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Respect, Responsibility and Equality

Northern Interfaith Respectful Relationships project

Northern Interfaith Respectful Relationships : Project Report

Author : Scott Holmes, Project Coordinator, March 2011 – February 2012

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NORTHERN INTERFAITH RESPECTFUL RELATIONSHIPS PROJECT 2011/2012

*Project Report
February 2012*

**Scott Holmes
Project Coordinator
March 2011 – February 2012**

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Executive Summary

The Northern Interfaith Respectful Relationships (NIRR) project 2008–2012 was one of a number of projects designed to increase the evidence base for the primary prevention of violence against women. Funded and supported by VicHealth, these projects operated in different settings, and were done in partnership with other appropriate stakeholders. The setting for the NIRR project was the faith sector. The project was done in partnership with the Darebin City Council and operated across the other four northern areas of Banyule, Hume, Moreland and Whittlesea. This report describes the background, objectives and strategies, evaluation research methods, and findings of the last 12 months of the NIRR project, and concludes with a discussion of these findings, and with recommendations.

The background of the NIRR project was the work of Darebin City Council and Darebin Interfaith Council in building awareness of the need to prevent violence against women, resulting in the establishment of a one year project named, 'Darebin Interfaith Council Taking Responsibility: reducing violence against women'. This project was then scaled up to become NIRR. Involvement with VicHealth ensured that both projects worked with a primary prevention focus, based on the social determinants model of health promotion, and an ecological model of violence. These contexts stress the importance of mutually reinforcing strategies to prevent violence by addressing the determinants of that violence in different settings and at different levels of society.

Initial strategies used by both the Taking Responsibility and the NIRR project included forums and workshops for faith leaders to raise awareness of domestic violence, development of an interfaith declaration against violence, production of a resource kit, and promotion of White Ribbon Day activities amongst the faith communities. Significant obstacles led to the review of these strategies and the development of a new action plan for the project, covering the last year of its funding, March 2011 – February 2012.

Strategies in this final year of the project included the development and trial of a peer mentoring program, development of an expanded version of the resource kit, capacity building for primary prevention with the Anglican Diocese of Melbourne, continued promotion of White Ribbon Day and other respectful relationships

activities, and capacity building for primary prevention within the partnering organisation.

The findings suggest that there continue to be both challenges and opportunities for capacity building for primary prevention within the faith setting. Challenges include those generated by the patriarchal paradigms of many faith traditions, the need to develop advocates and mechanisms for capacity building, and the complexity of addressing gender issues in an interfaith context. Opportunities include the value of peer based capacity building programs, the potential for faith specific programs, resources and policy development, and the growing commitment of the faith sector to preventing violence against women.

Finally, the discussion and recommendations of this report point to the importance of a continued engagement with the faith sector in the work of primary prevention to prevent violence against women. While there remain many significant issues to be addressed, these do not detract from the importance of including the faith sector as one of the settings in which changing the patterns of violence against women can, and should, be of priority.

1 INTRODUCTION

1.1 *Religious faith and social change*

Despite predictions to the contrary, religious faith continues to be a significant part of personal and public life in 21st century Australia. The historic dominance of Christianity is being replaced with a more diverse collection of beliefs and spiritual practices, most of which are the result of Australia's continued commitment to immigration and multiculturalism. Various other trends locally and internationally – such as the rise of religious fundamentalism around the world, ethical issues related to technological advances, and tensions between liberalism and conservatism - have served to bolster the place of religious content in public discourses and in the political domain. As noted by Prof Gary Bouma,

‘Today more and more political philosophers are coming to grips with the fact that religious motivation for social action, religious understandings of policy issues and religious commitment has a place in the public sphere.’¹

Acknowledging the impact and influence of religious faith is critical for any activity that seeks to effect changes in social attitudes and behaviour, including those activities associated with public health and wellbeing. The strength of this influence will vary depending on the nature of the social attitudes and behaviour that are under examination.

A public health issue that has been gaining increasing attention over recent decades has been violence against women. Numerous reports from all corners of the globe have highlighted the tremendous personal and social costs associated with the persistently high levels of this violence. In Australia, research by VicHealth, the Victorian Health Promotion Foundation, shows that intimate partner violence is the leading contributor to poor health outcomes for women aged between 15 and 45. Further statistics related to this violence can be found in appendix 1. Research into the social determinants of this violence indicate that gender inequality and inequity, and rigid gender role expectations play the largest roles in creating the conditions for violence against women to continue.

¹ Gary D Bouma (2011) *Being faithful in diversity*, Adelaide, ATF Press, p. 15.

Preventing violence against women therefore involves working to change the social attitudes, practices, and systems connected to the reinforcement of inequitable and rigid approaches to the function of gender in our society. Historically, religious institutions have had a particular and significant impact in this regard. While they have often been places which have reinforced traditional approaches to gender, they have also been places that have championed social justice and social well-being. They are therefore an important setting in this work of social change to prevent violence against women.

1.2 *The Northern Interfaith Respectful Relationships (NIRR) project*

Since 2007 VicHealth has been funding and managing a number of projects investigating promising practice in the prevention of violence against women. These projects have been based in different settings. In acknowledgment of the significance of religious faith to this issue a faith based setting was included - the NIRR project and its predecessor. This report describes the implementation of this project, with a particular emphasis on the final 12 months from March 2011 to February 2012.

The NIRR Project was coordinated by a succession of project officers during the four years of its first and second phases. The coordinator for the final 12 months, and author of this report, is an ordained Anglican priest who has worked in parishes in Melbourne and on the Mornington Peninsula. For the duration of his time as NIRR Project Coordinator he worked full time on the project.

2 PROJECT BACKGROUND AND CONTEXT

2.1 *Prevention of Violence Against Women*

Violence against women has a long and shameful record in the history of humanity. In recent decades a concerted effort has finally begun to redress this injustice, and this effort has gone through a number of stages. Initial actions, driven particularly by the women's movement, were focused on providing for the safety and wellbeing of women and their children who were in the process of being harmed. These actions included the establishment of women's refuges, lobbying for changes of rape laws, and development of services related to sexual assault. A second stage of actions saw the establishment of a number of peak bodies concerned with domestic violence, introduction of laws related to equal opportunity, and further strengthening of services designed to support women who were at risk as well as women already affected. The third stage of actions, commencing roughly in the late 1990s, began to consider not only what needed to be done to protect women at risk, but also what could be done to prevent this violence altogether. Included in these actions was research aimed at identifying the prevalence and social impact of violence against women, and at identifying the contributing factors to this violence. These three stages of actions can be understood to represent a continuum of prevention activity. They are usually described as *tertiary prevention* – preventing violence from occurring again, *secondary prevention* – preventing violence currently occurring, and *primary prevention* – preventing violence before it occurs.

This shift towards a commitment to end violence against women has been supported by policy and practices both nationally and internationally. In 1983 the United Nations published the 'Convention on the Elimination of all Forms of Discrimination Against Women', which was adopted by Australia in the same year. This was followed in 1997 with the designation of 25 November as 'International Day for the Elimination of Violence Against Women', also known as 'White Ribbon Day'. The Australian Centre for the Study of Sexual Assault was established in 2003, and 2011 saw the release of the 'National Plan to reduce violence against women and their children including the first three-year action plan', an initiative of the Council of Australian Governments.

In 2002 the World Health Organisation published its groundbreaking 'World Report on Violence and Health'. This report highlighted the impact of violence by intimate partners, and raised the profile of primary prevention as a integral strategy in eliminating this violence. In Victoria, VicHealth has been one of the leading agents in primary prevention policy and practice. Of critical importance is their 2007 publication, 'Preventing violence before it occurs: a framework and background paper to guide the primary prevention of violence against women in Victoria'.

This report makes clear that the crucial social determinants for violence against women are unequal power relationships between women and men, rigid expectations of gender roles, and approval of, or weak sanctions against, violence. VicHealth have also been instrumental in research identifying intimate partner violence as the leading contributor to the burden of health for women aged between 15 and 45², and in research examining community attitudes to violence against women in both 1995 and 2009.³ VicHealth has also been active in exploring the practical outcomes of their research by establishing a range of primary prevention projects, of which this NIRR Project is an example.

2.2 VicHealth's Respect, Responsibility and Equality program

In 2007 VicHealth's *Respect, Responsibility and Equality* program, Phase I, launched 29 short term primary prevention projects. These projects were run as partnerships with a variety of organisations, including local government, welfare organisations and sporting clubs. Five of these projects, including what was to become the NIRR Project, were then scaled up to Phase II for a further three years, which commenced in 2008.

Two conceptual frameworks are central to all the VicHealth projects. Firstly, 'Preventing violence against women: a framework for Action' developed in 2007 (appendix 2). This framework links the key social and economic determinants of violence against women with a number of themes for action, priority populations, and priority settings. Included in the priority settings are faith communities,

² Victorian Health Promotion Foundation (2004) The health costs of violence: measuring the burden of disease caused by intimate partner violence, Melbourne, VicHealth.

³ Victorian health Promotion Foundation (2010) National survey on community attitudes to violence against women 2009: changing cultures, changing attitudes-preventing violence against women, Melbourne VicHealth.

reflecting observations made in *The factors influencing community attitudes in relation to violence against women: a critical review of the literature*,

‘Spiritual institutions potentially have an impact on community attitudes towards violence beyond their influence on their direct participants. Through public statements and proclamations, theological teachings, and the content of their worship and spiritual practice, churches and church leaders may alter the attitudes of their congregations, their religious adherents, and wider communities.’⁴

Secondly, the ecological model for understanding violence, as first proposed by the World Health Organisation (WHO) in 2002. The ecological model (see diagram below) recognises that

‘factors influencing violent behaviour or vulnerability to violence lie at multiple and interacting levels of influence – individual/relationship, community and organisational, and societal.’⁵

Taken together, these two frameworks emphasise the importance of mutually reinforcing strategies in the work of preventing violence against women, a reinforcement which occurs between the various settings, between the partnering organisations, and within the levels of the ecological model. As stated in *The national plan to reduce violence against women and their children*,

‘Primary prevention strategies have successfully reduced other complex social or health problems as drink-driving and smoking. But we all know that they are only effective when implemented through a coordinated approach at all levels. The social practices and cultural values or broader society shape how violence can occur at individual levels.’⁶

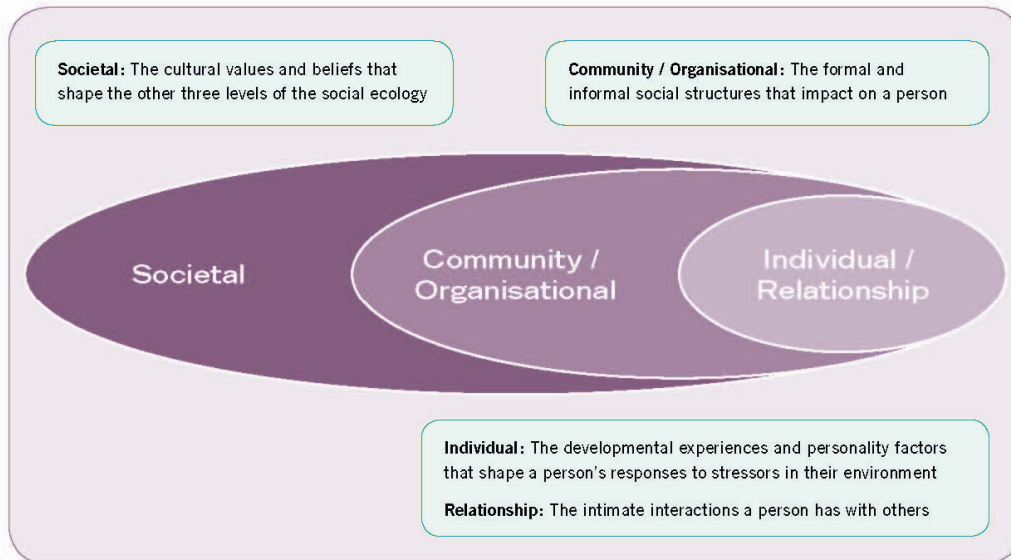
VicHealth’s choice of projects and partnership model reflects their commitment to this concept of mutually reinforcing strategies. It should be noted that faith communities include elements of each of the three ecological levels. They are places where individuals have a range of personal relationships and experiences which shape their behaviours; they function as community organisations which influence the beliefs, attitudes and behaviours of their membership; and they also play a role in the formation and expression of attitudes and beliefs in society.

⁴ Dr Michael Flood and Prof Bob Pease (2006) *The factors influencing community attitudes in relation to violence against women: a critical review of the literature*, Melbourne, VicHealth, p. 42.

⁵ Victorian Health Promotion Foundation (2007) *Preventing violence before it occurs: a framework and background paper to guide the primary prevention of violence against women in Victoria*, Melbourne, VicHealth, p. 12.

⁶ Attorney-General’s Department (2011) *National plan to reduce violence against women and their children, including the first three year Action Plan*, The Council of Australian Governments, p. 19.

Figure 1: An ecological approach to understanding violence



Adapted from: CHANGE 1999; Heise 1998; WHO 2002

2.3 Darebin Interfaith Council Taking Responsibility (Northern Interfaith Respectful Relationships Project Phase I)

Phase I of NIRR occurred in 2007 and was known as Darebin Interfaith Council Taking Responsibility: Reducing violence against women. The project grew out of concerns shared by Darebin City Council and Darebin Interfaith Council on the theme of Family Violence. In the seven months of this project it provided training for members of the Darebin Interfaith council to increase their awareness of family violence and enable them to make more appropriate referrals for victims and perpetrators of violence. Workshops were also held to develop a Declaration against family violence, and this declaration was signed by members of the Darebin Interfaith Council on White Ribbon Day 2007. Finally, a DVD based resource kit was produced, which contained information about the project as well as resources on faith and gender.

