occurs in societies due to the overarching gender inequalities which exist between men and women; as well as community attitudes which condone violence against women or view it as a private matter that is not the concern of the community or governments. For instance, the National Survey on Community Attitudes to Violence Against Women found that those individuals who held less violence-supportive attitudes were more likely to report being willing to intervene in some way to a situation of violence against women (VicHealth 2010). Indeed, following the five-step model developed by Latané and Darley (1970), in order to take bystander action to prevent violence against women and its underlying contributors, an individual has to first notice the situation as an unacceptable one.

While previous community attitudes surveys have found that a majority of the community identifies physical forms of violence against women as serious, non-physical forms tended to be seen as less serious. For example, in the National Survey on Community Attitudes to Violence Against Women one in five respondents categorised 'yelling abuse at a partner' and 'controlling a partner by denying them money' as either 'not that serious' or 'not serious at all' (VicHealth 2010). Yet little is known about how serious or acceptable the Victorian community views key contributors to violence against women (such as sexist and discriminatory behaviours or unfair treatment of women in organisations) or the extent to which Victorians believe that action from bystanders is warranted.

Do Victorians recognise sexist and discriminatory behaviours as unacceptable?

The Discrimination Against Women Survey first asked respondents about the acceptability of a select set of behaviours across general social settings (Figure 1), local sports clubs (Figure 2), and the workplace (Figure 3). These were chosen as examples from across a broad spectrum of sexist, discriminatory and violent behaviours that an individual might witness as a bystander in the various settings.

Figure 1: Perceived acceptability of selected behaviours in general social settings

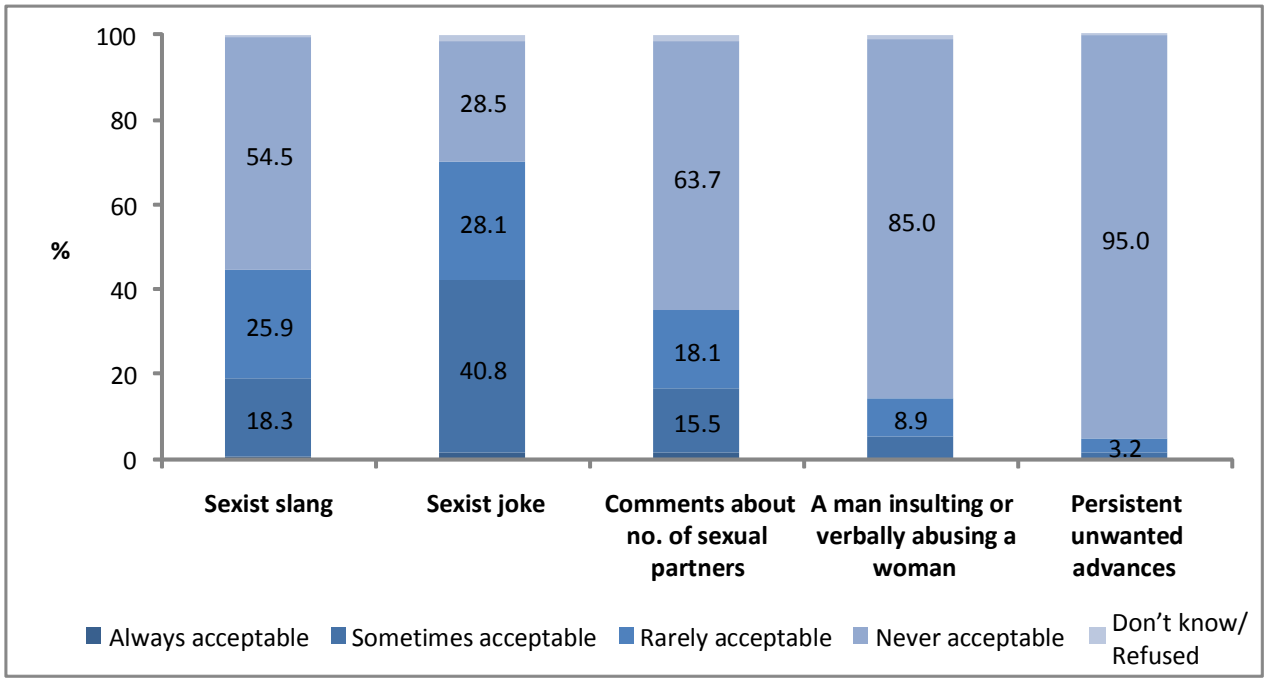


Figure 2: Perceived acceptability of selected behaviours in local sports club settings

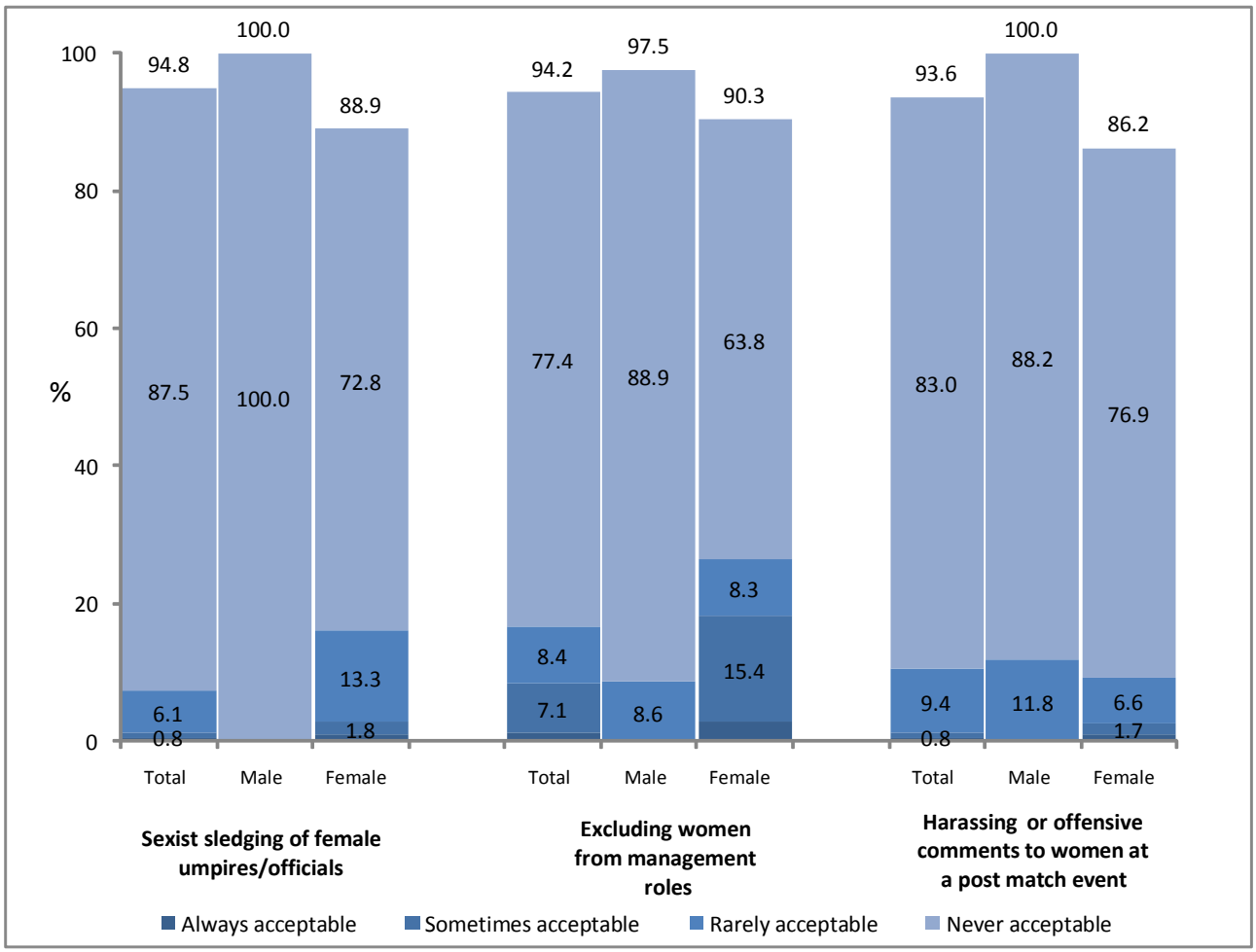
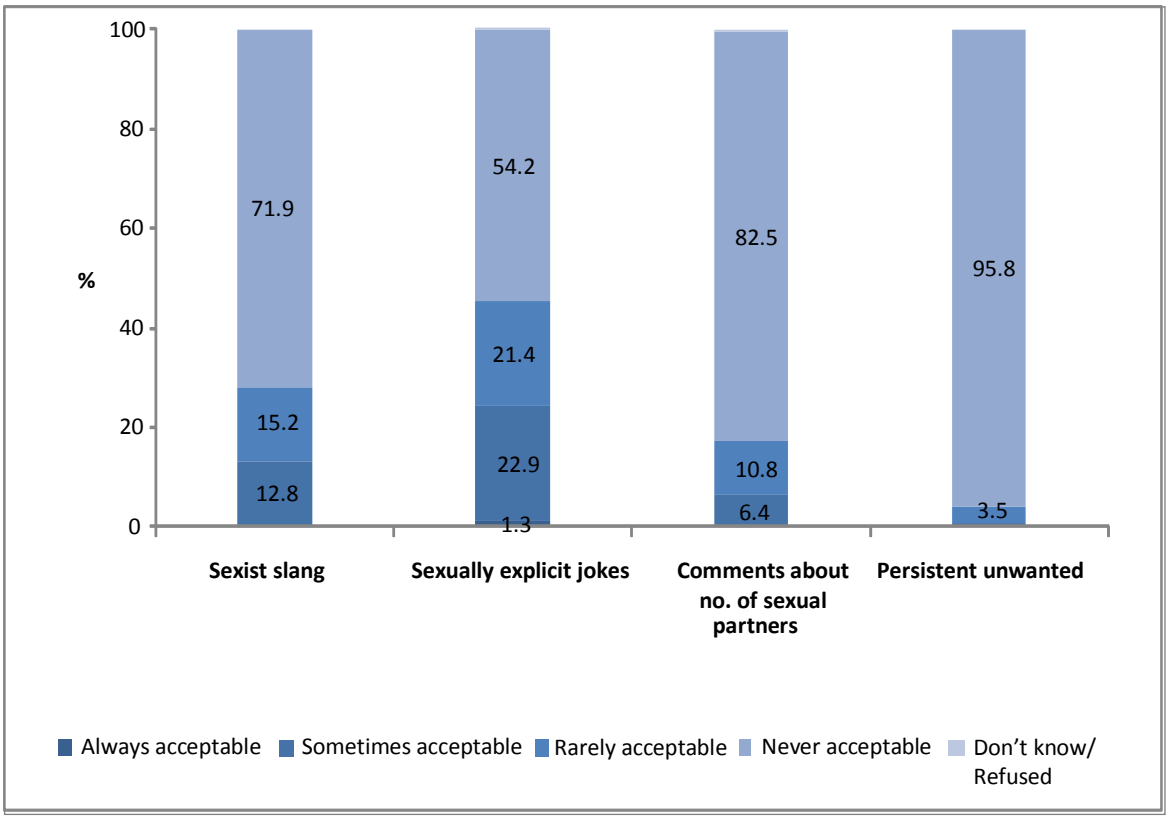


Figure 3: Perceived acceptability of selected behaviours in workplace settings



The findings show that the majority of the Victorian community view sexually harassing (e.g. comments about number of sexual partners, persistent unwanted sexual advances) and verbally abusive behaviours towards women as never or rarely acceptable whether occuring in general social settings, local sports clubs or workplaces. There was strongest agreeement about unacceptable workplace behaviour, where 95.8 per cent view persistent unwanted sexual advances as never acceptable, and 93.3 per cent view comments about number of sexual partners as never or rarely acceptable. This compares to general social settings where, while a similar proportion of respondents viewed persistent unwanted sexual advances as never acceptable (95 per cent), a slightly lower proportion viewed comments about number of sexual partners as never or rarely acceptable (81.8 per cent) with 15.5 per cent viewing them as sometimes acceptable.