It is important to take into consideration the interfaith origins and context of the NIRR project. Interfaith activity is any actions which involve people from different faith traditions – Islam, Christianity, Buddhism, Sikhism, Hinduism, Baha'i, Judaism, Jainism, Indigenous spirituality, and others. In practice, most interfaith activities involve the coming together of members of different traditions for mutual learning about each other's beliefs, or sharing of conversation on topics of interest

to all. Shared social justice initiatives, such as a monthly soup kitchen, are also fairly common. Interfaith activity requires a great deal of sensitivity on behalf of those involved in order to listen carefully to alternative viewpoints and ideas without judgment or prejudice. Many of those involved in interfaith networks are not representative of the formal leadership of their own tradition, but rather are people who are more comfortable in the spaces between faith traditions. The interfaith context of the NIRR project required that the language and premises of the topics being discussed was mindful of these sensitivities.

Results from the Darebin Interfaith Council Taking Responsibility project suggested that the faith setting was one in which there were promising indications of potential for capacity building for primary prevention. Although the number of participants attending both the training workshops and the declaration workshops were not always as high as hoped, there was a good level of engagement with the content of these workshops. In particular, there was a strong desire amongst the faith leaders to be better trained in their response to disclosures of domestic violence. Some faith leaders struggled to accept the gendered nature of violence and stated they were uncomfortable with raising the issue in their communities, and these concerns were reflected in the declaration development workshops.

The potential for capacity building realised in this project resulted in a successful application for it to move to Phase II of the Respect, Responsibility and Equality program. In moving to Phase II a decision was made to expand the catchment of the project to include four other northern areas of Melbourne covered by the local council areas of Banyule, Hume, Moreland and Whittlesea. Together with Darebin these five councils made up the membership of another project being developed in the area, known as the Northern Interfaith Intercultural Network (NIIN – www.niin.org.au). NIIN's aims were to develop a network which supported interfaith and intercultural activity in the areas covered by the five councils, and it was hoped that the aims of the NIRR project would benefit by engaging with these same five council areas. Reflecting this change, as well as the challenges involved in its promotion, the name of the project was also changed to The Northern Interfaith Respectful Relationships Project, and a new coordinator was employed.

2.4 NIRR Phase II

The second phase of NIRR began late in 2008 with the following four objectives:

1. Increase the capacity of faith leaders, organisations and communities to undertake primary prevention work.
2. Promote non-violent and respectful ways for women and men to relate to each other within faith communities.
3. Contribute to building the evidence for the primary prevention of violence against women,
4. Increase the capacity of Darebin City Council and neighbouring Councils to undertake primary prevention work.

An integrated project plan was developed with a range of activities designed to meet these objectives. A Steering Committee, consisting of representatives from a number of partner and other local organisations, was formed to guide the project, provide advice, and receive regular reports. As one of the five *Respect, Responsibility and Equality* programs, the project was also actively managed and supported by VicHealth. This support included the assistance of a Research Practice Leader, professional development meetings (known as learning circles) with the coordinators of the other four projects, and oversight from the VicHealth Preventing Violence Against Women team. From 2009–2011 another VicHealth funded project, the Local Government Networking and Capacity Building Project to Prevent Violence Against Women, was established at Darebin City Council. This allowed for the formation of a small team at Darebin consisting of the NIRR project coordinator, a Darebin City Council Preventing Violence Against Women project officer, and the local government capacity building project coordinator.

Initiatives in the first half of phase II of NIRR had an emphasis on building relationship with faith leaders directly and with networks and local government activities linked with faith leaders and their communities, as well as providing training to these faith leaders in a variety of formats. Central to both these initiatives were the interfaith networks that existed in each of the five local councils and which were supported by council officers, as well as the previously mentioned Northern Interfaith Intercultural Network (NIIN). Training opportunities provided during this time included workshops on promoting respectful relationships (run at Moreland),

on primary prevention of violence against women (run at Hume), on gender equality (run at Darebin) and on human rights (also at Darebin). The NIRR project coordinator also actively facilitated involvement of faith leaders in the Northern Region White Ribbon Leaders Lunch in November 2009, participated and presented at the Parliament of the World's Religions held in Melbourne in December 2009, was involved in VicHealth forums and workshops, and in the NIIN Interim Steering Committee.

Despite this level of support, direction and activity, this first half of Phase II of the project began to encounter a range of significant obstacles. Some of these obstacles were to do with promotion of the project in the faith community. The vitality and membership of the interfaith networks proved to be insufficient to support the promotion of the project, particularly as involvement in these networks tended to wax and wane and the capacity of the council officers to reactivate the networks was limited. A longer than expected process of development limited the capacity of NIIN to support the project. Faith leaders themselves came and went from their positions, or their initial enthusiasm became muted under the pressure of other priorities. A further set of obstacles centered around the tensions between developing primary prevention capacity and the need to appropriately respond to disclosures of violence. Although the project was clearly focused on building primary prevention capacity, the lack of training in responding to disclosures raised a number of concerns, particularly for the safety of women members of faith communities disclosing experiences of violence to inadequately trained faith leaders. There was understood to be a potential for the NIRR training workshops to create confusion among faith leaders of the difference between an adequate response to disclosures, and the importance of using the existing services in the community for professional counseling and support. A final set of obstacles focused on the sheer complexity of the project and its objectives. Questions of formal and informal leadership within faith communities, of the relation between faith and culture, of the religious use and understanding of language around gender, and of the complex diversity of the faith setting posed challenges to a clear sense of project direction and purpose.

As a result of these obstacles a decision was made to initiate a review of the project. This review would seek to clarify the knowledge and logic foundation of the project in order to develop a clearer direction and parameters for the second half of

Phase II. This review was conducted in the middle of 2010, roughly 18 months into the three year project time span.

2.5 Review of NIRR Phase II

The review of NIRR Phase II included a number of different elements. VicHealth's Research Practice Leader conducted a reflective interview with the then project coordinator. The project coordinator conducted an extensive review of existing literature on the faith response to the issue of violence against women, as well as a review of existing faith-based initiatives to prevent violence against women. Consultations were held with the Steering Committee and other stakeholders. Emerging from this review was a number of clear messages. Both overseas and in Australia there is an increasing awareness by agencies working to prevent violence against women, and faith traditions themselves, of the need for faith traditions to be more informed about violence against women, more committed to putting in place policies and practices to improve the way they respond to episodes of domestic violence within their communities, and more active in advocating for an end to violence against women. As stated in a USAID report,

'Religious leaders possess an ordained role of leadership in their institutions and communities, serving as role models of care and compassion. As religions around the world speak to the inherent sacredness of human life, religious leaders and their communities have the moral authority to raise awareness about [gender based violence] and a moral responsibility to prevent violence, provide support and care, and strive to transform societal or religious norms or practices that perpetuate such violence..'⁷

This awareness is evidenced by the existence of extensive literature on the topic as well as some significant organisations and programs. Of note is the FaithTrust Institute, an American multifaith organisation working specifically in this area. However, very little of either the literature or the programs correspond to the primary prevention end of the prevention continuum in relation to the social determinants identified by the VicHealth research. Their focus, rather, was on raising awareness of the facts about violence against women, training faith leaders to respond to disclosures in appropriate ways, and encouraging faith communities to

⁷ Britt Herstad (2009) A call to act: engaging religious leaders and communities in addressing gender-based violence and HIV, Washington, Futures Group, Health Policy Initiative, Task Order 1, p. 2.

advocate for an end to this violence. Where there is literature on patriarchy and male power in faith communities, this literature tends to be representative of only a minority of the diversity of faith traditions. A second, and related, message to emerge from the review was the potential for religions to be a positive catalyst for change – a resource rather than a roadblock. This message affirms the significant role that religious institutions continue to play in the formation of values and ethics, in direct welfare for those in crisis as well as the development of welfare policy, in community development and work with those who are marginalised, and in the critique of social policy and mores. All of these roles are ones in which there is potential for primary prevention activities to be integrated. A third message was related to the project itself and the importance of setting achievable strategies that work with existing strengths.

As a result of this review a logic model was produced to guide the ongoing implementation of the project (see appendix 3), and the existing project action plan was revised to reflect the learnings from the above messages. Central to these revisions was a commitment to maintain an unequivocal focus on the primary prevention end of the prevention continuum. Two particular strategies were included in the revised action plan to reflect this focus: the development of a Peer Mentoring Program, and the development of an expanded version of the DVD tool kit produced in Phase I. These strategies are explained in detail in the following sections of this report.

Not long after this review was completed the then NIRR project coordinator was successful in gaining other employment. A period of nearly five months elapsed before the commencement of a new project coordinator in March 2011. This new person, the author of this report, was employed to implement the revised action plan over the final 12 months of the project time span. The rest of this report refers to this final 12 month period, and will be referred to as Phase IIB.

3 ABOUT THE PROJECT - PHASE IIB: MARCH 2011–FEBRUARY 2012

3.1 *The revised action plan*

In accord with the other *Respect, Responsibility and Equality* projects, the goal of the NIRR project was to reduce the prevalence of violence against women by implementing primary prevention strategies. For the NIRR project, the target populations for this goal were faith and related community leaders and their organisations in Melbourne's north, with the key settings for action being faith communities and local councils. The revised action plan produced as a result of the review of NIRR Phase II contained the same objectives as previously, but the strategies to achieve these objectives were substantially altered to reflect the learnings that emerged from the review. With the commencement of the new project coordinator in March 2012 there was a further stage of final editing and review of the action plan. This resulted in an extra strategy being added to the action plan, strategy 2.4, "to engage with the Anglican Diocese of Melbourne regarding development of a PVAW Policy". Addition of this strategy reflected the contacts and skills of the new project coordinator. The final action plan thus consisted of the four objectives (see 2.4 above) and nine strategies.

Although NIRR Phase IIB was linked developmentally and logically with Phase II and Phase I, the substantial alterations to the strategies, as well as the change in project coordinator between Phase II and Phase IIB, resulted in Phase IIB representing a new beginning for the NIRR Project. Further, the period from the commencement of the review of Phase II to the commencement of Phase IIB was close to 12 months, during which there was minimal contact with the faith leaders and communities who had begun to be connected to the project and a subsequent loss of knowledge of, and commitment to, the project by many of these people. For these reasons, the 12 months of Phase IIB is being treated in this report as a distinct project within itself.

Aligned with these changes was a decision to conclude the work of the Steering Committee and to implement a new Working Group. After internal consultation it was decided that this working group would consist of those council officers responsible for liaison with the Interfaith Networks in each of the five local

governments associated with the project. Further detail on this change is reported in section 5.5 below.

3.2 Partnership and Promotion

Darebin City Council (DCC) remained the project coordinator for NIRR Phase IIB. Restructuring at DCC that began in late 2010 resulted in a change of departmental oversight for the NIRR project, moving from being part of the Community Services area to the Community Planning, Partnerships and Performance area, and within that, the Equity and Diversity Section. This move aligned the project more strategically with other portfolios such as Multicultural Relations, Human Rights, Social Policy, and Health and Wellbeing.

A new promotional flyer was also developed to reflect this new stage in the NIRR project, and a copy of this can be found in appendix 5.

3.3 Strategic Actions undertaken in Phase IIB

Nine separate strategic actions were undertaken throughout the final year of the NIRR project. These are listed briefly below and described more fully in section 5 of this report.

- **Peer Mentoring Program** (Strategy 1.1) Development and implementation of an innovative mentors' program that supports capacity building between faith leaders who are PVAW experienced and those who are newer to the PVAW field of practice.
- **Manual and tool kit** (Strategy 2.2) Production of an updated tool kit (based on that developed in phase 1 of the project) in hardcopy folder format with CD. This manual and tool kit to assist faith leaders to implement PVAW response and activities in their setting.
- **Anglican Diocese of Melbourne Strategic Policy** (Strategy 2.4) Engage with the Anglican Diocese of Melbourne regarding the possibility of developing a diocesan wide strategic policy for the prevention of violence against women.

- **Declaration reaffirmation** (Strategy 2.1) Explore with Darebin Faith leaders their interest in reaffirming the Declaration developed by Darebin Interfaith Council in Phase 1
- **Networking and communication** (Strategy 2.3) Support faith and community leaders in the North to plan and participate in White Ribbon Day events.
- **Sustainability** (Strategy 4.2) Establish potential for sustainability of the Project beyond funding period.
- **Building the evidence through evaluation activities** (Strategy 3.1) Conduct evaluation activities as per action plan (see column in action plan on evaluation questions and data collection) and report in final evaluation.
- **Building the evidence through professional development activities** (Strategy 3.2) Participate in VicHealth Driven activities, learning circles and forums.
- **Capacity building through stakeholder partnerships** (Strategy 4.1) Continue to work on intra council and across councils on embedding interfaith work to prevent violence against women.

4 EVALUATIONS APPROACH AND METHODS

4.1 Evaluation Capacity Building Model

Please note: this section (4.1) has been written by Wei Leng Kwok, Research Leader Preventing Violence Against Women Program, VicHealth

The approach to evaluation used by the five VicHealth [*Respect, Responsibility and Equality Phase II*] projects has been informed by participatory and empowerment models of evaluation. Where traditional modes of program evaluation utilise external experts to conduct evaluation activities, participatory and empowerment models strengthen the evaluation capacity of individuals, groups and organisations involved in programs so that evaluation expertise is integrated into core program aspects. ‘Evaluation capacity building’ (ECB) is therefore a key concept and strategy of participatory and empowerment models.

ECB is defined as the design and implementation of learning activities to support program stakeholders in learning about and undertaking effective evaluation practice (Preskill and Boyle 2008⁸). In the context of public health and health promotion, ECB:

- prioritises the participation of those involved in program implementation in the conduct of their own evaluation activities;
- operates within a learning environment where stakeholders learn about evaluation by doing it (a ‘learn by-doing method');
- enables stakeholders to draw upon evaluation findings ‘in real time’ for program improvement (as part of an action research cycle); and
- focuses on empowering stakeholders with the view to sustaining evaluation practice well beyond the program for which ECB activities were initially devised.

In practice, ECB engages the evaluator in a coaching and/or structured guidance role. They act as a sounding-board to support stakeholders in solving evaluation problems, such as establishing indicators of effectiveness or developing methods of data collection. But the evaluator’s involvement stops short of actually conducting

⁸Preskill and Boyle (2008) ‘A Multidisciplinary Model of Evaluation Capacity Building’ in *American Journal of Evaluation*, vol. 29 no. 4 pp. 443–59

the evaluation, since the point of ECB is to encourage stakeholders to ‘learn-by-doing’.

In certain situations, the evaluator can be involved in undertaking discrete evaluation activities that have been identified and developed as part of ECB practice (e.g. facilitating focus groups). In these cases, the evaluator is seen as part of the program rather than as an external investigator conducting an independent evaluation.

ECB is not commonplace in preventing violence against women practice; however, VicHealth’s Preventing Violence against Women program has recognised the importance of such an approach to the evidence base for primary prevention in Victoria – and beyond. Strengthening the capacity of programs to conduct evaluation helps to ensure evaluation practice is ‘mainstreamed’ into core program activities. A workforce strengthened in evaluation know-how increases the chances of program evaluation. And the more programs are evaluated, the greater the contribution of findings and learnings to the emerging field of primary prevention.

For these reasons, VicHealth has adapted overseas examples of ECB in primary prevention – such as those documented by the Centres for Disease Control and Prevention (CDC) in the USA (Cox et al 2009⁹) – to conceptualise an ECB model for the five [*Respect, Responsibility and Equality Phase II*] projects. VicHealth’s ECB model is a partnership model where:

- Project Coordinators are positioned as the main researchers for their project evaluation activities;
- a considerable level of evaluation support is provided to Project Coordinators by the funding body through a Research Practice Leader (RPL), a core staff member of the Preventing Violence against Women program at VicHealth;
- Project Coordinators are expected to work closely with the RPL for the duration of their projects to develop all aspects of their evaluation design/research and for technical assistance in implementing various evaluation strategies; and
- specific processes are put in place and continuously refined throughout the funding period to foster a ‘learn-by-doing’ environment for Project Coordinators

⁹ Cox, P. J., Keener D, Woodard T, Wandersman A (2009) Evaluation for Improvement: A Seven-step Empowerment Evaluation Approach for Violence Prevention Organisations, Centres for Disease Control and Prevention, Atlanta GA

so that the RPL's evaluation support is both meaningful and effective (processes include a combination of group instruction and individual assistance).

This ECB model was highly successful and has been documented in detail by VicHealth. More information can be found at www.vichealth.vic.gov.au.

4.2 Process and impact evaluation methods for NIRR Phase IIB

In accordance with the Evaluation Capacity Building model described above, a series of process and impact questions had been developed by the project coordinators of NIRR, along with a list of data collection and evaluation research methods for each of these questions, and these were incorporated in the action plan. Amendments to the action plan strategies throughout the different phases of the project required further amendments to evaluation sections of the plan. The full list of these questions and evaluation methods and tools used for Phase IIB are in the final version of the action plan found in appendix 4.

In summary, process questions sought to answer the question, 'How did things go?' for each of the strategies, and included such examples as, 'Was there anyone left out who should have been consulted?' Impact questions sought to answer the question, 'What difference was made?' and included such examples as, 'Did the program improve the capacity of faith leaders to make decisions and plan primary prevention activities?'

A variety of tools and methods were used. These included: participant feedback via conversation with the project coordinator or via email; focus groups with participants; statistics compiled automatically by the e-newsletter program; recording of observations and reflections in a journal kept by the project coordinator; record keeping of all project documents and planning notes. A simple analysis of the responses received from the mentoring program participants is included in appendix 17, and a similar analysis of observations made by the project coordinator is in appendix 18.

5 PROJECT FINDINGS – DESCRIPTION, PROCESSES AND IMPACTS

5.1 Peer Mentoring Program – building capacity in leadership.

Description

As mentioned previously, this strategy was central to Phase IIB of the NIRR project and encapsulated the focus on building capacity for primary prevention. Peer mentoring is a process in which colleagues can share knowledge, experiences and learnings, either of a general or specific nature, in a context of mutual support and encouragement. Peer mentoring assumes that one colleague in a pair will have more experience (the mentor) than the other (the mentee) but that the process is one of growth in learning for both. The more intimate and personal nature of a mentoring relationship also allows for a greater depth of sharing than can be achieved in other types of professional development contexts, such as training workshops.

In the context of the NIRR project, this potential for more personal sharing of experiences and beliefs was linked directly to some of the key challenges involved in encouraging faith leaders to discuss issues which were potentially controversial, or where there was significant difference in ideas from people of different faith traditions. Issues specifically connected to the social determinants of violence against women, such as gender roles and gender equality within faith communities, were clear examples of such controversial issues, and experience in the earlier phases of the NIRR project had indicated that the larger group training models tended to activate these challenges.

Accordingly, the objectives of the Peer Mentoring Program were:

To build the capacity of Faith Leaders in Melbourne’s North to undertake a range of primary prevention activities by:

1. Increasing their knowledge of the social and personal impact of violence against women;
2. Increasing their knowledge of the factors that determine such violence;
3. Exploring their own experiences and insights around gender relationships and equity;
4. Deepening their understanding of the important role they can play in primary prevention;

5. Enabling them to take a leadership role in primary prevention activities, including practices within their congregations that promote positive and respectful relationships;
6. Encouraging them to be a positive influence and role model in the wider community.

In order to fulfil these objectives it was decided to develop a Peer Mentoring Program that was directive in the both the content for discussion by the mentor and mentee, and the process of that discussion. The content was based firmly on the primary prevention and social determinants focus of the project, and was broken down into six topics: Why promote respectful relationships, Gender roles and definitions, Gender equality, equity and power, Gender and violence, Promoting respectful relationships, Where to from here. Appendix 6 contains a copy of the contents page of the Peer Mentoring Program, and a copy of the complete program can be found at the Darebin City Council website – www.darebin.vic.gov.au. The process for discussion was based on a version of the ecological model which recognised that our beliefs and attitudes are formed by experiences and learnings from our personal life, from our participation in the faith community, and from our involvement in the society in which we live. For each topic a series of discussion questions were developed which directed conversation to each of these areas, and the program participants were encouraged to discuss at least one question from each area. Appendix 7 contains an example of this structure from session 4 of the Peer Mentoring Program. In order to consolidate the focus and direction of the conversations, a set of resources were provided for each topic. These consisted of such things as journal and newspaper articles, facts sheets, and personal stories. Finally, in order to encourage a practical response by the participants, each set of resources also included an example of a primary prevention activity that could be replicated in the participants' ministry setting.

Prior to the commencement of Phase IIB some work had been done on the mentoring model, and a number of potential mentors had been identified. By the commencement of Phase IIB this list had become outdated and the decision was taken to recruit mentors and mentees by promoting the program through the various interfaith networks. A promotional flyer was produced (appendix 8) and this

was circulated both physically and electronically to the networks listed in appendix 9. It is estimated that between 250 and 300 faith leaders would have had some exposure to this promotional campaign. The project coordinator also personally followed up a number of contacts and suggested participants. Those who expressed interest were sent an application form to complete (appendix 10).

In all nine people applied to be participants in the program, five mentors and four mentees. All were from the Christian tradition; two of the five mentors were male, and three of the four mentees. Attempts to recruit a fifth mentee were not successful, resulting in a four pairs of participants, three pairs of women, and one pair of men. Participants in three of the pairs were from different denominational backgrounds, the fourth pair were from the same background. Three pairs had existing collegial relationships, the fourth did not know each other.

A two hour training session was developed and run for the mentors by the project coordinator. This consisted of an introduction to the program and to the role of mentoring, some reflective exercises, and a manual which explained the aims of each of the topics, as well as some extra resources. There was then a launch of the program, attended by the participants and representatives from VicHealth and Darebin City Council.

Delays in the recruiting process meant that the program started later than planned. Originally it had been assumed that there would be enough time for the participants to have one conversation per month for six months, but this became reduced to 4½ months. During this time the project coordinator conducted debriefing sessions with the mentors either in person, over the phone, or by email, using the same questions for each session – an example is in appendix 11. Half way through the process a time was also made for the project coordinator to meet with the mentees. A final gathering of all participants occurred at the end of the 4½ months. Further detail about the evaluation process is found in section 4 of this report.

Process and impact evaluation findings

Evaluation of the processes involved in the Peer Mentoring Program reveal two areas of findings related to the objective of increasing capacity for primary

prevention work: the promotion of the program to faith leaders, and the viability of the model itself.

As stated previously, the program was promoted through a number of interfaith and intra faith networks, both via face to face contact with the project coordinator, and dissemination of a flyer on both hard copy and electronic forms. Total membership of these various networks is probably in the vicinity of 250 – 300 people, however it is not possible to estimate how many of these were authorised (ordained) leadership and how many were non leaders, as both groups are involved in these networks. Nor is it possible to estimate how widely the promotional material was circulated beyond the network. Despite this broad promotion, only nine people expressed interest in being participants. All nine were from the Christian tradition, from five denominations within Christianity, and were English speaking. Two had extensive involvement with the NIRR project already, another four had links with the project coordinator, and the remaining two were colleagues of one of the others. There are a number of ways to interpret these findings. Time and budget constraints meant that the promotional material was only made available in English, and this may have adversely affected the take up by faith leaders for whom English was not a first language. The Christian background of the project coordinator may have influenced the wording of the promotional material in subtle ways that made it less attractive to faith leaders from non-Christian communities, or the topic of the program itself may have been judged as remote from their interests. Observations of the project coordinator throughout the time of the project indicated that primary prevention work is itself not easily understood by many people, and this also may have affected the take up of the mentoring program. The findings suggest that faith leaders are more likely to participate in a peer mentoring program if they have some previous awareness of violence against women and the primary prevention response. Further, only three of those who expressed interest were men, despite men being the vast majority of faith leaders. This finding suggests that there remain significant barriers to involving male faith leaders in this type of program.

‘Observations of the project coordinator throughout the time of the project indicated that primary prevention work is itself not easily understood by many people’

Feedback from the eight participants concerning the viability of the peer mentoring model was strong, with none of them believing that it needed any major changes. Aspects of the model that were most strongly appreciated were the resources made available in the program and the relational (mentor / mentee) aspects. The resources were considered to be a significant feature in stimulating conversation and providing a deeper awareness of the issues involved. Participants consistently reported that they found them interesting, had read them all, and would have been glad for more. The relational nature of the program was also considered crucial. It allowed for a degree of honesty in the exploration of the issues that participants felt was crucial to the learning process, and also enabled the discussion about change to be grounded in concrete realities. Three of the four pairs of participants had an existing collegial relationship, and this was judged as being helpful in reducing the time needed to establish trust. Two of the pairs were from the same denomination, and two from differing denominations, with pros and cons being recognised for both situations.

The area in which the viability of the program was weakest was in the amount of time required. Three of the mentors and three of the mentees reported that they did not consider the amount of time (preparation and the actual conversation) arduous, however the actual experience of the program suggested differently. Only two of the pairs finished the six conversations in the allotted time period of 4 ½ months, with the other two finishing after this time. These pairs were the most disciplined in the setting of dates and times for meetings. Two pairs resorted to covering two sessions in one conversation on a number of occasions. Sickness and holidays also were implicated in the challenge of completing the program on time. Faith leaders are generally recognised as being very busy people and working long hours. The work is open-ended, multi-faceted, and tends to be under resourced. As a result, faith leaders report that they are constantly juggling demands and priorities, and this phenomenon can clearly be seen in the experience of the mentoring program. In response to this, a number of the participants reacted positively to the idea of the mentoring program being incorporated in an existing professional development program within their faith tradition.