This difference between the acceptability of harassing behaviours towards women in general social settings and workplaces can likely be explained by the highly regulated and professional nature of workplace settings, where sexual harassment in particular is unlawful. However, it also points towards a higher community tolerance of sexually harassing and abusive behaviours towards women in general social settings.

Particularly striking is the relative community acceptance of sexist attitudes, as expressed through sexist slang and the telling of sexist jokes. While again these were deemed less acceptable in workplace settings, in general social settings there was greater acceptance of using sexist slang to describe women (54.5 per cent regarding this as never acceptable, 25.9 per cent rarely acceptable, and 18.3 per cent sometimes

acceptable). There was also greater acceptance with regards to a man telling a sexist joke about women, with 28.5 per cent regarding this as never acceptable, 28.1 per cent rarely acceptable, and 40.8 per cent sometimes acceptable.

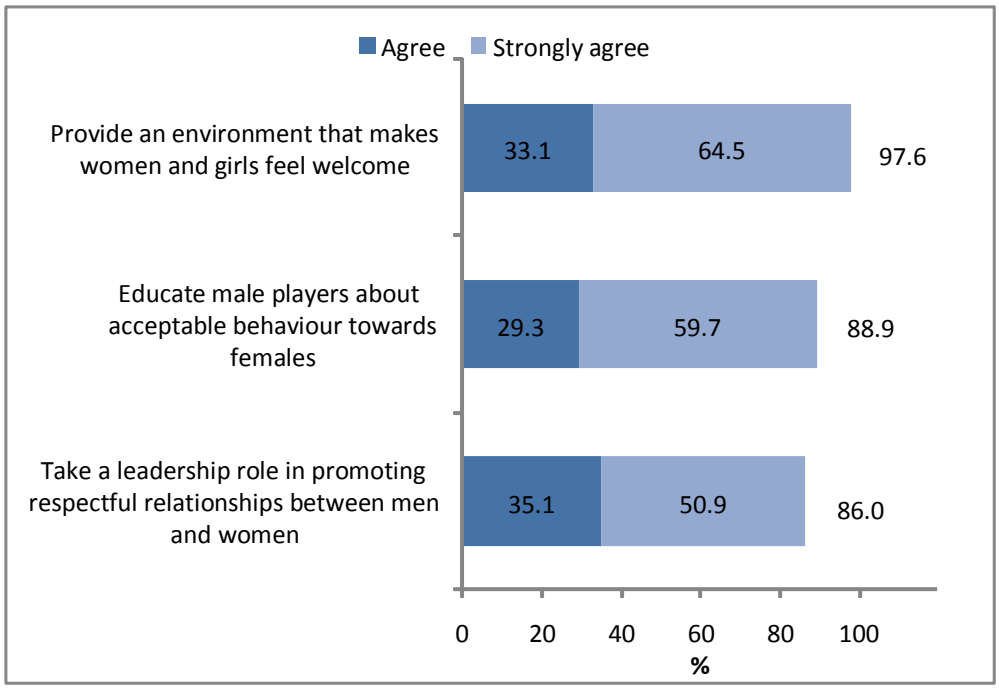
These findings support and expand upon those of a previous Victorian community attitudes survey which found that while the general community may readily identify physical and sexual violence as serious, there is less acknowledgement of other forms of violence and abuse including verbal, emotional, social and economic abuses (VicHealth 2006). Together this suggests that in order to promote bystander action in response to the subtle yet systemic issues of sexism and gender-based discrimination, programs will need to inform and demonstrate the seriousness of these behaviours in terms of their harm and their contribution to violence-supportive cultures.

Do Victorians believe that organisations should be pro-social agents?

The extent to which the community views it as the role of organisations such as local community sports clubs and workplaces to take a pro-social stance in preventing violence against women is an important aspect of this research, particularly insofar as it provides some insight as to whether or not the community expects leadership on this issue from these sectors.

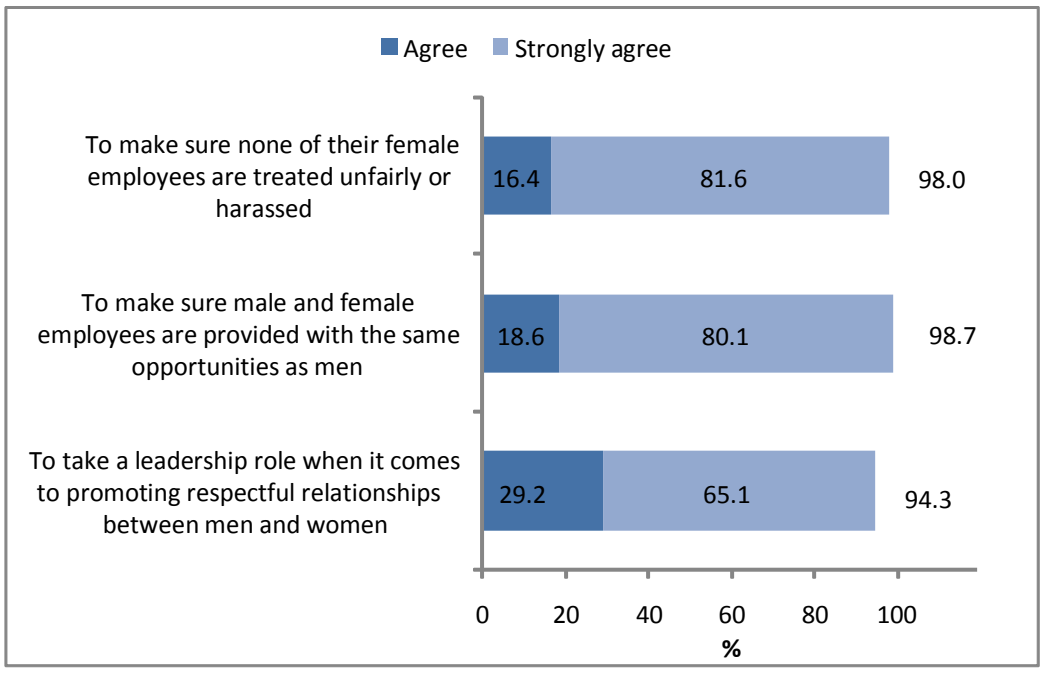
The survey findings show (see Figure 4 below) that almost without exception respondents expect their local community sports clubs to provide an environment that makes girls and women feel welcome (97.6 per cent). In addition, almost nine in 10 (88.9 per cent) expect local community sports clubs to educate males about acceptable behaviour towards females and 86 per cent are of the view that the local sports club should play a leadership role in the community in promoting respectful relationships between men and women.

Figure 4: Percentage of respondents agree that local sports clubs have these responsibilities



The survey findings likewise show (Figure 5 below) that the vast majority of respondents have an expectation that employers will ensure that women are provided with the same opportunities as men (98.7 per cent) and ensure that none of their female employees are treated unfairly or harassed (98 per cent). Over nine in 10 (94.3 per cent) also agreed that employers should take a leadership role in educating their workforce about respectful relationships between men and women. In sum, there are extremely high community expectations of organisations to do more to promote gender equity and respect.

Figure 5: Percentage of employees who agree that employers have these responsibilities



Do Victorians believe that action to prevent sexism, discrimination and violence against women is warranted?

There is some promising evidence from previous research to support community readiness for taking bystander action in relation to violence against women. For example, the National Survey on Community Attitudes to Violence Against Women reported that a majority (81 per cent) of respondents agreed that they would intervene in some way in a situation involving domestic violence (VicHealth 2010). Most said that they would intervene either by offering support or advice by talking to the victim (49 per cent), or by reporting the incident to police (41 per cent). These results reflect those of the earlier Victorian survey, which found that: 'most Victorians reported that they would intervene in some way in a situation of domestic violence, including where the victim was a stranger (81 per cent), neighbour (84 per cent) or family member or friend (95 per cent)' (VicHealth 2006: 65). However, this community readiness to act as a bystander has only been measured with respect to domestic violence, which most in the Victorian community identify as constituting physically violent and criminal behaviour.

The Discrimination Against Women Survey sought to assess community readiness to intervene in a broader range of sexist, discriminatory or abusive behaviours towards

women. Survey respondents were asked how they thought they would react when witnessing a set of example sexist and violent behaviours across general social settings (Figure 6), local sports club settings (Figure 7) and in the workplace (Figure 8).

Consistent with the previous research cited above, a majority of respondents stated that they would say or do something in response to at least one of the behaviours. Respondents stated intentions to take some kind of bystander action was highest in response to physical and verbal abuse of women and discriminatory practices. For example, 83.6 per cent would take action in response to persistent unwanted advances in general social settings, and 92.3 per cent in workplace settings. A total of 81.9 per cent would take action in response to unfair policy or practice in the workplace, and 74 per cent would take action in response to verbal abuse of a woman in general social settings.

(In Figures 6, 7 and 8 'Nett: Take action' refers to taking action in response to at least one of these scenarios; 'Always take action' relates to saying or do something to show disapproval in response to *all* of these scenarios).

Figure 6: Stated intentions when witnessing selected behaviours in general social settings

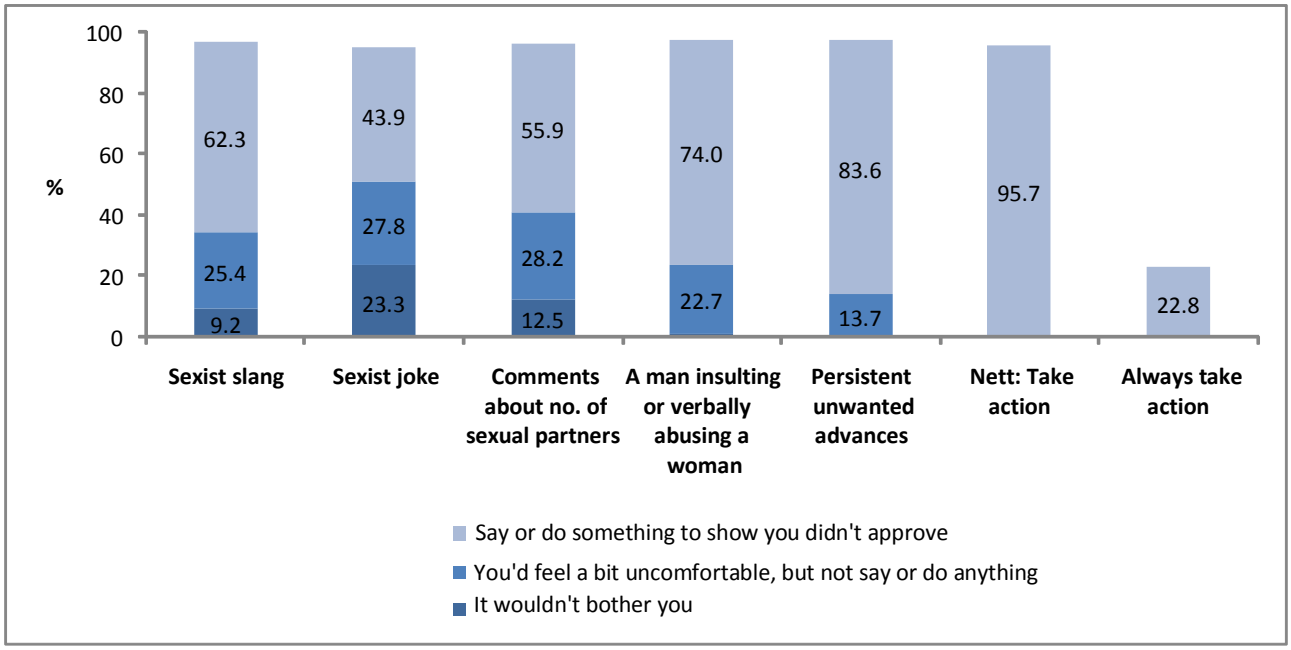


Figure 7: Stated intentions when witnessing selected behaviours in local sports club settings

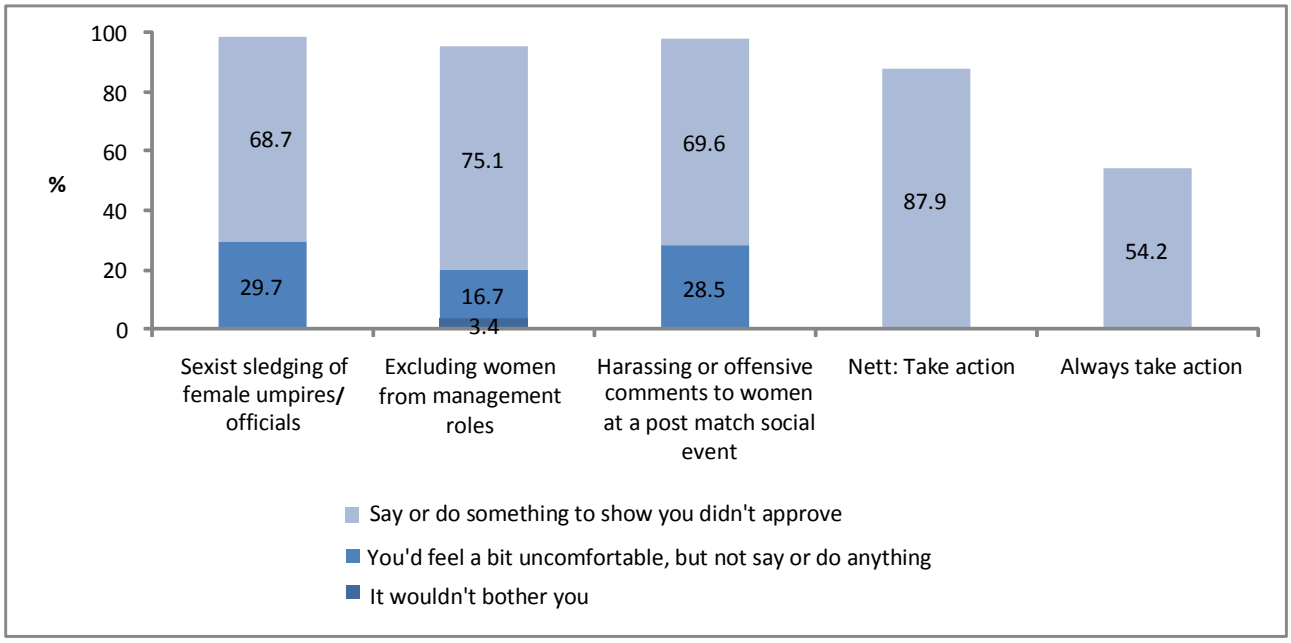
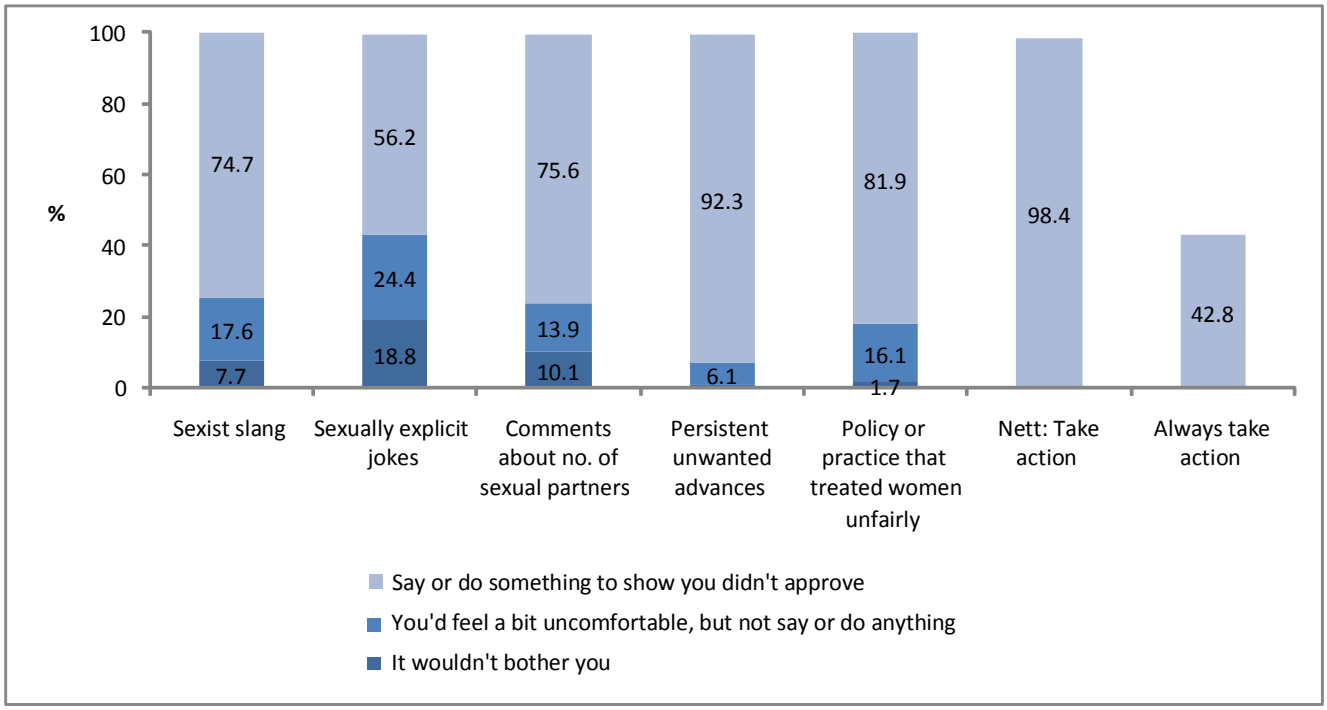


Figure 8: Stated intentions when witnessing selected behaviours in workplace settings



Of particular interest are the comparatively low stated intentions to intervene in the more subtle behaviours such as sexist comments, jokes and slang. As shown in Figure 6, a man telling a sexist joke about women in a social setting is the incident least likely to elicit a bystander response, with 43.9 per cent of respondents reporting that they would say or do something to show their disapproval. From a primary prevention perspective, these behaviours can contribute to violence-supportive cultures and are counter-productive to the promotion of gender equity and respect. The intended responses to sexist behaviours further suggest a relative tolerance of sexism particularly in general social settings, where less than half of respondents stated they

would say or do something in response to a sexist joke. Even in the workplace (Figure 8 above), which generally had the highest rate of intended bystander action, 43.2 per cent of those surveyed said that sexually explicit jokes at work either wouldn't bother them, or they'd feel uncomfortable but not say or do anything.

Overall, almost a quarter of respondents (22.8 per cent) said that they *would* say or do something to show their disapproval in response to all of the hypothetical scenarios presented (data not shown). This proportion was significantly higher for females (30.2 per cent) than for males (14.5 per cent) and for those with higher education (30 per cent) than not (21.1 per cent), which is consistent with broader literature indicating that these groups are more inclined towards taking bystander action. Those aged 18 to 34 years were also less likely to have reported that they would take action in response to the selected scenarios (10.4 per cent) while the 35–55 age group had a significantly higher rate of intended bystander action (27.8 per cent), followed by 55+ (23.2 per cent).