Turning to the impact evaluations of the mentoring program, three of the four pairs reported significant impacts, with the fourth pair, the slowest to complete the

program, providing limited feedback. Impacts were reported particularly in the following areas as represented by the enclosed participant feedback (paraphrased):

- greater awareness of the prevalence and seriousness of violence against women

“I was so surprised by the extent of the violence as indicated by the statistics. It took some time to get my head around it all.” Participant 3

“Getting to grips with the enormity of the issue was one of the biggest challenges of this program.” Participant 5

- greater awareness of the meaning and purpose of primary prevention

“I am always so focused on the pastoral response. Being reminded about the primary prevention approach was important.” Participant 2

“I am more aware of the need to promote respectful relationships within my ministry environments.” Participant 6

“I am much more focused on the concept of primary prevention, of putting a prevention structure underneath the level of pastoral care.” Participant 5

- greater understanding of the role of the social determinants of violence against women

“We talked a lot about the way our particular Christian tradition had made advances in accepting women’s leadership, and what still needed to be done.” Participant 7

“We talked a lot about our different experiences as women, the influence or parenting and the early years, and the power of stereotyping.” Participant 1

“Neither of us had really thought about gender from the male perspective. What do men do with the confusion that exists because of changing social expectations?” Participant 6

- heightened awareness of incidents involving members of their faith communities which were of potential concern (eg the tone and content of conversations)

“I have a stronger ‘antenna’ for comments that might call for a response.” Participant 3

“We need to counter the ‘it doesn’t happen in our parish’ attitude’, get their heads out of the sand.” Participant 5

- greater confidence in responding to comments that they considered unacceptable in relation to the social determinants of violence against women

“I am much more likely to intervene now when I hear something concerning, rather than letting things go.” Participant 6

“The program has helped me to know what resources I need to deal with disclosures of violence.” Participant 3

- greater awareness of issues of gendered language in liturgy (worship) and other contexts

“I have become more aware of the word ‘power’ and its use in the liturgy, which is not always positive.” Participant 5

“The program has heightened my awareness of the stereotyping and patriarchy that exists within our faith and practice.” Participant 1

- greater confidence in putting primary prevention activities into practice.

“The program gave me ideas about how I could incorporate some of the material in one of my outreach activities.” Participant 8

“I have already planned a five weeks men’s health program, plus will develop a poster series.” Participant 3

The mentoring program encouraged all participants to have a go of at least one primary prevention activity. Two of the mentors were already engaged in primary prevention and continued to do so, and a third mentor commenced actions. Two of the mentees commenced actions, and the other two reported small changes to the ways they approached existing activities within their faith communities. Primary prevention activities (existing and new) included:

- Speaking on the topic at conferences
- Preaching on the topic
- Preparing posters
- Developing and running a men’s health program
- Participating in White Ribbon events
- Promoting White Ribbon events
- Specific conversations with community members
- Incorporating violence issues in pre-marriage preparation
- Developing fact sheets
- New approaches to understanding of sacred texts
- Participation in local domestic violence network

Evaluation of the Peer Mentoring Program suggests that it has fulfilled the objective of increasing the capacity of faith leaders, organisations and communities to undertake primary prevention work. As only Christian faith leaders participated in the pilot program it is not possible to comment on its ability to do this in non-Christian communities. Further work needs to be done to explore the ways to promote a mentoring program in non-Christian faith traditions, as well as to increase participations rates by incorporating the program in existing professional development activities.

5.2 Manual and tool kit – building capacity through resourcing

Description

This strategy was highlighted as second in importance after the Peer Mentoring Program for Phase IIB. The major work on this strategy was planned to commence once the mentoring program was up and running, a few months into the project time frame. This allowed for some further reflection by the project coordinator on the design and features of the tool kit, which needed to deal with a number of challenges. Central to these was the interfaith context of the project. Would it be possible to produce a tool kit that stayed focused on primary prevention while being sensitive to the broad range of beliefs, existing practices, governance structures, and cultural contexts represented by the different faith traditions? Would it be possible to locate the types of resources that might be relevant to such a tool kit? How would the theological and textual appropriateness of these resources for each faith tradition be verified?

A decision on the final design of the tool kit was influenced by examination of other related kits, particular *'Everyone Wins'*, a tool kit developed for use in Victorian sports clubs to increase the involvement of women and girls, Aboriginal people, and people from culturally diverse communities. (*'Everyone Wins'* can be accessed at the VicHealth website, www.vichealth.vic.gov.au.) Development and implementation of the peer mentoring program was also an important influence. The challenges in both designing and then writing and developing the tool kit caused considerable delays, and the final product was only finished at the conclusion of this project.

Renamed *'Promoting Equal and Respectful Relationships in Faith Communities: a manual and tool kit'*, the final product consists of three sections.

(See appendix 13 for the contents page. The complete manual is available from the Darebin City Council website at www.darebin.vic.gov.au.) Section 1 provides a background and context to the manual, explaining the importance of primary prevention and why faith communities should be involved in this work. Also included in this section are details of how to use the manual, and a glossary of terms. Section 2 consists of a 10 step program of thematic actions. Although designed from a sequential approach, there is some capacity for each to stand alone. The themes, like the topics in the peer mentoring program, are focused clearly on a primary prevention approach to preventing violence against women. Within each thematic step the suggested actions are divided into three levels – educate, investigate and participate. Educate actions are ones which help the faith community to better understand that theme; investigate actions are ones which encourage the faith community to explore their own position in relation to that theme; and participate actions are ones which enable the faith community to be involved in primary prevention. Section 3 of the manual is 4 sets of tools – fact sheets, resource lists, survey and audit tools, and taking action tools. These tools are directly linked to the suggested actions in section 2 of the manual.

The design of the manual allows it to be used in a range of ways depending on the faith community context. One approach would be to work through the actions for the same level of each step – all the ‘educate’ actions, for example. Another approach would be to work through the three levels of a single step before moving on to the next step. A third approach would be a combination of the above two approaches. A fourth approach would be start with the tools themselves, choosing ones which seem more achievable to a particular faith context. This variability of approach is an important design feature that is in response to the particular challenges of developing an interfaith manual.

Because this manual was not completed until the end of the project its distribution is unknown at the time of writing this report. A PDF version of the manual will be available for download from a number of nominated websites, and that a print version will be available for purchase from one of the project partners. It is also planned to distribute a copy of the manual to every Anglican parish in the Diocese of Melbourne as one of the outcomes of strategy 2.4, which is described below in section 5.3 of this report.

Process evaluation findings

Development of the manual within the timeframe of the project means there are only limited process evaluation findings and no impact evaluations were undertaken. Consultations on the format of the manual were initially held mostly with the VicHealth support team. Later opportunities were taken to engage with the Peer Mentoring Program participants on the potential format and content of the manual, including the design options. Two themes emerged from these series of consultations – the importance of maintaining a primary prevention focus, and the potential of the manual to be an expanded version of the mentoring program. This first theme – maintaining a primary prevention focus – has been mentioned previously in section 2.5 above and will not be covered further here.

The second theme of the findings confirmed the decision to use all of the topics included in the mentoring program as part of the 10 step program of actions in the manual, along with 4 other topics. Mentoring participants reported that these topics were all useful in developing an expanded awareness of primary prevention of violence against women. As stated above, the influence of the *'Everyone Wins'* manual was also crucial in the choice of format of this manual, in particular the use of different levels of actions within each step. *'Everyone Wins'* has been extensively tested, and it is hoped that the findings from those evaluations will have some cross currency with this manual.

Consultations with the mentoring program participants also stressed the value of resources (newspaper articles, example sermons, personal stories) as part of a manual. This finding posed a number of challenges. Inclusion of resources would add considerably to the size of what was already planned to be a significant publication. The purpose of the resources in the mentoring program, which was to stimulate conversation, was not equivalent to their potential purpose in the manual, which is to be used for various functions within a faith community. This would necessitate provision of similar themed resources (for instance, the theology of gender roles) for each of a selected group of faith traditions, depending on how broadly it was hoped the manual would be promoted. How would this group of faith traditions be chosen? How would the resources be sourced? Who would vouch for the quality of the resources? Consideration of these questions led to the decision to include a small number of resources in the manual in the form of fact sheets, and

some tools which provided guidance for faith communities in locating appropriate resources suitable for their own tradition.

The challenge of completing the manual within the timeframe of the project coupled with the impracticability of more extensive testing before its publication resulted in the decision to engage both a designer and an editor to work with the project coordinator in developing a completed product that was as attractive and accessible as possible. The completed manual will be made available for downloading from the websites of a number of the project stakeholders as well as being distributed to Anglican parishes within the Diocese of Melbourne as part of the Anglican Strategic Policy described in section 5.3 below. It is hoped that an evaluation of the impact of the manual on increasing the capacity of faith communities to undertake primary prevention work can be achieved as part of this second process. Significantly, it is thought to be first primary prevention faith community focused manual of its kind anywhere.

‘Significantly, it is thought to be first primary prevention faith community focused manual of its kind anywhere

5.3 Anglican Diocese of Melbourne strategic policy

Description

The intent of the strategy was to explore whether policy at the upper level of a faith organisation could drive engagement with promoting respectful relationships at the local level. The Anglican Church, a denomination within the Christian tradition, was a good option for this strategy because of its organisational structure and its broad local reach. The background of the project coordinator for Phase IIB also allowed for easy access to the appropriate structures within the Diocese.

Advice, information and policy on issues of social justice are handled within the Anglican Diocese of Melbourne by a body known as the Social Responsibilities Committee (SRC). The SRC is made up of both clerical (ordained) and lay (non-ordained) members, most of whom are elected by the Diocesan Synod (parliament) for fixed terms. Implementation of this strategy was conducted through the SRC, which meets monthly. An initial presentation was made to them in April 2011 proposing that a Diocesan Strategic Policy for Prevention of Violence Against Women

be developed and taken for endorsement to the Synod that would meet in October of 2011. The SRC agreed immediately to this proposal and moved to establish a sub-committee to progress this work, at the same time seconding the project coordinator onto the SRC. Members of the sub-committee were drawn from Anglican welfare agencies with connections to domestic violence services. This Sub-committee then began to meet regularly. As well as writing the Strategic Policy itself, it was also recognised that there would need for appropriate marketing of the policy prior to its presentation and endorsement at the Synod. To achieve this, an article was written and published in the monthly Anglican Melbourne newspaper (The Melbourne Anglican – August edition), and a discussion paper was written. It was intended that this discussion paper be available to download from the Diocesan website from August, but unforeseen delays preventing it appearing until early October, just prior to the Synod gathering. A copy of the discussion paper is in appendix 15, and the Strategic Policy in Appendix 16. The policy was designed to be challenging but achievable, with four strategies each with a small number of actions to be done over the following 12 months, and a report to be made back to the Synod of the following year which would include recommendations for a further 3 year strategy. The strategies were based on the same approach as the levels of action in the Manual – educate, investigate, participate (see 5.2 above). A fourth strategy was concerned with the development of an interfaith taskforce on preventing violence against women.

At the Synod meeting in late October 2011 a PowerPoint presentation was made by the project coordinator, which included a short interview with a survivor of domestic violence. The motion to endorse the Strategic Policy was moved by one of the participants in the peer mentoring program, and seconded by the Bishop who chairs the SRC. The motion to endorse the Strategic Policy was supported unanimously.

Following the endorsement of the Strategic Policy plans were made for implementation. A sum of \$12,000 was donated from one of the Anglican welfare agencies for this purpose, other funds were also sought, and the recruitment of a Project Officer began. At the time of writing of this report it is anticipated that this initial implementation phase will be complete by the end of January 2012 and that the Project Officer will work on the project until the end of November 2012.

Process and impact evaluation findings

Both process and impact findings can be generated from this strategy, but the extent to which they can be applied to other denominations within Christianity or to other faith traditions is a more difficult question.

There are two process related themes. Firstly, the involvement and observations of the project coordinator indicated the importance of the existence of appropriate structures and leadership that can be harnessed to progress this type of strategic policy. In the case of the Anglican Diocese this included: the existence of the Social Responsibilities Committee (SRC), whose mandate is to assist the Diocese in consideration of social justice matters such as violence against women; the leadership of the Bishop who is chair of the SRC, who demonstrated strong and consistent support for this action; the leadership of the executive officer of the SRC; the leadership of the working group that was formed as a sub-committee of the SRC to develop and market the strategic policy; and the leadership of the Anglican agency who put forward \$12,000 toward the implementation of the policy. That all these structures and leadership were in place was a significant reason why the strategic policy was developed, unanimously endorsed by the Synod, and proceeded to implementation with the relative ease that it did.

The second process finding concerns the governance and decision making structures of the Anglican Church, which are relatively democratic in their operation and include the involvement of lay people. Specifically, the Anglican Church has a structure by which ordained and lay representatives from every parish in the Diocese meet annually to form a Synod (parliament) at which canon laws (legislation) and policy are debated and voted on. This creates a structure which links the central operations of the system with the local expressions in the form of a parish, and which fosters information flow in both directions. The very existence of this structure creates an expectation amongst its members of organisational self-critique, policy development, and change, all of which are integral to the development and endorsement of a policy such as the one emanating from this project.

It should be noted amongst the process findings that within the SRC the merit of this strategic policy was vigorously debated. The core of this debate was not on the prevalence or seriousness of violence against women, which were readily accepted, but on the nature of the response, with some members of the SRC unsure

to what extent the proposed primary prevention response was consistent with certain religious principles. Theological ideas concerned with the meaning of sin in relation to violence, and the impact of repentance and conversion as a remedy for violence, were the most significant ones mentioned.

While the long term impacts of this strategy are yet to be known at the time of writing, the current tangible impact of the strategy is simply that a major faith organisation now has an endorsed strategic policy to prevent violence against women; that this policy is firmly based in primary prevention principles; and that the policy is to be implemented in 2012 via the employment of a project officer and development of a steering committee. The capacity of this organisation and its agencies and parishes to undertake primary prevention work has increased significantly.

‘the current tangible impact of the strategy is simply that a major faith organisation now has an endorsed strategic policy to prevent violence against women’

5.4 Declaration reaffirmation

Description

Opportunities to implement this strategy were not forthcoming due to the inactivity of the Darebin Interfaith Council during the time of Phase IIB, which met only a few times in 2011, and with minimal attendance each time. Although it would have been possible for the project coordinator to follow up the relevant faith leaders individually, this was not deemed to be an appropriate use of time given other priorities. While the review of Phase II of the project highlighted the value of declarations, there was no indication of what a *reaffirmation* might involve, and this lack of clarity was a further hindrance to pursuing this strategy. At the time of writing of this report it is hoped to enact some sort of reaffirmation of the original declaration at the official launch of this report in February 2012. See appendix 12 for a copy of the original declaration.