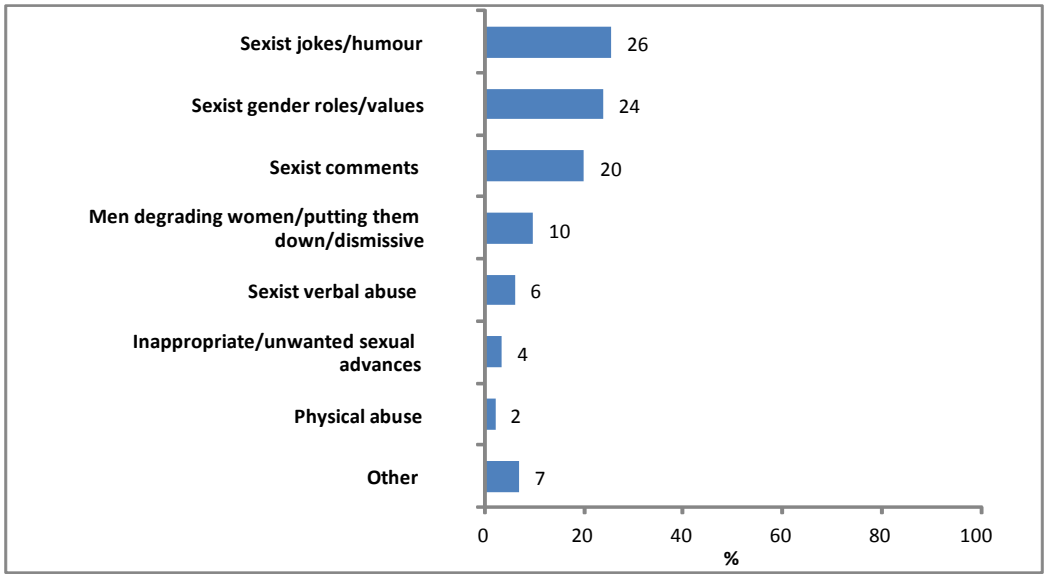
Of relevance to supporting bystander action in the Victorian community are those respondents who deemed sexist, discriminatory and abusive behaviours as never or rarely acceptable, but who reported their response as 'discomfort' rather than an intention to intervene when witnessing one of these scenarios. This group of respondents could be catergorised as 'ambivalent', but also as having the potential to take action as bystanders in the future. In the overall survey this 'ambivalent' group comprised 13.2 per cent of respondents, with no statistically significant characteristics defining them across sex, age, country of birth, education level or geographic region.

How do Victorians actually respond when witnessing sexism, discrimination and violence against women?

While behavioural intentions are considered important for understanding why and how people act in particular ways, there is a frequently observed difference between an individual's self-reported intentions to act in a certain way, and how they actually act. This has often been referred to in the research literature as the 'intention-behaviour gap' (see Sniehotta et al. 2005).

The survey also asked respondents whether they had witnessed any incident involving sexist behaviour towards other women whether at work, at their local community sports club, among friends or among extended family in the last 12 months. The actual wording of the question was 'Have you witnessed sexism towards (other) women in any of the following situations or settings?' The term 'sexism' was used as earlier qualitative and cognitive testing of the survey items indicated that it brought to mind the broadest range of sexist, discriminatory and violent behaviours amongst the sample population. This is further borne out in the range of responses to this survey question as shown in the figure below.

Figure 9: Type of incident witnessed in the last 12 months



A total of 29 per cent of respondents reported that they had witnessed 'sexism' towards (other) women in at least one of the settings in the last 12 months. The most common setting in which people witnessed this broad range of sexist, discriminatory or violent behaviour towards women was when socialising with friends (20.6 per cent).

> ***"If you're uncomfortable with something, you should be able to say 'hey that comment's not appropriate…please don't make those sorts of comments'."***

Amongst employed respondents, 9 per cent had witnessed this sort of behaviour at their workplace in the last 12 months as had 13 per cent of those involved in a local community sports club. A similar proportion (11.6 per cent) had witnessed sexist, discriminatory of violent behaviour towards women amongst their extended family. Young people (aged 18–34) were significantly more likely to report having witnessed sexist behaviour towards women in these selected settings in the last 12 months (48.5 per cent); those aged 55 years+ were significantly less likely to have done so (21.2 per cent). University graduates were also more likely (38.7 per cent) to report having witnessed sexist behaviour towards women in one of the selected settings in the last 12 months.

Those respondents who reported having witnessed sexism towards women were then asked if they said or did anything in response, ie if they took some form of bystander action. Almost half (47.6 per cent) reported doing so (see Table 2). The findings show that females (62.9 per cent) were more likely than males (28.5 per cent) to take action and those aged 18 to 34 years (31.2 per cent) were less likely to take action than those aged 35 to 54 years (57.3 per cent). University graduates (58 per cent) were also more likely to take action than those who weren't university graduates (44.2 per cent).

Table 2: Percentage who reported taking bystander action

Selected characteristic	n	%
Total	*179*	47.6
Gender		
Male	*64*	28.5#
Female	*115*	62.9#
Age group (years)		
18–34	*33*	31.2
35–54	*84*	57.3#
55+	*62*	47.5
Country of birth		
Australia	*137*	45.0
Other	*42*	55.1
Education		
Not university graduate	*95*	44.2
University graduate	*84*	58.0#
Region		
Melbourne (Stat Div)	*120*	50.9#
Rest of Victoria	*59*	38.4
Type of incident		
Sexist jokes/humour	*36*	22.3
Sexist comments	*36*	49.6
Sexist gender roles/values	*43*	63.5
Men degrading women/putting them down/ dismissive	*21*	57.2
Inappropriate/unwanted sexual advances	*7*	81.4
Sexist verbal abuse	*13*	57.8
Physical abuse	*5*	100.0

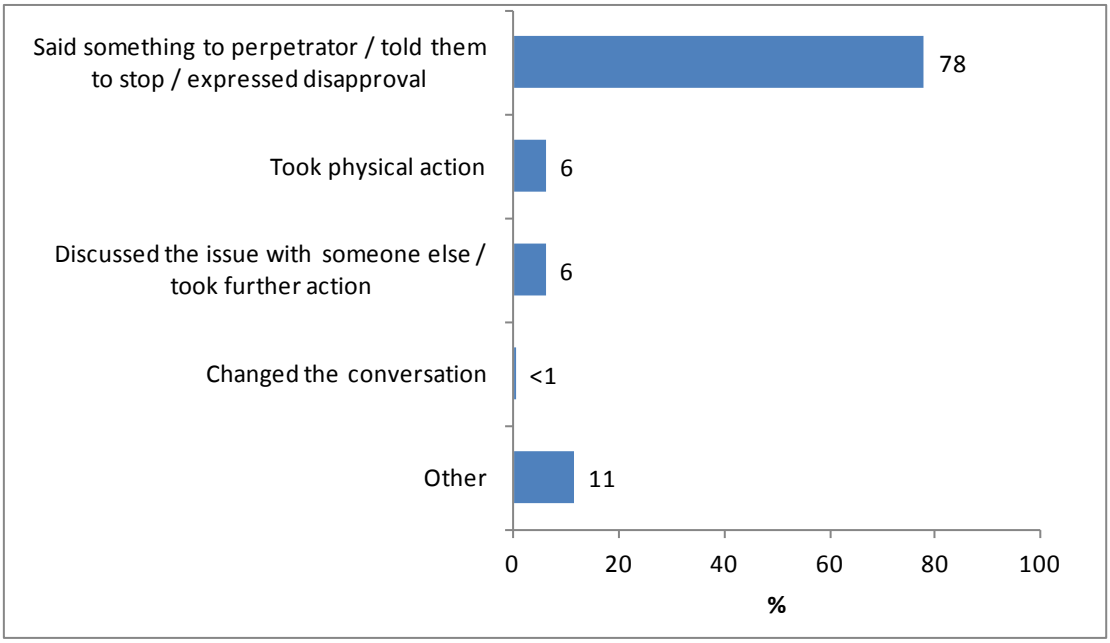
Significance testing against total using t-test for column proportions.
# denotes statistically significant at the 95% two-tailed confidence level.

The findings also suggest that bystanders may be more likely to 'respond' to behaviours that are more readily identified as sexually harassing and/or abusive behaviours towards women, rather than sexist jokes or comments alone.[1] This response appears consistent with the findings discussed earlier that individuals are less likely to view sexist comments or jokes as unacceptable or warranting some kind of action. Nonetheless, there remains a further 'ambivalent' population here, compared to the percentage who identified these behaviours as never or rarely acceptable.

Those respondents who reported taking some form of bystander action where asked to describe the type of action they took. The responses to this open-ended question were grouped according to categories; the results of this grouping are shown in Figure 10 below.

[1] These results are not statistically significant due to small sample sizes available.

Figure 10: Type of bystander action taken



Overwhelmingly, most of the respondents (78 per cent) reported saying or doing something at the time of the incident to show their disapproval; rather than for example intervening physically, providing direct support to the target of the behaviour or reporting the incident to a third party or following up after the incident occurred. Some examples of respondents' described actions are included below.

> *"We had an altercation and we resolved it."*
>
> *"I said something to them."*
>
> *"I spoke to him and said it wasn't necessary to speak to her like that and asked if she wanted to leave the situation."*
>
> *"I spoke to the person, and a few of us (in the family) don't use Facebook anymore."*
>
> *"I said something, I told them to ease up on it."*
>
> *"Said something to them, that the text message wasn't funny it was disgusting."*

Is there a relationship between intention to act and taking action?

Evidence is emerging in the health promotion literature that in addition to a *commitment* to behave or act in a certain way, *detailed planning* of the action to be taken as well as *perceived self-efficacy*, or belief in one's own capacity to take action, as well as positive *outcome expectancies* are all important predictors of behaviour (Sniehotta et al. 2005; Dzewaltowski, Noble & Shaw 1990; Garcia & Mann 2003).

A certain level of *risk awareness*, or understanding the risks of not taking action (Renner & Schwarzer 2003; Weinstein 2003), is also linked to forming a behavioural intention. Although risk awareness alone is not a consistent predictor for behaviour, it does appear to be very important in an individual forming an intention to act in a particular way.

The Discrimination Against Women Survey results were further analysed to identify key characteristics of those individuals who reported intending to take action as bystanders in the hypothetical scenarios, and who reported actually taking bystander action when witnessing sexism, discrimination or violence against women. By scoring participants on their responses to these survey items a summary 'level of pro-social intentions' score was calculated.[2]

Table 3: Relationship between individual's score on level of pro-social intentions and action taken as bystanders

		Level of pro-social intentions		
	Total (n=603) %	**Low (n=158) %**	**Moderate (n=286) %**	**High (n=159) %**
Did not witness sexist behaviour towards women	71.0	75.0	71.6	64.6
Witnessed and took action	13.8	4.5#	13.2	27.3#
Witnessed and did not take action	14.5	20.5	14.2	7.1
Don't know/refused	0.7	0	0.9	1.0

Significance testing against total.
# denotes statistically significant at the 95% confidence level.

The analysis suggests a relationship between pro-social intentions (or the reported *intention* to take action) and reported pro-social behaviours. More than three quarters of those with high pro-social intentions who reported witnessing sexist behaviour towards women said they took action as a result. This proportion decreases to around half for those with a moderate pro-social intention, and around one in four of those with a low pro-social intention. In other words there is a relatively strong relationship between a high stated *intention to intervene* if witnessing sexism, discrimination or violence against women and pro-social bystander *action taken* when witnessing an incident.

> ***"I said something in defence of the other person who was deeply hurt and wouldn't speak up on their own behalf."***

What are the barriers and facilitators to taking action as bystanders?

Latané and Darley's (1970) five-step model for understanding bystander behaviour identifies an individual recognising an incident as a problem or unacceptable, that it warrants a response and assuming responsibility, all as important pre-cursors to taking action. The results discussed above clearly demonstrate that most Victorians agree that sexism, discrimination and violence towards women are unacceptable; but not all express the intention to respond, and fewer again report actually taking action. An important aim of the Discrimination Against Women Survey was to better understand the barriers

> ***"…because I was offended and I thought that it was completely inappropriate in a workplace situation."***

[2] Refer to the technical report for complete method of calculation.

and facilitators of bystander action, both for individuals and at an organisational level in key settings.

How do Victorians explain their responses to witnessing sexism, discrimination or violence against women?

The main barriers and facilitators for Victorians to take up pro-social bystander action are summarised in the table below.

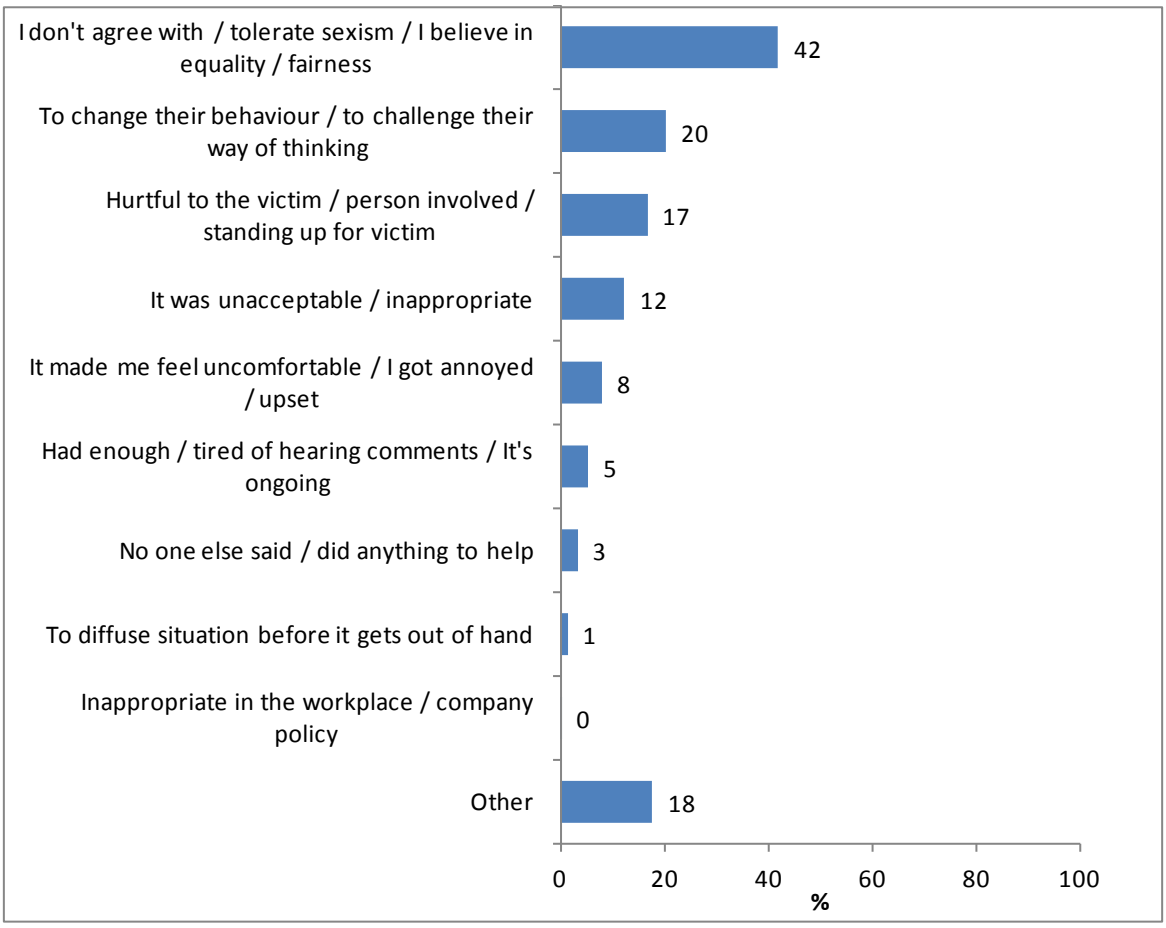
Table 4: Barriers and facilitators to bystander action

Enablers of bystander action	Obstacles to bystander action
• Knowledge of what constitutes violence against women. • Awareness of harm caused by violence against women. • Perceived responsibility to intervene. • Perceived ability to intervene. • Desire to educate perpetrator. • Empathy for and desire to support the victim. • Self-validation, catharsis – expressing anger, disapproval etc. • Personal belief in gender equity.	• The ambiguous nature of some everyday sexism and heterosexism. • Exclusive group identity; male peer groups based on violence/aggressive masculinities. • Fear of violence or being targeted by perpetrator; fear that masculinity will be called into question. • Perception that action would be ineffective. • Lack of knowledge about how to intervene. • Rigid adherence to traditional gender roles; attitudes supporting male dominance. • Impression management, preserving interpersonal relations.

Survey respondents were asked to reflect on their reasons for taking action in response to the incident they had witnessed. The responses to this open-ended question were grouped according to categories; the results of this grouping are shown in Figure 11 below.

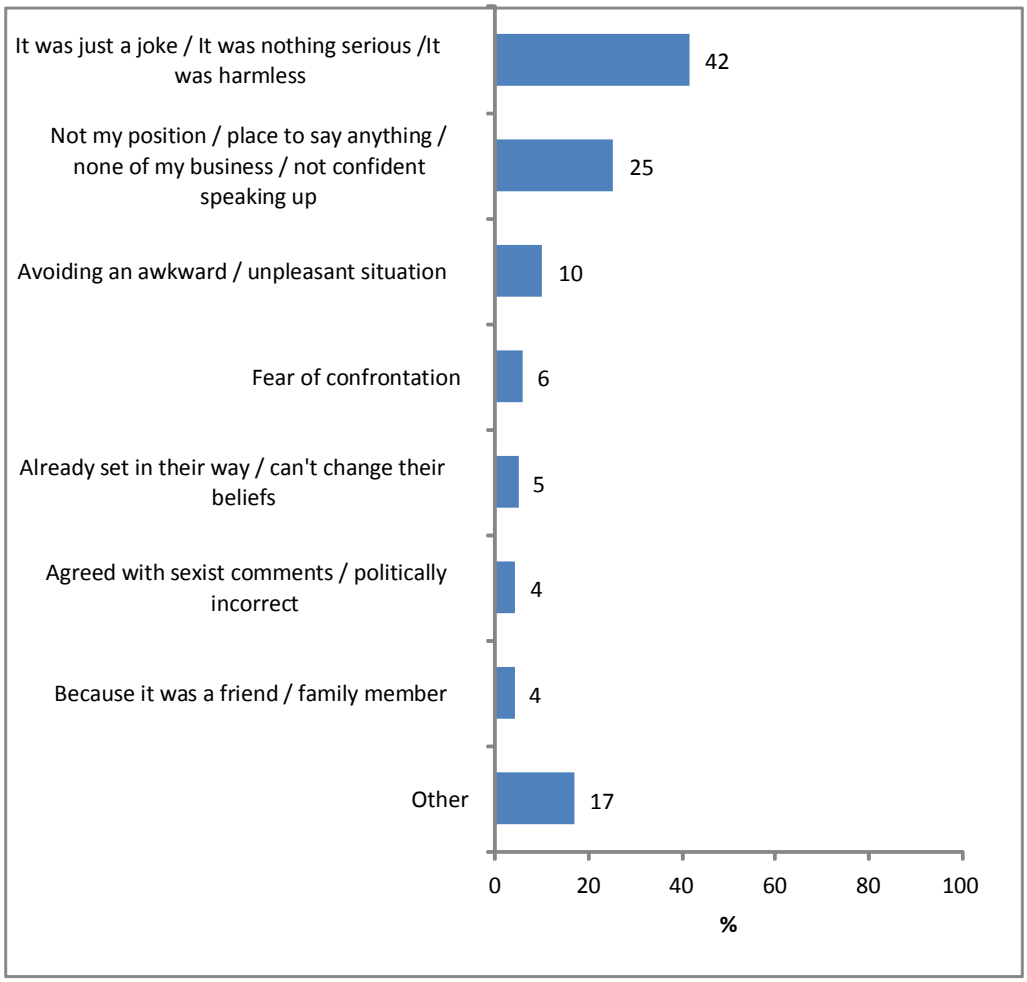
> *"I have a firm belief that there should be equality between men and women."*

Figure 11: Stated reason for taking bystander action



Those respondents who reported that they had not taken any action when witnessing an incident of sexism towards women, were asked to reflect on their reason for choosing not to act. The responses to this open-ended question were grouped according to categories; the results of this grouping are shown in Figure 12 below.

Figure 12: Stated reason for not taking bystander action



The most common reasons for not taking action were firstly, not defining the situation as unacceptable and warranting action (e.g. 'It's not serious'), or secondly not assuming personal responsibility for action (e.g. 'It's none of my business'). This further supports the explanatory value of Latané and Darley's (1970) model. Additional reasons given for not taking action were concerns regarding the potentially negative outcome of taking action for self and others (e.g. awkward situation, fear of confrontation, or that action would be ineffective to change the person's behaviour).

> ***"I don't want to know about this sort of thing, it's not my business…I don't want it to be my business."***

These findings further confirm the approach adopted in much of the international literature suggesting that to support bystander action, individuals must first be able to identify the behaviour; be convinced about the seriousness of the behaviour; be convinced that they share a responsibility for addressing the behaviour; feel confident in their

skills and capacity to take safe and appropriate actions; and finally, that their action will make a positive difference.

What is the relationship between attitudes to gender equity and bystander action?

In previous Victorian and national community attitudes research on violence against women, it has been found that the strongest predictor for an individual holding violence-supportive attitudes towards women can be predicted based on their score on the 'gender equity scale' (VicHealth 2006; Taylor & Mouzos 2006; McGregor 2009; Inglehart & Norris 2003). The Discrimination Against Women Survey used an expanded conceptualisation of the Gender Equity Scale as adopted by McGregor (2009) in analysing the results of the National Community Attitudes Towards Violence Against Women Survey. A detailed description of the scale and its calculation are included in the technical report (Pennay & Powell 2012; see also VicHealth 2010).