Process evaluation findings

The potential process finding that could be inferred from this is that the use of declarations as a strategic method to promote respectful relationships within faith communities is reliant on an appropriate mechanism to engage faith leaders and their communities with that strategy. When the chosen mechanism lacks capacity, in

this case the Darebin Interfaith Council, so does the strategy. This in turn poses the question whether there are other mechanisms that could have been used. In this context it is worth noting that one of the primary prevention activities included as an example in the peer mentoring program was to develop a declaration, and that none of the participants reported acting on this suggestion. It could be argued that the effectiveness of the original declaration signed by some members of the Darebin Interfaith Council was due to the process in which it was written by those same members as part of a larger process of training and awareness raising, and that this effectiveness cannot easily be replicated in other contexts. The impact of a declaration on increasing the capacity of faith communities to promote respectful relationships will require evaluation as a part of another project.

5.5 *Networking and communication*

Description

At the beginning of Phase IIB it was anticipated that this strategy would be mostly implemented by establishing contact with faith and community leaders through the various interfaith networks. Initial attendance at these network meetings made it clear that the level of involvement in these networks made this an inaccurate assumption. A decision was made to instead establish a monthly e-newsletter, *Faith Promoting Respect*, which could be distributed to the faith and community leaders and which would promote White Ribbon Day and other primary prevention events.

MailChimp, a free online e-newsletter tool, was used to develop this product as it provides a range of statistics that enable users to track the usage of their newsletter. A subscription list was developed using the email directories of the interfaith networks connected with the project. Included in the subscription list were faith leaders, other members of faith communities, local council officers involved with the interfaith networks or with the domestic violence networks, and other professionals working in the PVAW area.

Eight e-newsletters were published, one per month from June 2011 – January 2012. A template was developed using the project logo and this was used for each newsletter. Hyperlinks to documents and websites were included where appropriate. The newsletter maintained a consistent rate of interest over this time as measured

by the MailChimp program, and the subscription list slowly grew. This is covered further in section 5 of this report.

As well as the publication of this newsletter the project coordinator did continue to attend interfaith network meetings where possible and to use these as occasions to promote engagement in the aims of the project. As stated above, the attendance at these network meetings was generally not robust. In order to create further potential for linkages between faith leaders and primary prevention activities the project coordinator also attended a number of domestic violence network meetings, as well as the northern White Ribbon Community Group. This last group was in abeyance until later in the project timeframe. The departure of the Darebin City Council PVAW Officer in September 2011 meant that the project coordinator also picked up attendance at the regional Week Without Violence planning meetings, and the Northern Region White Ribbon Leaders Lunch planning meetings.

A further aspect of this strategy was the decision to conclude the work of the Steering Committee and establish a Working Group which would consist of the council officers responsible for liaison with the interfaith networks. While a good idea in theory, in practice the interfaith work is only a small part of the portfolios of these council officers, and the addition of this working group did not feature highly on their priorities. Consequently, this group only met once. Further, it was expressed clearly at this meeting that the experience of these officers was that far too much was expected of the interfaith networks with far too little council resources to assist them.

A full list of network meetings attended by the project coordinator is in appendix 14.

Process and impact evaluation findings

A core process finding of this strategy was the very limited capacity of networking as a strategy to connect faith leaders to White Ribbon Day events. On the one side of this equation is the small and irregular attendance at the interfaith network meetings, compounded by the lack of authorised faith leaders amongst that attendance. As has been mentioned previously, the interfaith networks did not prove themselves to be useful mechanisms for engaging with a significant number of faith leaders. On the other side of the equation is the lack of any reason for engaging

with faith leaders by either the domestic violence networks or the White Ribbon Day networks. Although the presence of the project coordinator at the different networks led to increased awareness of the issues at the time (ie. “don’t forget White Ribbon Day” to the faith networks, and “don’t forget the faith sector” to the domestic violence and White Ribbon networks), the longer term impact of this awareness raising appeared to be very minimal. Put another way, these two groups of networks – interfaith and domestic violence/White Ribbon - exist in two very different contexts in which there is no current overlap, either structural or pragmatic. The realisation of the very small potential of networking led to the decision to also approach this strategy via an e-newsletter.

Slightly more substantial process findings are available for the e-newsletter, but these findings are difficult to interpret. Over the 7 months from June to December 2011 subscription to the newsletter grew from 122 to 134 members, a growth of 9.8%, with a peak of 136. The average open rate for the newsletter was 38.9%, compared to an industry average of 21.1%, and this rate remained relatively steady across the 7 months. Total click rate (use of the various links to other websites and resources) grew for each publication. These very basic figures (see table below) suggest that the e-newsletter was serving some sort of useful purpose.

Month	Total recipients	Average open rate	Average click rate
June	122	44.9%	2.5%
July	126	42.4%	7.2%
August	128	36.2%	10.2%
September	130	39.1%	10.9%
October	136	34.9%	12.9%
November	136	37.9%	12.9%
December	134	37.0%	15.8%

An attempt was made to establish further evidence by including a very simple survey (using Survey Monkey) in the December publication of the e-newsletter. The survey asked three questions concerning the work context of the respondent, the helpfulness of the e-newsletter for information about White Ribbon, the NIRR project, and primary prevention, and the most useful things about the e-newsletter.

Of the 134 December recipients only 8 completed this survey. This surprisingly low response rate suggests a lower level of engagement with the newsletter than do the figures in the table above. The findings concerning the impact of the e-newsletter are inconclusive. While further analysis of the data is possible, it does not seem warranted given the limited scope of the e-newsletter generally.

Although it is apparent that this strategy did successfully contribute to the *promotion* of non-violent and respectful ways for women and men to relate to each other within faith communities, it is far less apparent whether this promotion had any *impact* on any of the faith communities that were recipients of this promotion. Constraints within the project, and the lack of capacity with the interfaith networks, did not allow for any further gathering of evidence of impact. Observations by the project coordinator would suggest that it was very minimal.

5.6 Sustainability

Description

Central to the partnership model of all the VicHealth projects is the potential for long term sustainability of all of some aspect of the project objectives. At the commencement of Phase II of the NIRR project it was hoped that the development of the Northern Interfaith Intercultural Network (NIIN), in which Darebin City Council and Darebin Interfaith Council were involved, would be an appropriate vehicle to drive this sustainability. Over 2 years later, at the commencement of Phase IIB, NIIN was still not officially launched, and at the time of writing of this report NIIN was yet to be formally incorporated and to have moved beyond governance by an interim steering committee. Although the NIIN interim steering committee were committed in principle to ongoing support of the NIRR objectives, and the project coordinator remained involved with the NIIN interim steering committee to advance this possibility, it was clear from an early stage that the capacity to achieve this was not strong.

Other avenues were therefore explored in relation to the question of sustainability. Two Melbourne based state-wide interfaith groups were consulted with – the Faith Communities Council of Victoria (FCCV) and the Multifaith Advisory Group (MAG) of the Office of Multicultural Affairs and Citizenship. The FCCV was formed as a consequence of the Parliament of the World's Religions meeting in

Melbourne in December 2010, but was itself in a process of formation with limited capacity, while the MAG has a stronger history and context. For both groups there are sensitivities about supporting the objectives of a project such as NIRR which some of their members might view as controversial and divisive. While all members are united in wanting violence against women to end, the gender focused social determinants approach of NIRR has the potential to create tensions in an interfaith setting. At the time of writing of this report consultations are on-going with these groups.

Further opportunities for sustainability are possible through the development of the Anglican Diocese of Melbourne policy (see section 5.3 above), but these will depend on the level of funding that is able to be achieved for that particular project.

Process and impact evaluation findings

In relation to this project sustainability can be understood to include two aspects – the potential for ongoing funding of a project officer to drive the project objectives forward, and the potential for the objectives to continue to be promoted through other means, including access to the resources generated by the project. The initial findings suggest that there is potential for sustainability of the project in both these aspects. With regards to a project officer, this potential rests not in the interfaith domain, but within each faith tradition. Engagement with the various interfaith networks indicate that there is exceedingly limited funding for any specialist staff of this nature. For example, the Northern Interfaith Intercultural Network (NIIN) has only the capacity to employ an administrative assistant for seven hours per week. The Faith Community Council of Victoria (FCCV) similarly has only one part-time employee, and the Multifaith Advisory Group (MAG) is entirely volunteer driven and is resourced administratively by the Office of Multicultural Affairs and Citizenship. However, the decision by the Anglican Diocese of Melbourne both to endorse a strategic policy on preventing violence against women, and to employ a project office in 2012 to implement their strategic policy, is a more promising finding which could potentially be replicated in other faith traditions.

Despite the lack of funding, conversations with the various networks indicate a number of possibilities for other types of continued promotion. Resources from the project are expected to be made available on three different websites (Darebin City

Council, VicHealth and the FCCV). Both the Peer Mentoring Program and the Manual and Resource Kit will be distributed and promoted as part of the Anglican strategic policy. Development of a multifaith task force on family violence is now on the agenda of MAG and will be further promoted by the Anglican project officer. These findings would suggest that this strategy has had significant impact on the objective of promoting non-violent and respectful ways for women and men to relate to each other within faith communities.

5.7 Building the evidence through evaluation activities

Description

A significant aspect of all the *Respect, Responsibility and Equality* projects is the gathering of evidence to contribute to the emerging evidence base for the primary prevention of violence against women. This is particularly important in those settings, such as faith communities, where primary prevention is a very new concept. As with the other four *Respect, Responsibility and Equality* projects, evaluation was carried out using the Evaluation Capacity Building (ECB) approach. This is described more fully in section 4 of this report.

Process and impact evaluation findings

Although the NIRR project has encountered significant obstacles over the time of its implementation, this report is evidence itself of the impact of NIRR to building the evidence for the primary prevention of violence against women. The evaluation activities listed in the action plan were achievable, and the evaluation capacity building model was effective in ensuring that evaluation was kept in the foreground throughout the process.

5.8 Building the evidence through professional development activity

Description

The various delays over the time of this project caused it to become out of sync with the other four *Respect, Responsibility and Equality* projects. At the time of Phase IIB commencing, most of the other projects were beginning to write their final reports, and the VicHealth activities and learning circles were focussing on issues to

do with report writing and sustainability. Despite this, participation in these activities was vital for the professional development of the Phase IIB project coordinator. As well as the *Respect, Responsibility and Equality* learning circles, the project coordinator was able to attend the VicHealth *Participation for health short course*, and the *Short course for preventing violence against women*; contributed to the *Sharing the evidence: preventing violence against women* stakeholders forum; and the local government focused LEAS (leadership, evaluation and sustainability) network meetings.

Process evaluation findings

These activities were vital in building the capacity of the project coordinator to understand the evaluation process and thus contribute to building the evidence. The experience of the project coordinator was also that the specific setting of the NIRR project – faith leaders and their communities – was of broad and growing interest to those working in the PVAW area.

5.9 Capacity building through stakeholder partnerships

Description

Darebin City Council has been one of the leaders in local government preventing violence against women. At the commencement of Phase IIB there were three different staff, including the NIRR project coordinator, working on PVAW related activities, and an active White Ribbon team. The project coordinator worked as part of this team with a particular emphasis on embedding the interfaith aspects of this work. As previously mentioned, the inactivity of the Darebin Interfaith Council during this time impacted this strategy. In the second half of the Phase IIB timeframe both the other staff in the PVAW team finished, and the NIRR project coordinator's time was taken with supporting the PVAW work generally, including the management of the White Ribbon team's White Ribbon Day activities in November 2011.

Across the other four councils this strategy was pursued through engagement with the council officers and networks responsible for developing a PVAW agenda, coupled with engagement with the relevant interfaith networks, and the northern White Ribbon Community group. Opportunities for further developing the interfaith

aspect of this work are extremely limited because of the emerging nature of this work generally, and because of the previously mentioned lack of capacity in the interfaith networks.

Process and impact evaluation findings

At the commencement of Phase IIB of the NIRR project, the project coordinator was one of three staff employed at Darebin City Council (two principally with external funding) working specifically in the primary prevention area. At the conclusion of the project these two other positions were no longer operative. In these circumstances, the ongoing presence of the NIRR project coordinator had a significant impact on the capacity of the council to stay engaged with the primary prevention work, particularly in the form of engagement with the White Ribbon Campaign.

It is difficult to assess the impact of the NIRR project on the other four councils involved, particularly as coincidentally with Phase IIB of NIRR, the PVAW Leadership, Evaluation and Sustainability network was also active in building capacity in local government. Perhaps the most significant finding in this area was that at most of the council based domestic violence network meetings attended, the project coordinator was usually the only person present representing the primary prevention domain. Beyond this, the major impact of this project would be the support given to others working in primary prevention in local government, such as the health promotion officers at Whittlesea and Moreland City Councils.

From the perspective of embedding interfaith work to prevent violence against women within a council setting, the findings are that there are significant barriers to this: lack of capacity in the interfaith networks, limits to the resourcing of the interfaith networks, limits to the resourcing of primary prevention work within the councils, and the general challenges of promoting long term primary prevention thinking in an environment that tends to be driven by fiscal concerns. Nonetheless, the very existence of the NIRR project in all its phases must be regarded as having at least a minimal impact of awareness raising if nothing else. In this regard, the sheer physical presence of a member of staff who is an advocate for primary prevention of violence against women cannot be underestimated.