Briefly, respondents were asked a series of attitudinal statements about women and men and their role in society. The responses to those statements were summed to give a score out of 100. Those who scored highly (closest to 100) gave answers to the statements which indicated they supported gender equity – that is that women should be afforded the same rights, roles and opportunities in society as men. Those who scored lower on the gender equity scale (closer to zero) expressed views that indicated less support for women receiving equal treatment and equal access to resources.

Table 5 below shows the gender equity scores across three categories – low, medium and high – and looks at the correlation between attitudes to gender equity and pro-social intentions and behaviour.

Table 5: Pro-social intentions and behaviour by gender equity score

	Pro-social inclination and behaviour				
	Base (n=603) (n)	Low (n=145) %	Moderate (n=244) %	High (n=115) %	Took action (n=99) %
Total		29.2	40.4	16.6	13.8
Low gender equity	158	37.6	42.3	10.2	9.8
Medium gender equity	290	30.1	41.4	18.7	9.8
High gender equity	155	17.2#	36.1	20.0	26.7#

Significance testing against total using t-test for column proportions.
# denotes statistically significant at the 95% two-tailed confidence level.

The findings show that individuals with a low or medium gender equity score (that is, tended not to support equal roles for men and women in society) were about one-third less likely to report having taken action in the last 12 months in response to an incident involving sexist, discriminatory or violent behaviour towards women (9.8 per cent) than those with a high gender equity rating (26.7 per cent of whom reported taking action in response to an episode involving such behaviour in the last 12 months). In other words, consistent with the national survey, the findings show that

those individuals who adhere to attitudes supportive of gender disparity and unequal gender roles in society were least likely to take bystander action in relation to sexism, discrimination and violence against women.

What are the features of an organisation that encourages bystander action?

Sports clubs, workplaces and other organisations (including community groups, education, local government, religious communities) have been identified in the VicHealth prevention framework as key settings in which attitudes and social norms condoning violence against women can be challenged (VicHealth 2007). Organisations themselves can actively create environments which challenge violence-supportive cultures and promote respect and are conducive to individuals' taking bystander action; both formally (for example through policies and programs seeking to respond to incidents of violence and promote gender equity and respect) and informally (through peer, collegial and/or management cultures not accepting of sexism, discrimination and/or bullying or violence). Together, formal and informal environments within organisations can be mutually reinforcing; with neither one nor the other alone being enough to promote gender-equity and respect.

Survey respondents were asked about their awareness of organisational policy or programs promoting respectful behaviour towards women in the two settings: local sports clubs and workplaces (Figures 13 and 14 below). The results show a relatively low awareness of policy and programs. This is a particularly important finding for the workplace setting, given the legislative obligations of workplaces to take positive steps to prevent discrimination and sexual harassment. It does not necessarily mean that such policies are not in place; but is at least an indication that these policies are not routinely promoted to employees or members.

Figure 13: Per cent aware of policies or programs promoting respectful behaviour towards women in local sports clubs

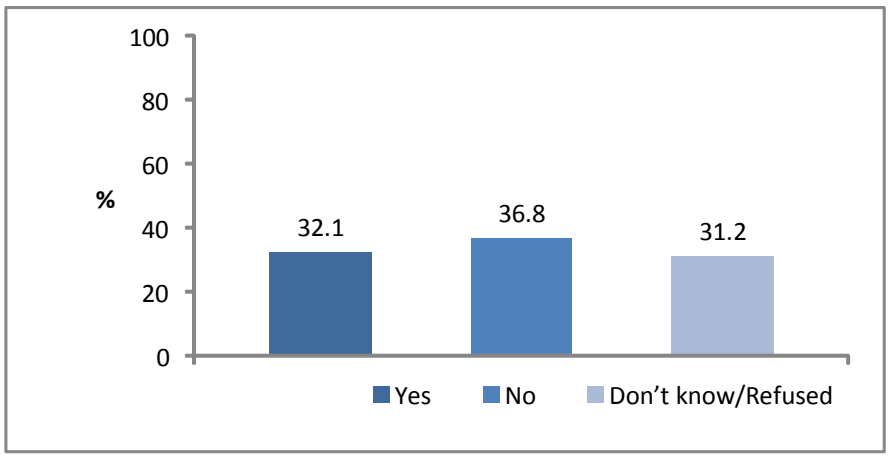
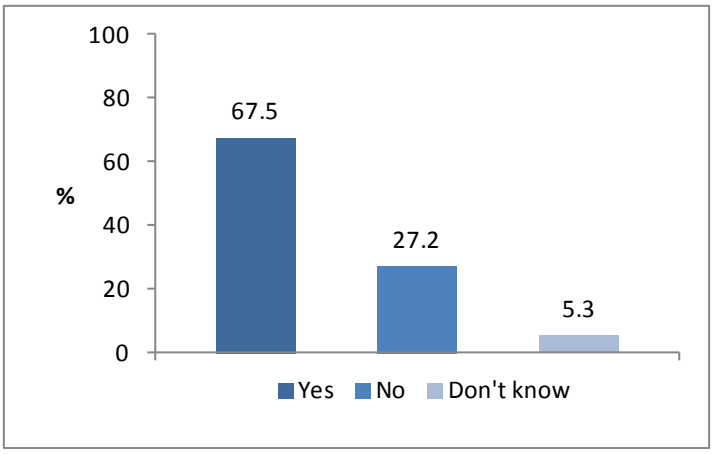


Figure 14: Per cent aware of policies or programs to educate or inform employees about acceptable behaviour towards women in the workplace



The VicHealth framework furthermore identifies organisational cultures promoting respectful treatment of women as a key factor in the prevention of violence. This can be particularly important for supporting bystander action as much international research has suggested that the social norms of peer groups and communities can have a powerful impact on the likelihood that an individual will take action as a bystander (Berkowitz & Daniels 1963; Clarke 2003; Berkowitz 2003; Fabiano et al. 2000; Kilmartin et al. 1999).

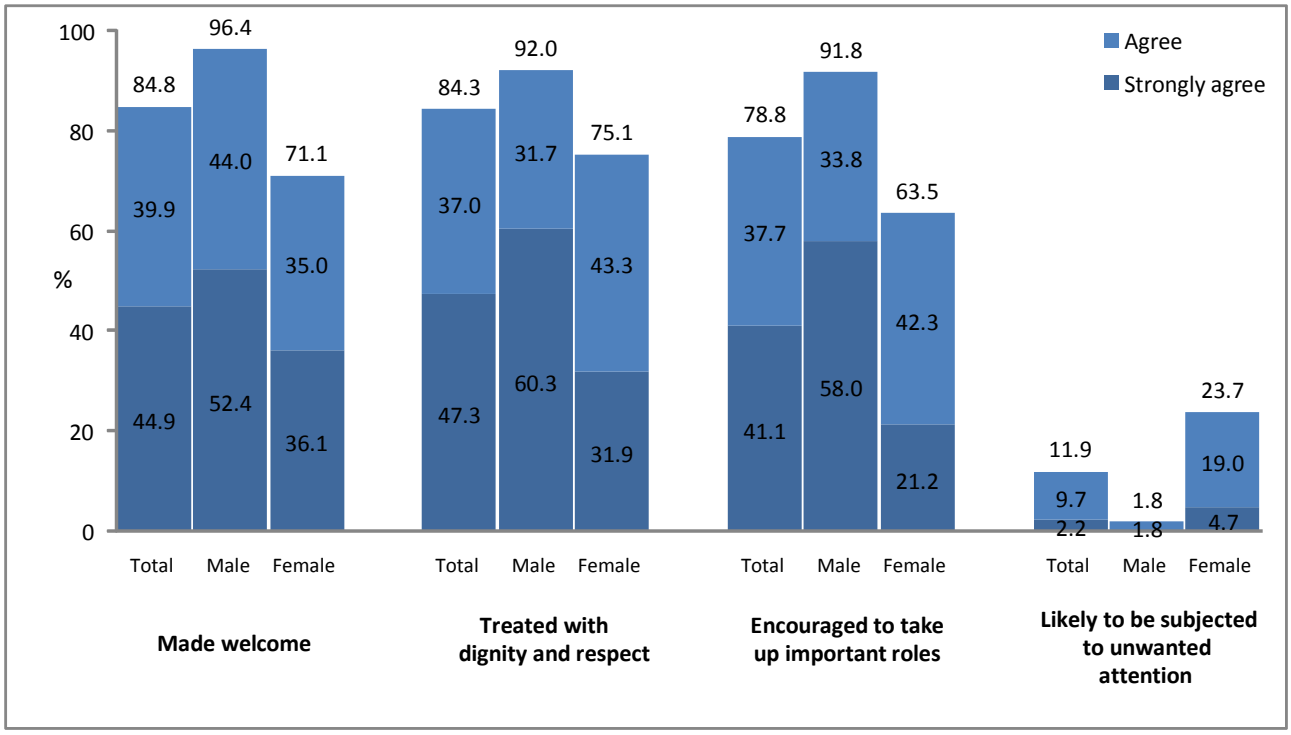
The Discrimination Against Women Survey included items in order to gauge the culture of select settings where individuals might witness an incident of sexism, discrimination or violence against women. Survey respondents were asked a series of questions about the environment and treatment of women in two key organisational settings: local sports clubs and workplaces.

In regards to organisational culture there was overall a high level of agreement among survey respondents that women were treated with dignity and respect in both local sports clubs (84.3 per cent) and workplace (92.5 per cent) settings. However, there were marked differences in the perceptions of women compared to men. For example, in local sports club settings (Figure 15 below) women were much less likely to perceive that they were made to feel welcome (71.1 per cent), treated with dignity and respect (75.1 per cent) and encouraged to take up important roles (63.5 per cent) compared with men's perceptions of the treatment of women. Perhaps most striking is that while just 1.8 per cent of men perceived that women were likely to be subjected to unwanted attention in their local sports club setting, 23.7 per cent of women felt unwanted attention was likely.