6 DISCUSSION OF FINDINGS

6.1 *Interfaith versus intrafaith approaches to primary prevention*

A significant question posed by the findings of this project is whether there is more to be gained from an interfaith approach or an intrafaith approach (meaning actions taken within the one faith tradition). From the outset, the NIRR project operated on an interfaith basis. This reflected the experience in the earliest phases of the project rising out of the involvement with the Darebin Interfaith Council, through which there was a tangible spirit of cooperation, especially in the development and affirmation of the Declaration Against Family Violence (appendix 12). This experience itself is representative of wider experiences in the interfaith movement which suggest that religious diversity is better managed and progressed when different faith traditions come together around a common social justice goal. As noted in a recent interfaith survey,

‘In analysing the projects which have and are currently being undertaken by the interfaith movement, we see that there is definite attention given to these common social concerns.’¹⁰

Currently, interfaith activity in the environmental movement is a strong example of this. The existence of local interfaith networks, the momentum generated by the Parliament of the World’s Religions being held in Melbourne in December 2009, and the development of the Northern Interfaith Intercultural Network also led weight to this interfaith approach.

However, a number of the findings of this project indicate the intrafaith approach may be more appropriate. The lack of traditions other than Christianity represented in the Peer Mentoring Program; the challenges encountered in developing the Manual; and the strong impact of the work with the Anglican Diocese all suggest that more traction may be gained by working within a faith tradition rather than between them. Limited capacity within the interfaith movement is also an issue, and this is covered further in section 6.3 below.

The most likely reason for the lack of traction of the interfaith approach is the complexity of the interaction between the gendered basis of the primary prevention

¹⁰ Centre for Dialogue (2011) Victorian Interfaith Survey, Melbourne, La Trobe University, p. 15.

work and the diversity of the faith setting. Nearly all faith traditions have been strongly patriarchal throughout their history, and many remain so today. The dynamics of this patriarchy are discussed further in section 6.4. Feminist engagement with this history of religious patriarchy does exist and has made a significant impact in some quarters, but this impact is far from uniform across the faith traditions, or even within each faith tradition. For instance, within Christianity there are some denominations that will ordain women as clergy and others that will not. Religious diversity also extends to the mechanisms available within each tradition to affect change, so that even if there is similar desire for change within different traditions, the rate of change may be vastly different. There is also diversity in the methodologies used within the different traditions to do the work of theology and scriptural interpretation. Achieving interfaith activity based on the gendered basis of violence against women is thus an extraordinarily challenging task. Programs and resources that are developed for specific faiths are likely to have a greater impact.

It should be noted that the findings for strategy 4.2, developing sustainability, included a positive interfaith response. This suggests that while an intrafaith approach may be indicative for programs and resources, there is also a role for an interfaith response in generating momentum and commitment for change in this area. Sharing of information, adaptation of programs and resources, and capacity building at the upper leadership levels are all important facets of the interfaith response to primary prevention of violence against women.

6.2 *Opportunities and challenges of male leadership in faith communities*

The experience of those working in the field of violence prevention have long debated the challenges of engaging men in prevention, and know full well the regular defensive responses of men when confronted with both the prevalence of violence against women, and the gendered nature of that violence. In every faith tradition that has a formal (ordained) leadership system, including those that do now ordain women into those positions, male leaders vastly outnumber female leaders. Further, in many of the faith traditions the leadership structures lack the types of checks and balances that are generally expected in other organisations within our

community - such as limited tenure, regular reviews, or transparency of appointment – and this concentrates power within the leader. This creates a highly problematic situation when doing primary prevention work in a faith setting. The very people who are most in a position to be advocates for change are also the ones who may be most resistant to change, and who may see themselves as having the most to lose by advocating for gender equality within their organisation. The small percentage of males who expressed interest in doing the Peer Mentoring Program of this project (33%) is indicative of this situation.

The mentee participant in the Peer Mentoring Program who exhibited the greatest capacity for primary prevention work was the sole male mentee, suggesting that male leaders who do become advocates of change and can have significant impacts. Likewise, in the work done with the Anglican Diocese of Melbourne, two of the leaders who were strong advocates of the strategic policy were both males. While this may be a reason for doing more to engage with male faith leaders, it could also be seen as simply confirming male power within the faith system instead of challenging it. Dr Michael Flood¹¹ and Prof Bob Pease¹² have both written about the need to ensure that men's involvement in prevention of violence against women is always guided by feminist principles of equality, and there is no reason why this principle should not also apply to work within the faith setting.

Strategies for better engagement of men is a general topic of exploration in the PVAW field. Within the faith setting this exploration may need to include an evaluation not only of the theological beliefs and organisational approaches to gender equality but also, in many cases, an evaluation of the approaches to leadership structures as well. Despite this it would seem that for the present any attempts to build capacity for primary prevention in the faith setting cannot avoid engaging with male leadership. In these circumstances what may be most strategic is the choice of male leaders to engage with.

¹¹ Dr Michael Flood (2002) Engaging men in ending men's violence against women, Sydney, Expanding our horizons conference.

¹² Bob Pease (2008) Engaging men in men's violence prevention: exploring the tensions, dilemmas and possibilities, Sydney, Australian Domestic & Family Violence Clearinghouse.

6.3 *Identifying effective change agents*

A central theme in the effectiveness, or lack of, of many of the strategies was the associated agents of change connected to the strategy. In many cases it was planned that the change agent would be the local interfaith networks, but the findings indicate that in most cases these networks lacked the capacity to drive change beyond that which was their core function. The most effective or potentially effective change agents in the project fell into two groups. Firstly, those faith leaders who for various reasons had an existing understanding of violence against women, or, at the very least, a reason to be open to learning about violence against women. Secondly, those committees, such as the Social Responsibilities Committee of the Anglican Diocese of Melbourne, or the Faith Communities Council of Victoria, whose reason for existence is to support a process of learning and change. The project findings suggest that an important step forward in working in the faith setting will be to be more strategic in identifying the individuals and groups that have potential to be change agents.

In relation to this it is worth highlighting the effectiveness of the mentoring model to build capacity for understanding and change within individual faith leaders. By allowing for a greater depth of evaluation within a safe collegial environment, the program was able to generate a significant impact for change in the majority of the participants. Although it is not possible from this project to know how well the mentoring model would work in traditions other than Christianity, the effectiveness of the program within Christianity is an encouragement for it to be trialled elsewhere.

A further question relevant to the issue of change agents is the role of other organisations, such as local and state government, in the work of primary prevention within faith communities. Although the reasons for basing the NIRR project within a local council were sound at the time, the concluding findings do not make a strong case for continuing to do so in the future. A more compelling argument is that the driving organisations for this work need to be the faith communities themselves, who are in a better position to understand both the opportunities and the barriers involved, create resources appropriate to their traditions, and identify individual change agents and champions in their organisations. The ability of the faith

communities to do this will be strengthened by the ongoing input of those state based organisations, such as the Office of Women’s Policy and VicHealth, who are building expertise in this area and who can emphasis the determinants based primary prevention approach.

6.4 Patriarchy, theology, epistemology and culture

An issue that is present in a less obvious fashion in most of the findings of this project is that of the inherent patriarchal nature of most religious institutions. This issue most often emerged in those strategies that involved contact with PVAW work in other settings, at which the idea of even attempting to do this work in the faith settings was often met with a great deal of surprise. It also was present in the challenges encountered in the development of both the peer mentoring program and the manual. The issue is further complicated by the cultural contexts within which many faith traditions operate, many of which are perceived to also have a strong patriarchal paradigm.

While it is true that there is strong and often continuing patriarchal paradigm in most religious institutions, it does not follow that there is no feminist critique or desire for change. Indeed, there is a strong women’s voice in all of the faith traditions. For instance, in *Muslim women, Islam and family violence* it is noted,

‘The pursuit of justice and equality for Muslim women has been present to varying degrees in all historical periods and across all cultures and societies. While this pursuit has not always resulted in structural and institutional change, it has nonetheless featured as part of Muslim women’s history. Today, all over the world, Muslim women are working and mobilising for change.’¹³

Stifling this voice is not simply the dominance of the patriarchal paradigm in itself, but also the methodologies used in faith traditions to interpret scriptures and generate knowledge. These theological and epistemological paradigms are often based on rigid rules which themselves are difficult to change. In particular, the privileging of sacred scripture over other forms of knowledge can make it difficult to use such arguments as come from contemporary feminist theory, sociological, or

¹³ The Australian Muslim Women’s Centre for Human Rights (2011) *Muslim women, Islam and family violence: a guide for changing the way we work with Muslim women experiencing family violence*, Melbourne, p. 5.

psychological research as a way of critiquing patriarchal systems. Women and men working for gender equality in faith traditions must often first tackle these theological and epistemological barriers before they can begin to tackle the gender barrier.

Likewise, the overlap between religious and cultural contexts in regard to patriarchy should not be used to assume that religious patriarchy and cultural patriarchy is the same thing. While there are some reinforcing elements in each, there are also many differences. Strategies for primary prevention work need to be tailored to each setting.

Both the mentoring program and the manual and resource kit produced by this project have attempted to be sensitive to these issues, but the scope of the project has not allowed for a more in-depth evaluation of how well this has been achieved. An important strategy for strengthening primary prevention work in the faith setting will be to support individuals and groups who are exploring ways to integrate progressive thinking within their faith traditions.

6.5 *Capacity building in appropriate responses to disclosures*

A further issue that emerged in a less obvious way throughout this project was the need for capacity building within the faith sector in how best to respond to disclosures of violence against women. Responses by participants in the mentoring program emphasised that by increasing their awareness of the need for primary prevention they also increased their awareness of the importance of responding to disclosures in appropriate ways, including knowing how to refer victims to professional counselling and support services. Observations by the project coordinator also confirmed that one of the barriers to engaging faith leaders in primary prevention was their awareness of firstly needing to be better equipped in knowing how to respond.

Within the faith sector it is very common for the formal leader to offer spiritual leadership, organisation leadership, and pastoral (caring) leadership. This focusing of different leadership tasks in the one person creates challenges for developing appropriate secondary prevention strategies in the faith setting. Great skill is required on the part of the leader to be aware of the potential for using either

the spiritual or organisational authority of their role to inhibit or conflict the pastoral authority of their role. This is particularly so in the case of domestic violence, in which there may well be safety issues for the woman and children, and in which both the victim and perpetrator may be members of the same faith community. For this reason, it is more suitable for all pastoral responses to domestic violence within a faith setting to be handled by a suitable trained person other than the formal leader, and even someone outside of the faith community in which the parties are normally members. This possibility is noted in *Will my Rabbi believe me?*,

‘An important response from the rabbi would be to guide the victim to professionals in the field. Without appropriate interventions from experts and professionals, the rabbi, with the best of intentions could in fact end up doing more damage than good (especially in cases involving paedophilia and abuse of children).’¹⁴

Different approaches to the question of leadership and authority between the faith traditions, as well as different levels of resourcing, have an impact on the way each faith tradition handles this issue. Strengthening the primary prevention approach in faith communities will therefore involve the development of minimum standards with regard to responding to disclosures. These standards would acknowledge the numerous services that exist in the community to provide the appropriate professional care for women who have experienced violence, that it is not expected, nor appropriate, that this level of professional counselling be provided within the faith community, and that the best way that faith communities can ensure the safety of women experiencing violence is to refer them to these services. A multifaith PVAW taskforce, such as suggested in section 6.1 above, may be the place where this conversation needs to happen.

‘Strengthening the primary prevention approach in faith communities will therefore involve the development of minimum standards with regard to responding to disclosures

¹⁴ Jewish Taskforce Against Family Violence (2011) *Will my rabbi believe me? Will he understand?: Responding to disclosures of family violence in a rabbinic context*, Melbourne, The Jewish Taskforce Against Family Violence and the Rabbinical Council of Victoria, p. 11.

6.6 *Creating further opportunities in the faith setting*

In recent years there has been an increasing focus on the need to ensure that faith leaders are appropriately trained and resourced for their roles. Reports of clerical abuse of members of their communities, particular within some of the Christian traditions, have generated renewed vigour in ensuring that faith leaders understand the dynamics of the power structures that they operate in. Protocols for handling reports of such abuse have also been reviewed, including the ongoing status of the faith leader found guilty. Participants in the peer mentoring program suggested that there may be some important ways in which the capacity building for primary prevention that is the concern of the NIRR project could be incorporated into these broader professional development programs. This would also go some way to alleviating the challenge faced by faith leaders of finding time for yet another activity. Along with greater professional development structures, there has also been an increased focus on self-care for faith leaders, including the importance of peer mentoring opportunities, and this may also provide possibilities for further capacity building in primary prevention.

Human rights education is another area that is garnering increasing interest. Initiatives in the Northern Interfaith Intercultural Network, and at local council level, to generate conversations in this area suggest that this may be another way to create opportunities to raise awareness of prevention of violence against women. Positive efforts were made in this regard in some of the earlier stages of Phase II of NIRR.

Faith communities are increasingly recognizing that they cannot operate in isolation from other community based organisation, or from the different levels of government. Enormous potential exists for developing partnerships based around shared values of community development, social inclusion, and personal well being. Reluctance and suspicion existing on both sides of these potential partnerships, particularly because of the patriarchal issues covered in 6.4 above, will need to be overcome for this to happen. The commitment by VicHealth to conduct a primary prevention project within the faith setting is an important example of what can be achieved when an initiative is taken to work with faith communities in a challenging area.

7 RECOMMENDATIONS FOR CONTINUED CAPACITY BUILDING FOR PRIMARY PREVENTION IN THE FAITH SETTING

As indicated throughout this report, the application within the faith setting of a primary prevention approach to preventing violence against women is a new and emerging field. This report has explored some of the initial findings related to this approach that were observed during the implementation of the Northern Interfaith Respectful Relationships project. Central to these observations is that there is the potential for further capacity building. In order to enhance this potential this report suggests the following recommendations:

- Encourage faith traditions in the development of faith specific programs and resources to promote equal and respectful relationships
- Encourage the development of a multifaith prevention of violence against women taskforce, potentially as a committee of the Multifaith Advisory Group
- Adapt learnings from other projects on best practice for engaging with men
- Identify faith based leadership (individuals and groups) who are best placed to be advocates for change
- Encourage the work of faith based organisations developing progressive theological approaches to contemporary issues
- Establish standards of best practice for faith leaders and communities responding to disclosures of violence against women
- Explore with faith traditions the potential for embedding primary prevention capacity building in existing ministerial professional development programs
- Encourage community and government organisations, such as women's health organisations, primary care partnerships, and local government, to develop partnerships with faith organisations in the prevention of violence against women

8 CONCLUSION

The gendered nature of human existence is intrinsic to everything we do, but most particularly to our relationships. The quality and health of these relationships is one of the most important contributing factors, perhaps the most important, to our overall well being and appreciation of the gift of life. Unfortunately, women's experiences of relationships with men have for far too long been impacted by the phenomenon of male violence. Changing this pattern will improve not only the lives of women, but also of men – its importance cannot be underestimated.

The patterns of male violence against women have been justified and reinforced throughout society in many different ways and by many different organisations, including religious organisations. To change these patterns – the work of primary prevention - therefore requires a response from everybody involved – again, religious organisations included.

The Northern Interfaith Respectful Relationships project has explored the ways in which faith organisations can be encouraged to take their part in the work of primary prevention to change the patterns of behaviour and attitudes – the determinants – implicated in violence against women. Despite facing some challenging obstacles, this report of the findings of the NIRR project make it clear that faith communities are concerned with preventing violence against women. A range of strategies to equip faith communities to do the work of primary prevention have been trialled, with a number being shown to have significant impacts. The Peer Mentoring Program was successful in building the capacity of leadership in understanding and practicing primary prevention and is indicated as an important tool for future work. Development of a strategic policy within the Anglican Diocese of Melbourne highlights the possibilities that exist for individual faith traditions to become engaged with prevention of violence against women. And the manual and tool kit is a significant new resource that will enhance the potential for faith communities to make a start in their commitment to a process of change. The recommendations of this report suggest more ways in which this work could be continued to further the development of the evidence base for doing primary prevention in the faith setting.

Humans have used many different methods to try and make sense of the joys and sorrows of what it means to be alive. Religious faith is one of the oldest of these methods and shows no sign of departing the scene. It is therefore vital that any work to improve the well being of humanity incorporates the religious organisations and ideas that continue to be a part of our society. Both the challenges and the successes of the NIRR project highlight how important it is include the faith setting in the task of preventing violence against women.

9 APPENDICES

1. Statistics of violence against women.
2. VicHealth Framework for Action
3. Logic Model
4. Final action plan
5. Tri fold brochure
6. Contents page from Peer Mentoring Program
7. Question page from Peer Mentoring Program Session 4.
8. Peer Mentoring Program Flyer
9. Networks used to promote the Peer Mentoring Program
10. Peer Mentoring Program application form
11. Sample of mentor debrief questions
12. Declaration from Phase I
13. Contents page of manual
14. Network meetings and other events attended by Project Coordinator
15. Anglican Discussion paper
16. Anglican Strategic Policy
17. Simple analysis of responses received from mentoring participants
18. Simple analysis of observations made by the project coordinator as recorded in work diaries for March – December 2011

Appendix 1 Statistics of violence against women

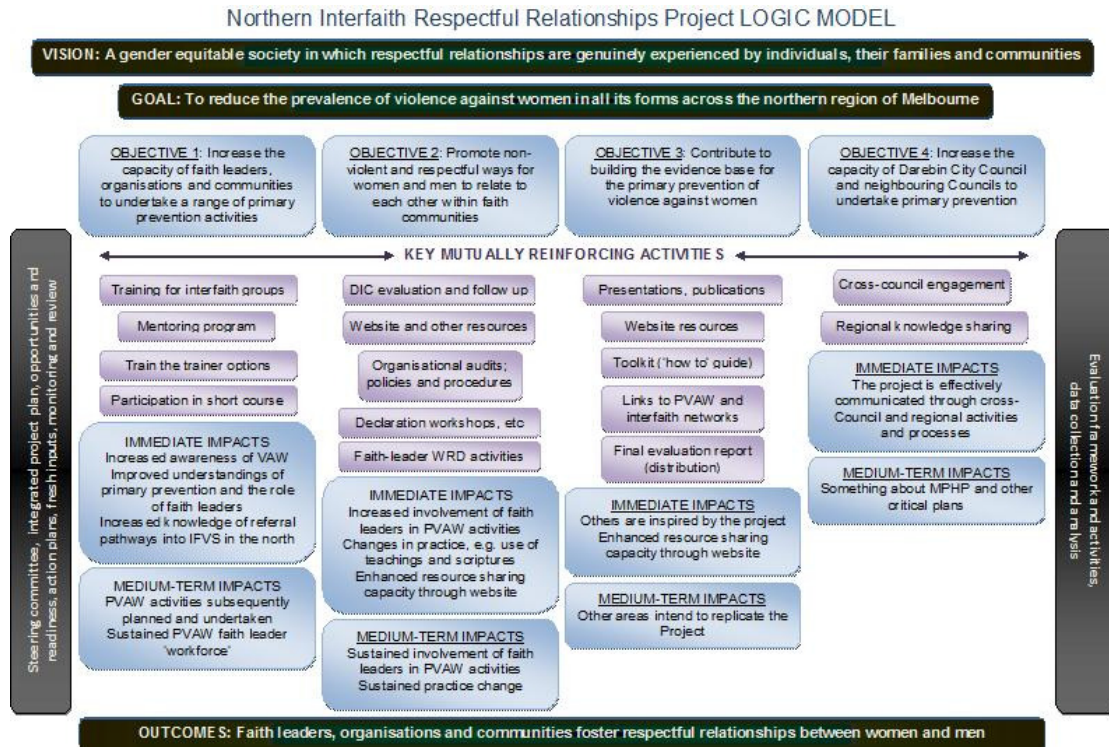
The information below comes from 'Responsible Reporting Guidelines for Journalists' and is available at www.evas.org.au (Eliminating Violence Against Women Media Awards)

- Intimate partner violence is responsible for more ill-health and premature death in Victorian women under the age of 45 than any other of the well-known risk factors, including high blood pressure, obesity and smoking. 59% of the health impact experienced by women is anxiety and depression.
- At an individual level, the most consistent predictor of the use of violence among men is their agreement with sexist, patriarchal, and/or sexually hostile attitudes.
- More than one in three Australian women (34%) who have had an intimate partner, have experienced violence from a partner or ex-partner.
- Of all physical assaults against women, 74.9% occurred in the home by a man they knew. 31% of women who experienced physical violence in the last 12 months were assaulted by a current and/or ex-partner, compared to 4.4% of men.
- A woman is killed in Australia almost every week by a partner or ex-partner.
- Women and girls constitute the majority of reported victims of family and sexual violence to Victoria Police. 77% of reported family violence victims and 89% of reported rape victims are women and girls.
- Nationally, only 19% of women who experienced sexual assault by a male perpetrator and 36% of women who experienced physical assault by a male perpetrator reported to police.
- An estimated one in four children have witnessed domestic violence.
- Violence against women and their children cost the Australian economy \$13.6 billion in 2009; \$3.4 billion for Victoria.
- One in five people do not believe that 'controlling a partner by denying them money' is a form of domestic violence.
- 34 % of the general community mistakenly believe that rape occurs because of men 'not being able to control their need for sex'.

Appendix 2 VicHealth Framework for Action

Priority populations and preventative actions			
Priority populations <ul style="list-style-type: none"> • Children • Young people • Women and men • Indigenous communities • Culturally and linguistically diverse communities • Rural communities • Neighbourhoods affected by disadvantage • Women with disabilities 		Preventative actions <ul style="list-style-type: none"> • Research, monitoring and evaluation • Direct participation programs • Organisational and workforce development • Community strengthening • Communications and social marketing • Advocacy • Legislative and policy reform 	
Priority settings for action			
<ul style="list-style-type: none"> • Community services • Local government • Corporate • Faith communities • Education 	<ul style="list-style-type: none"> • Workplace • Cultural institutions and networks • Arts • Sports and recreation • Media and popular culture 	<ul style="list-style-type: none"> • Health • Cyberspace and new technologies • Justice • Academic • Military and like institutions 	
Intermediate outcomes			
Individual and relationship	Organisational	Community	Societal
Individuals and relationships with: <ul style="list-style-type: none"> • improved connections to resources and support; • respectful and equitable gender relations; • improved attitudes toward gender equity, gender roles and violence and/or violence against women; • improved skills in non-violent means of resolving interpersonal conflict; and • responsible alcohol use. 	Organisations that: <ul style="list-style-type: none"> • model, promote and facilitate equal, respectful and non-violent gender relations; • work in partnerships across sectors to address violence; • implement evidence-based violence prevention activities; and • are accessible to and safe and supportive for women. 	Environments that: <ul style="list-style-type: none"> • value and support norms that are non-violent and build respectful and equitable gender relations; • build connections between people and sources of formal and informal support; and • take action to address violence. 	A society in which there are strong legislative and regulatory frameworks and appropriate resource allocation for supporting: <ul style="list-style-type: none"> • gender equity; • the prevention and prohibition of violence; • the positive portrayal of women (e.g. in advertising); and • the development of healthy relationships between men and women.
Long-term benefits			
Individual and relationship	Organisational	Community	Societal
<ul style="list-style-type: none"> • Reduction in violence-related health problems and mortality • Improved interpersonal skills and family and gender relations • Reduced intergenerational transmission of violence and its impacts 	<ul style="list-style-type: none"> • Violence prevention resources and activities integrated across sectors and settings • Organisations that value and promote respectful gender relations • Improved access to resources and systems of support 	<ul style="list-style-type: none"> • Communities that value gender equity and respectful relationships between men and women • Reduced social isolation and improved community connections 	<ul style="list-style-type: none"> • Reduced gender inequality • Improved quality of life for men and women • Reduced levels of violence and/or violence against women • Improved productivity

Appendix 3 Logic Model



Appendix 4 Final action plan



NORTHERN INTERFAITH RESPECTFUL RELATIONSHIPS PROJECT ACTION PLAN (March 2011 – February 2012)

Project Summary

Project Vision: A gender equitable society in which respectful relationships are genuinely experienced by individuals, their families and communities

Project Goal: Reduce the prevalence of violence against women across the northern region of Melbourne

Target Populations: Faith leaders, community leaders, organisations and communities in Melbourne's north

Key Settings/Sectors for Action: Faith communities, community leaders and Councils in the north

Preamble: This 12 month action plan for the Northern Interfaith Respectful Relationships Project is the result of a detailed review process that has been undertaken by the project coordinator and VicHealth over a 4-5 month period. A series of meetings, thorough consideration of community inputs, development of a project logic model (appendix 1) and two critical pieces of evidence all inform the contents of this action plan. This action plan operationalizes the last 12 months of the integrated project plan. (appendix 2)

The two critical pieces of evidence include

- Reflective evaluative review based on the learning's and challenges of the NIRRP project coordinators (appendix 3)
- Evidence Review that details promising practice from across the globe in an attempt to inform future project activities. (appendix 4)

Throughout this review period the project coordinator has continued to engage with faith leaders and communities via:

- Interfaith Summits
- Multicultural Forums
- Network Meetings
- One on One contact

This action plan represents an attempt to incorporate recommendations and reflections from the two evidence documents and to maintain the integrity of the project as a primary prevention initiative. The action plan also includes an evaluation component. Evaluation actions will be conducted as the project is implemented.