These survey responses demonstrate, perhaps unsurprisingly, that men's and women's perceptions of organisational culture with regards to gender equity and respect differ greatly. This suggests in particular that some men in these settings may be unaware of the gendered culture of the club. Indeed, this finding is further supported by international research on sexual harassment in workplaces, which suggests similar striking differences between men's and women's perceptions of what constitutes harassing behaviour, with men frequently under-estimating the potentially harassing

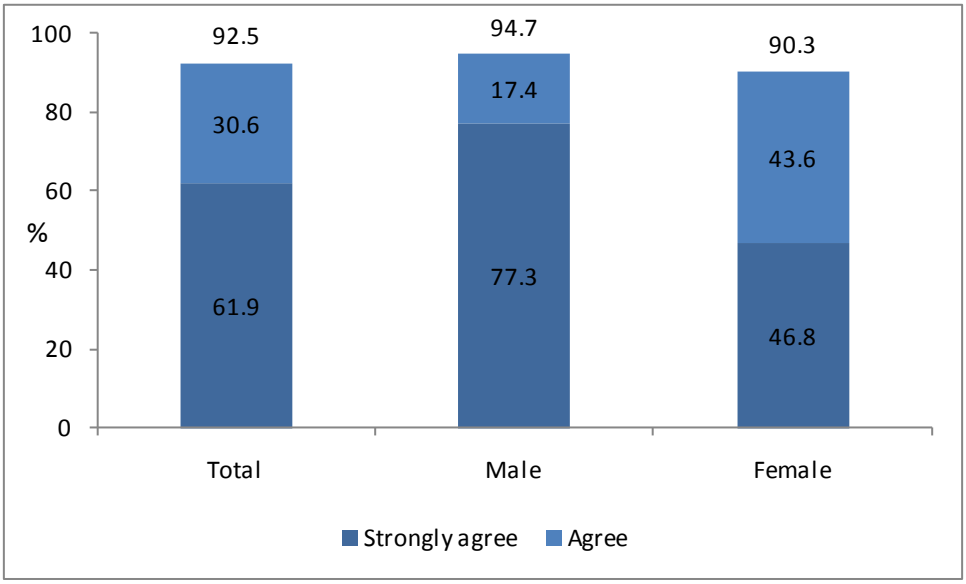
nature of their own and other men's behaviour towards women colleagues (see Rotundo et al. 2001 for a review).

Figure 15: Perceptions of the culture of local sports club with respect to the treatment of women



Similarly, the proportion of men who strongly agreed that women at their workplace were always treated with dignity and respect (77.3 per cent) was much higher than was the case among women (46.8 per cent) as can be seen in Figure 16 below. Furthermore, a minority of employees (44 per cent) felt as though women at their workplace were *never* treated unfairly, with women almost half as likely to be of this view (30.4 per cent) than men (57.8 per cent, data not shown).

Figure 16: The proportion of employees who agree/disagree that women are always treated with dignity and respect at their workplace

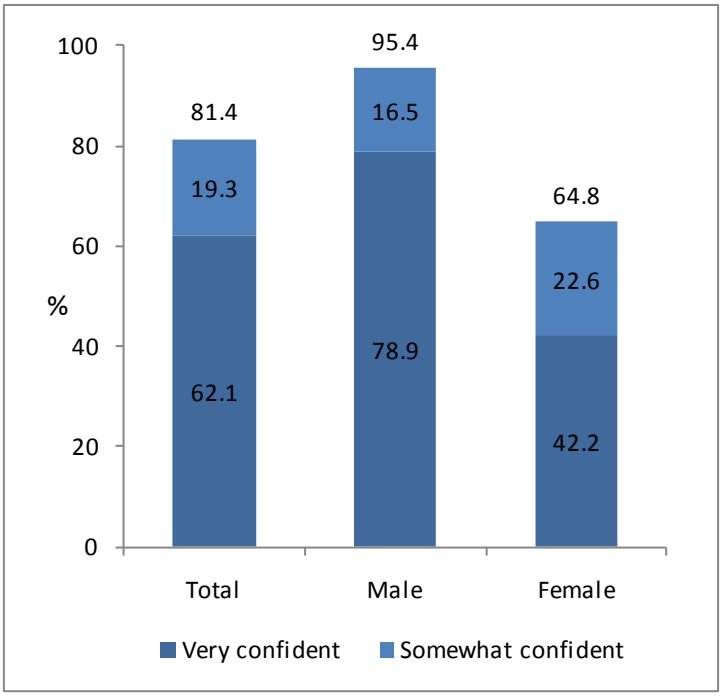


The bystander literature notes that bystanders' confidence in their own capacity to take action, their perception as to whether their action will have any impact, and the level of peer support they expect to receive are all factors which act to either encourage or discourage bystander action.

As such, the Discrimination Against Women Survey sought to gauge firstly, individuals' level of personal confidence in taking bystander action; secondly, individuals' confidence in their organisation taking the matter seriously and; thirdly, individuals' confidence that their peers/colleagues would support them taking action.

Figure 17 below shows a relatively high level of confidence, 81.4 per cent, in local sports club capacity to take action in response to sexism, discrimination and violence against women. However again, there are marked differences in the perceptions of men and women involved in local community sports clubs, with almost half as many women (42.2 per cent) compared to men (78.9 per cent) being 'very confident' in the capacity of their club to take action.

Figure 17: Confidence in local sports club capacity to take action



The findings also suggest (results not shown) that those who were 'very confident' that their club would regard the unfair treatment of women by some members as a serious matter were more likely to report that they would always take action in response to one of these scenarios (70.3 per cent) compared to those with less confidence in the capacity of their club to take action (27.8 per cent of whom said they would always take action). This indicative result seems to confirm the view that the extent to which an individual has confidence in their organisation to take action has an important influence on the decision to take bystander action or not.

The findings presented in Table 6 below show that 72.8 per cent of respondents felt that if they were to take bystander action at work in response to an episode of violence against women in the workplace that they would attract the support of all or most of their colleagues; two thirds (67.4 per cent) were very confident that their employer would take the matter seriously; and 58.4 per cent were very confident that they would know what to do in such a situation.

Four in 10 employees interviewed (41.3 per cent) were 'very confident' that all three pre-conditions for bystander action were in place at their workplace with the proportion being much higher among males (58.6 per cent) than females (24.4 per cent). (Results not shown.)

Table 6: Confidence in workplace response to individual bystander action

	Total (n=234) %	Male (n=86) %	Female (n=148) %
Confident you would know what to do			
Very confident	58.4	72.5	44.6#
Somewhat confident	34.8	23.7	45.7#
Not very confident	6.4	3.8	8.9
Not at all confident	0.2	0	0.4
Don't know/Refused	0.2	0	0.3
Confident employer would take the matter seriously			
Very confident	67.4	82.3	52.8#
Somewhat confident	25.4	17	33.6#
Not very confident	6.1	0.7	11.3#
Not at all confident	0.8	0	1.6
Don't know/Refused	0.4	0	0.7
Perceived level of support from colleagues			
All or most of your colleagues	72.8	84.6	61.2#
Some of your colleagues	16.5	9.1	23.7#
Few if any of your colleagues	9.2	3.6	14.7#
Don't know/Refused	1.6	2.7	0.4

Significance testing against total using t-test for column proportions.
# denotes statistically significant at the 95% two-tailed confidence level.

The data also suggests that awareness of club policies and programs which educate and inform members about acceptable behaviour towards women is more likely to elicit confidence that the club would treat an incident or episode involving the unfair treatment of women as a serious matter.

What are the settings and populations to which bystander work could be targeted?

Are some population groups more likely to be active bystanders?

Table 7 below presents select characteristics of individuals across three levels of pro-social intentions (low, moderate, high) and the percentage who reported that they took action when witnessing an incident of sexism, discrimination or violence against women.

Table 7: Pro-social intentions and behaviour by selected characteristics

		Pro-social intentions (%)			
	Base (n)	Low	Moderate	High	Took action
Total	*603*	29.2	40.4	16.6	13.8
Gender					
Male	*212*	39.9#	41.1	11.2	7.8
Female	*391*	19.8#	39.9	21.4#	19.0#
Age group (years)					
18–34	*68*	32.2	48.6	5.3#	13.9
35–54	*243*	31.4	32.1	18.1	18.5
55+	*292*	25.6	45.5	20.1	8.8
Country of birth					
Australia	*447*	28.6	39.1	18.6	13.7
Overseas	*156*	30.6	43.6	11.8	14.0
Education					
Not university graduate	*386*	30.6	41.2	16.3	11.9
University graduate	*217*	23.3	37.2	17.8	21.7#
Region					
Melbourne (Stat Div)	*399*	27.9	39.8	17.5	14.7
Rest of Victoria	*204*	32.8	42.1	14.0	11.1

Significance testing against total using t-test for column proportions.
# denotes statistically significant at the 95% two-tailed confidence level.

The analysis presented above shows that university graduates (21.7 per cent) and those 35 to 54 years of age (18.5 per cent) are the most likely to have reported taking action in response to an incident involving sexist behaviour towards women in the last 12 months. Females (19.0 per cent) are also more likely to have taken action than males (7.8 per cent).

Furthermore, while the earlier findings showed that younger people (aged 18 to 34 years) were more likely to have witnessed sexist, discriminatory or violence behaviours towards women, they were also less likely to have high pro-social intentions and to take bystander action.

In general, women, university graduates and those aged 35 to 54 years were the groups most likely to respond as active bystanders when witnessing such incidents. Again, this data also shows a significant 'ambivalent' group; those who feel uncomfortable or do not agree with sexism, discrimination and/or violence against women, but do not report taking bystander action.

What types of organisations are more likely to be associated with pro-social bystander action?

Results from the Discrimination Against Women Survey were further analysed to determine whether there are certain types of organisations that are more likely to be associated with bystander action. There were four key organisational factors that appear to be associated with employees feeling as though they would always intervene if they encountered sexism, discrimination or violence against women in the workplace.[3] These are organisational culture, organisation size, gender composition of the workforce, and gender equity within the organisation.

Firstly, *organisational culture*. Employees who were of the view that violence against women would never or rarely be tolerated at their work were more likely to report that they would always take action if they encountered such a situation (54.3 per cent) than workers who felt that their workplace was more equivocal in dealing with violence against women (21.6 per cent). Furthermore, almost a third (32.4 per cent) of employees who expected to be supported by most or some of their colleagues would always take action whereas none of those employees who said that they would receive support from few if any of their colleagues (n=18) said they would always take action.

Secondly, *organisation size*. Over four in 10 respondents from large (more than 200 employees) workplaces (41.9 per cent) said they would always take action in response to workplace-based violence against women compared with 22.7 per cent of those in workplaces with fewer than 200 employees. This finding is likely to be at least in part associated with the significant differences in human resources infrastructure and resources available between large and small organisations. For instance, previous work by Murray and Powell (2007; 2008) on domestic violence prevention in workplace settings has identified that pre-existing human resources structures and employee assistance programs (EAPs), in conjunction with a larger pool of resources, enables large organisations to more readily develop their own violence prevention strategies; including promoting these strategies within the organisation and linking them with existing programs/policies such as equal opportunity, anti-bullying and sexual harassment.

Thirdly, *gender composition*. Being in a workplace comprising a roughly equal proportion of men and women or mostly women tended to be associated with a higher propensity to take action. Almost one-third of employees in such workplaces

[3] Respondent numbers for local sports clubs were too small to make comparable statistical analyses of this setting.

(32.3 per cent) said they would always take action compared to 21.3 per cent of those in workplaces comprised mostly of men.

Finally, *gender equity*. Being in a workplace where management comprises an equal proportion of men and women or a majority of women tended to be associated with a higher likelihood that employees would take action. Almost a third (32 per cent) of employees in such workplaces said they would always take action compared to 25 per cent in workplaces where the management was comprised mostly or totally of men. Additionally, a third of respondents in workplaces in which men and women tended to do similar work (32.5 per cent) said they would always take action compared to (21.1 per cent) in workplaces where the allocation of tasks was more gendered (for example, where women were over-represented in administrative roles or roles with perceived lower responsibility).

> ***"You'd like to think that anyone in a responsible position does lead by a good example."***

Unfortunately, the respondent numbers for local sports clubs were not of sufficient size to make comparable statistical analyses for that setting. However, it does appear likely that features of organisations such as the organisational culture, size, gender composition and gender equity measures would have a similar impact on bystander action in settings beyond the workplace. Indeed, there is strong theoretical and research support for the importance particularly of organisational or peer group culture in sports and other settings for building cultures of respect towards women (Dyson & Flood 2008; DeKeseredy & Kelly 1995; Sanday 1996; 2007; Schwartz & DeKeseredy 1997; 2000; 2008).

What are the implications of the findings?

Policy implications

There are two key findings of direct importance for policy concerning violence against women, occupational health and safety, and equal opportunity within Victoria, and indeed nationally. Firstly, there is wide community recognition and concern regarding the existence of sexism, gender discrimination and violence against women. Secondly, there is clear support from the Victorian community for organisations, such as local sports clubs and workplaces, to do more to promote gender equity and respectful treatment of women. Additionally, the findings suggest that while a significant proportion of the Victorian community report that they would take bystander action to prevent sexism, discrimination and/or violence against women, there is also a significant proportion who would feel uncomfortable when witnessing these behaviours, but feel powerless or reluctant to intervene in some way.

Together these findings provide strong support for leadership at a policy level to promote action by organisations, as bystanders themselves, to further promote gender equity and respect. There is potential for incorporating support for bystander action in key policies (such as occupational health and safety, equal opportunity) as a way of

fulfilling for example legislated employer 'positive duty' obligations. Promoting an organisational culture where sexism, discrimination and violence (including sexual harassment for example) towards women are not only not tolerated, but where staff are encouraged and skilled to identify and take action when witnessing these behaviours, could be an important component of these positive duty obligations. Government leadership and support, both in providing a framework to promote bystander action and resources for organisations to develop and implement policies and programs, is a further important component of this work; as is government leading by example by publicly committing to implementing bystander and other programs aimed at preventing violence against women in its own organisations.

> ***"Managers are liable if they see it [sexism, discrimination, violence] going on and it's not reported."***

A further significant finding of the Discrimination Against Women Survey is that many Victorians were not aware of policies in their local sports club or even in their workplace regarding gender equity and respect. As noted in the discussion, this does not necessarily mean that these policies are not in place (workplaces for instance are required to have equal opportunity/sexual harassment policies in place); however, it does suggest that the policies may not be actively promoted within the organisation. This is cause for concern as one of the predictors for individuals taking pro-social bystander action was that they felt supported by their organisation, both at a policy and leadership as well as collegial level, to do so. Organisations therefore need to promote and act on their policies to ensure employees are familiar with them and have confidence in the organisations' response to these issues.

Program design implications

The literature review undertaken prior to this research provided some direction for the design of bystander programs in key settings. For example, the development of bystander approaches should reflect other known features of effective violence prevention programming (Powell 2011).

> ***"Workplaces have to clearly define the organisations' definition of acceptable workplace behaviour for all staff and make this information easy to find."***

Building on this, the combined findings from the VicHealth Bystander Research Project suggest three key factors which must underlay program development to promote pro-social bystander action in Victoria. In summary, increasing bystander capacity will require efforts to:

- increase individual bystanders' *knowledge* of sexism, discrimination and violence against women; *awareness* of the impacts of these behaviours and the costs of not taking action; and *skills* to take action to intervene safely and effectively;
- reduce individuals' *perceived social costs*, or increase the perceived benefits, of intervening (e.g. address individuals' concerns that they may not be supported by peers/colleagues/leadership or singled out for taking action); and

- promote organisational cultures conducive to pro-social bystander action (e.g. clear policies promoting gender equity and respect; leadership by senior and middle management; address informal peer/collegial cultures that condone/participate in sexism, discrimination and/or violence against women).

The research findings suggest that a program designed to promote pro-social bystander action, for instance within an organisational setting, will likely consist of (a) individual training [of managers/leadership, before rolling-out to all staff], (b) written and/or audio visual materials [such as worksheets, handbooks, scenarios/vignettes to support training rather than to be used in isolation], (c) whole-of-organisation strategies [concerning policy, leadership and organisational culture].

Programs to promote pro-social bystander action are most likely to be effective if they are complemented by a range of other organisation-wide strategies to promote gender equity and respect. Such strategies might include some of the following:

- wider organisational policies relating to respectful behaviour and appropriate conduct in the workplace
- policies and procedures to ensure welcoming, fair and safe environments for women and girls
- declarations, statements and accords demonstrating organisational commitment to anti-racism/sexism/violence prevention
- strategies to make visible an organisational commitment to anti-discrimination/pro equity (and as indicated above, to supporting and responding appropriately to 'bystander' action, e.g. policies and procedures for dealing with racism/sexism/violence or promoting respect/equality)
- normalising bystander action by incorporating a principle of *shared responsibility for maintaining a respectful organisational culture* into relevant policies, procedures and communications (e.g. staff induction manuals and processes, performance reviews)
- leaders demonstrating good bystander behaviour and training to support this as required
- an awareness-raising component – raising wider organisational awareness of the existence, prevalence of the problems and the harms associated with it (and possibly the importance of speaking out)
- systems to 'sign up' to a pledge to respond when sexism, violence and racism occur.

Bystander action in the primary prevention of violence against women

As discussed, there is wide community recognition and concern regarding the existence of sexism, gender discrimination and violence against women, and clear support from the Victorian community for organisations to do more to promote gender equity and respect. These findings provide clear evidence and support for the development of a program of research and activity to promote bystander action in the context of a framework for the primary prevention of violence against women in Victoria.

The findings also suggest that bystander action is more likely when there is a perceived likelihood of collegial support, knowledge of organisational policies supporting gender equity and respect in place, and a perceived likelihood that organisational leadership will support taking action. As such, there is sufficient evidence to suggest more immediate gains can be made by working with organisations where these pre-conditions are already in place in the first instance. Working with these organisations to implement bystander programs first would provide some important piloting and development of the approach, before taking these learnings into other organisations which may require additional support and whole-of-organisational-culture development.

Additionally, findings from the qualitative components of the VicHealth Bystander Research Project suggest that what works in promoting bystander action is likely to be highly context specific. In other words, each organisation is likely to be at a different stage of development, and/or potentially have faced different issues in the past that they would like to address with such a program. Therefore evaluation must be incorporated into program design.

Further research

As this project represents the first research conducted in Australia exploring bystander approaches for the primary prevention of violence against women, there are a number of unanswered questions remaining that could benefit from further research. For example, there is little empirical data internationally, or within Australia, which attempts to measure the impact of bystander actions; in other words, does intervening as a bystander have a positive or other impact? What kind of bystander action is most effective (e.g. directly confronting someone, using humour or diplomacy to diffuse a situation, offering support to a victim after the event, reporting the incident to another authority)? It is also unclear whether providing education and skills training to promote bystander action in one setting (e.g. sports clubs or workplaces) will translate into a person applying these skills in another setting such as in general social situations.

Furthermore it was not possible within the scope of the Discrimination Against Women Survey to explore the different dimensions of the ‘general social setting’. Are individuals more or less likely to take bystander action amongst their immediate peer group as compared to amongst strangers on public transport or in entertainment venues? There has been some local Victorian research into improving safety for

women in licensed venues by training staff to intervene if they witness a woman experiencing harassment or abuse (CASA House 2000). Programs such as this are another element of promoting bystander action in a combined workplace and entertainment/social context; however, there is no evaluative or empirical data to determine the effectiveness of these approaches.

Conclusion

The VicHealth Bystander Research Project is the first of its kind in Australia and, to the knowledge of the project team, internationally. The project sought to assess community and organisational readiness to support and implement bystander interventions for the primary prevention of violence against women in Victoria. Bystander action is the term used to describe action taken by a bystander to identify, speak out about or seek to engage others in responding to specific incidents of sexism, discrimination or violence against women; and/or behaviours, attitudes, practices or policies that contribute to sexism, discrimination or violence against women.

Overwhelmingly, the research findings show that there is wide community recognition and concern regarding the existence of sexism, gender discrimination and violence against women, and clear support from the Victorian community for organisations to do more to promote gender equity and respect. The research has further identified a number of important facilitators and pre-conditions to support bystander action in Victoria. Individual-level facilitators for bystander action include: knowledge of sexism, discrimination and violence against women; awareness of the impacts of these behaviours and the costs of not taking action; skills to take action to intervene safely and effectively; and perception that taking action will make a positive difference. Organisational-level pre-conditions to support bystander action include organisational culture (e.g. collegial and leadership support for taking action), organisational policies supporting gender equity and respect, and gender equity measures (such as the proportion of women in management within organisations).

The problem of violence against women is far too prevalent and its effects on individuals and communities far too serious to limit responses to those taking place only after the violence has occurred (WHO 2002). Furthermore there is significant evidence that targeting the underlying contributors to violence against women, such as sexism and discrimination, as well as actively promoting cultures of equity and respect towards women are effective tools in violence prevention (VicHealth 2007).

Where sexism, discrimination and violence go unchallenged they are effectively condoned. Yet silent bystanders are an untapped resource and have a potentially greater role to play in the prevention of violence against women. There is growing momentum internationally towards engaging bystanders to take action when they witness violence against women, as part of an overall strategy in violence prevention. The VicHealth Bystander Research Project has found striking evidence to support the further development of bystander approaches for the primary prevention of violence against women in Victoria. The project has also affirmed the vital role of leaders in policy and in organisations to adopt a strong visible stand against violence against women and in support of equal and respectful relationships between women and men.

VicHealth has an ongoing role to play in promoting bystander action in support of preventing violence against women. VicHealth will continue to contribute to community action by working in partnership to build the knowledge, skills and capacity of individuals, organisations and communities to engage in pro-social bystander action and to address the determinants of violence against women.

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