Project Objective 1: Increase the capacity of faith leaders, organisations and communities in Melbourne's North to undertake a range of primary prevention activities

Strategies	Actions What you'll do	Timelines When you'll do it	Process Evaluation Questions to be Answered How Did Things Go?	Impact Evaluation Questions to be Answered What Difference Was Made?	Methods & Tools for data collection What will we use to evaluate?
1.1 The Project Coordinator to implement an innovative mentors' program that supports capacity building between faith leaders who are PVAW experienced and those who are newer to the PVAW field of practice.	Project coordinator to continue to develop peer mentoring model via consultations with those experienced in peer mentoring.	End July 2010	Which organisations were consulted to develop the peer mentoring model? Which faith leaders were consulted to participate as mentors in the peer mentoring program?	Did the peer mentoring program change understandings and attitudes held by faith leaders/communities about violence against women? In what ways? Did they see the link between gender inequality and violence against women?	Questionnaires for both mentors and mentees - tool to be developed with the research leader.
	Project Coordinator to draft a peer mentoring model for Northern Faith leaders based on consultations.	Aug 2010	Was there anyone left out who should have been consulted? Were there any barriers to the consultation process? How were they overcome?	Did they improve understandings and knowledge of the importance of their role in primary prevention? In what ways? Was their any difference in how they saw their role before the peer mentoring program and after?	Interviews with mentees and mentors at the conclusion of the program. Tool to be developed with the research leader.
	In order to recruit mentees from Banyule and Whittlesea project coordinator is to draft a proposal for Whittlesea and Banyule as to what the peer mentoring program can offer	Aug 2010	Was there anything about the consultation process that could have been done differently to improve things? What were the learning's about the consultation process?	Did the process help to clarify a staged approach to planning and implementing the peer mentoring program? Did the program take into account the time commitments and needs of the peer mentors?	Project Coordinator will keep a journal that records activities, observations and reflections, with specific attention to answering the evaluation questions
	Project Coordinator will approach and recruit specific faith leaders, determining their level of readiness (and/or the skills development required) and their available time to commit to the program. (max 3-4 mentors)	March/April 2011	Did the process help to clarify a staged approach to planning and implementing the peer mentoring program? Did the program take into account the time commitments and needs of the peer mentors?	Did the program improve the capacity of faith leaders to make decisions and plan primary prevention activities in the region? In what specific ways?	Project Coordinator will keep planning notes and relevant documentation such as registration forms, venue booking details, session outlines, development of resources...
	Project Coordinator to meet with mentors to refine and confirm the program.	April 2011	Did the developed program clearly articulate its aims and expectation of both mentors and mentees? Were mentee's recruited? How many?	Did the program improve their knowledge of supports and services? Example: Did they hand out "help cards" to individuals affected by family violence, were they able to refer women to the Northern	
	Project Coordinator to consult with mentors to recruits mentees				

	Project Coordinator to provide workshop for both mentors and mentees. Mentors require skill based and information, 2 sessions at 3hours. Mentee require an information based session (1 x 3 hours)	April/May 2011	Were the expectations of both the mentors and mentees met? Example: frequency of meetings between mentee and mentors.	Integrated Family Violence Service System. Did the program influence any changes in their practice? Example: sermons, policies, posters and resources in congregations.
	Project Coordinator to implement the peer mentoring program.	May 2011		
	Program will include a mix of informal and formal activities. Eg. modes of response, observation of teachings and sermons that promote respectful relationship, discussion White Ribbon Day, option for policy development.	June-December 2011.		

Project Objective 2: Promote non violent and respectful ways for women and men to relate to each other within faith communities across Melbourne's north

<u>Strategies</u>	<u>Actions</u> What you'll do	<u>Timelines</u> When you'll do it	<u>Process Evaluation Questions to be Answered</u> How Did Things Go?	<u>Impact Evaluation Questions to be Answered</u> What Difference Was Made?	<u>Methods & tools for data collection</u> (what will we use to evaluate?)
2.1 Explore with Darebin Faith leaders their interest in reaffirming the Declaration developed by Darebin Interfaith Council in phase 1. (Note: Included in the toolkit (2.2 below) will be a resource on 'How to develop a declaration')	Discuss the proposal with the Darebin Interfaith Council	April/May 2011	What was the process involved in developing the proposal? Was it favourable? Was the proposal taken up by DIFC? If yes, what process was put in place to work towards a reaffirmation? If not, what were the barriers?	What value was placed on the declaration itself by faith leaders? How important was it seen by faith leaders involved? Has the declaration made any difference to how faith leaders view their role in preventing violence against women?	Project Coordinator will conduct interviews or semi structured informal meetings with participants involved in reaffirming the declaration.

		June-Sep 2011	Was a resigning/reaffirming ceremony organised? If so, how many people attended? From which groups? Where did it take place?	Has the declaration made any difference to members of the congregation? If so in what ways? Example- more disclosures of family violence, more open discussion of family violence. (Provide 'vignettes' as examples)	Project Coordinator will keep a journal that records activities, observations and reflections, with specific attention to answering the evaluation questions
2.2- Produce updated tool kit (based on that developed in phase 1 of the project) in hardcopy folder format with CD. Tool kit to assist Faith Leaders to implement PVAW response and activities in their setting.	Consult with members of the DIC about the resource kit. Determine what additional resources may be needed to upgrade the kit Develop and source additional resources and upgrade the kit. Launch Toolkit	April/May 2011 May/June 2011 June 2011 – Jan 2012 Dec 2011	Which faith leaders were consulted about the CD resource kit? Were there any barriers to the consultation process? How were they overcome? How were additional resources determined? What additional resources were developed? When was the toolkit launched? How was the tool kit promoted? Who received the toolkit and where were they located (e.g. interstate or internationally)?	Did the toolkit improve the capacity of faith leaders to promote respectful ways for men and women to relate within their faith communities? Was this through teachings, sermons, conversations with congregation members? Did the toolkit provide inspiration to others to plan (and implement) faith-based primary prevention projects?	Project Coordinator will conduct interviews or semi structured informal meetings with faith leaders to determine the impact that the resource has had on promoting respectful relationships. Project Coordinator will keep a journal that records activities, observations and reflections, with specific attention to answering the evaluation questions

2.3 Support faith and community leaders in the North to plan and participate in White Ribbon Day events	Attend Darebin White Ribbon Action Team meetings	Ongoing	Were interfaith primary prevention activities in the north linked to mainstream social marketing efforts such as WRD? For example, were northern faith leaders involved in WRD 'premier events'? How many? Representing which faiths? And in what type of events? Were northern faith leaders recruited as WRD Ambassadors? How many? Representing which faiths? Were there any barriers to involving northern faith leaders in WRD events and the Ambassadors program and how were they overcome? Was the new Working Group formed? Did it develop Terms of Reference (meeting frequency, purpose, etc)? In engaging faith leaders to the WRD campaign, what could have been done differently? What were the learning's for engaging faith leaders to mainstream campaigns?	Did the involvement of the Project Worker in statewide WRD planning processes enhance the capacity of the Project to link northern interfaith primary prevention activities to WRD events and activities? Did the involvement of northern faith leaders in the WRD campaign have positive impacts on their communities in terms of promoting non-violent and respectful ways for men and women to relate to each other? In what ways? (Provide 'vignettes' as examples)	Project Coordinator will keep a journal that records activities, observations and reflections, with specific attention to answering the evaluation questions Project Coordinator will conduct semi-structured interviews with faith leaders to determine the impact of their involvement in the WRD campaign on their communities (documented as 'vignettes') Project Coordinator will keep planning notes and relevant documentation such as registration forms, venue booking details, session outlines, development of resources
	Attend the monthly White Ribbon Community Groups meetings that involve residents from Banyule, Nillumbik and Darebin.	Ongoing			
	Engage leaders from the Northern Metropolitan Region into local White Ribbon events. Leaders will be engaged via activities in 1.1, 1.2 and through work thus far.	May – Nov 2011			
	Establish new Working Group (to replace the Steering Committee) composed of NMR Interfaith Network Council Officers (but if the NIIN Working Group proposal is successful the Steering Committee may be absorbed into the Working Group committee)	April 2011			
	Stay engaged with local council officers from the NMR around local WRD events. Ensure leaders are linked to local area activities for WRD	May-Nov 2011			
	Attend Northern Interfaith Intercultural Network (NIIN) Meetings. Engage members from NIIN into White Ribbon Day events	Ongoing			
Consult with leaders regarding their involvement at the Not One More event at Federation Square on 26/11/11	Ongoing				

2.4 Engage with Anglican Diocese of Melbourne regarding development of PVAW policy	Consult with secretary of ADM Social Responsibilities Committee	April 2011	Did the consultation happen?	Did the engagement of the Project Coordinator with the SRC enhance the capacity of the SRC to take up the issue of PVAW?	Project Coordinator will keep a journal that records activities, observations and reflections, with specific attention to answering the evaluation questions Project Coordinator will keep all documentation related to the proposals and policy development
	Submit proposal to ADM Social Responsibilities Committee	May 2011	Was a proposal submitted to the SRC?	Did the engagement of the Project Coordinator with the ADM enhance the capacity of the ADM to initiate PVAW policy?	
	If agreed, work with members of SRC to develop policy proposal and submission to ADM	May – Nov 2011	Was it accepted? If so, what processes were then put in place to further the policy development? If not, what were the barriers to its acceptance? Was a policy developed? Was it submitted to the ADM?	Did this experience with the ADM provide learning about engaging at upper levels with other faith traditions?	

Project Objective 3: Contribute to building the evidence base for the primary prevention of violence against women					
Strategies	Actions What you'll do	Timelines When you'll do it	Process Evaluation Questions to be Answered How Did Things Go?	Impact Evaluation Questions to be Answered What Difference Was Made?	Methods & tools for data collection (what will we use to evaluate?)
3.1 Conduct evaluation activities as per action plan (see column on evaluation questions and data collection) and report in final evaluation	Execute and follow plan. Produce the final evaluation report	Ongoing Commence Jan 2012	Did the Project undertake the process and impact evaluation activities outlined in this Plan? Were the results collated and analysed? Did the Project produce and disseminate a final evaluation report? What was the distribution list?	Did the evaluation report provide inspiration to others to plan (and implement) faith-based primary prevention projects? Note: the impacts arising from the distribution of the evaluation report will be hard to assess given its coincidence with the Project's end	Project Coordinator will keep a journal that records activities, observations and reflections, with specific attention to answering the evaluation questions Project Coordinator will consult with Research Leader to develop template for final evaluation report. Project Coordinator will use all the methods and tools employed in this plan to write the

					evaluation report Project Steering Committee will receive final evaluation report
3.2 Participate in VicHealth Driven activities, learning circles and forums	Continue to engage in VicHealth driven activities- learning circles and forums	Ongoing	How were opportunities to promote the Project in practice forums and other events identified and decided upon? And were they included as actions in detailed Action Plans and subsequently implemented? How many presentations to practice forums and other events were made by the Project Worker? Where did the presentations take place? Who attended and heard about the Project? Where were they from?	Did the Project contribute to the growing evidence base for primary prevention through its participation in practice forms and other events?	Project Coordinator will keep a journal that records activities, observations and reflections, with specific attention to answering the evaluation questions Project Coordinator will keep evidence of citations of the NIRR Project as good practice in primary prevention (e.g. conference programs, publications) Project Steering Committee will receive progress reports and confirm planning decisions as appropriate (documented in minutes)

Project Objective 4: Increase the capacity of Darebin City Council and neighbouring council to undertake primary prevention

Strategies	Actions What you'll do	Timelines When you'll do it	Process Evaluation Questions to be Answered How Did Things Go?	Impact Evaluation Questions to be Answered What Difference Was Made?	Methods & tools for data collection (what will we use to evaluate?)
4.1 Continue to work on intra council and across councils on embedding interfaith work to prevent violence against women.	Continue to attend relevant meetings at Darebin City Council to promote and raise awareness of the interfaith project to PVAW. Continue to work with relevant officers from across NMR councils to promote	Ongoing Ongoing	How many Council convened networks, forums and meetings had representation from the NIRR Project? Was training provided to staff on the primary prevention of violence against women? Who by, to whom, and when? How many Council planning activities	Did the Project have a positive impact on Council in further embedding a primary prevention approach to the problem of violence against women across diverse functions and processes of the organisation? (Give specific	Project Coordinator will keep a journal that records activities, observations and reflections, with specific attention to answering the evaluation questions

	the project and PVAW work. Continue to promote activities of the Local Government and Networking Project Continue to engage with different sections of Darebin council on PVAW activities E.g Organisation Development- gender equity training Continue to attend Northern Interfaith Intercultural Network (NIIN) meetings and promote the project activities. Develop link from NIIN website to the NIRRFP website.	Ongoing Ongoing Ongoing	was the Project involved with? Were other Council activities identified by the Project as being critical to embedding primary prevention across Council, and what was the Project's level of involvement in them? Were Council-wide primary prevention embedding activities communicated to Partner Councils to support them in their local response to the problem of violence against women? How (which forums) and to whom (which staff, roles and functions)? Were resources shared?	examples) Did the Project have a positive impact on Partner Councils with respect to embedding a primary prevention approach within core organisational functions and processes? (Give specific examples)	Project Coordinator will seek feedback from at least 5 Council staff on the impact of the Project in embedding primary prevention across Council functions and processes Project Coordinator will seek feedback from at least 2 Partner Councils to determine any direct impacts with respect to embedding a primary prevention approach within core organisational functions and processes
4.2 Establish potential for sustainability of the Project beyond funding period	Discuss with NIIN the possibility of including NIRR as a NIIN Working Group If appropriate, explore possibility of linking new NIRR Working Group (see 2.3) with NIIN Working Group	April / May 2011 On going	Did these discussions take place? Was this process deemed appropriate? Was the possibility explored?	Was the potential for sustainability established? If yes, what processes were put in place to further the objectives of NIRR beyond March 2012 If no, what were the obstacles encountered?	Project Coordinator will keep a journal that records activities, observations and reflections, with specific attention to answering the evaluation questions Project Coordinator will keep all relevant documentation

Appendix 5 Tri fold brochure

Contact us

The **Northern Interfaith Respectful Relationships Project** is based at the Preston Offices of Darebin City Council, 274 Gower St, Preston Vic 3072.

To inquire about any of the project activities, or to register to receive the Project e-Newsletter, please contact the Project Coordinator, Scott Holmes.

The **Project Coordinator** can be contacted on (03) 8470 8587, or by email at scott.holmes@darebin.vic.gov.au.

Further information can be found at the Darebin City Council website, www.darebin.vic.gov.au, following the link to Documents and Projects.

VicHealth, funding partner of the project, can be contacted via their website at www.vichealth.vic.gov.au. Follow their link to the 'Respect, Responsibility and Equality: Preventing Violence Against Women' program for details about other projects in this area.

Promoting Respect - ending Violence

Intimate partner violence is the leading contributor to ill-health and premature death in Victorian women under the age of 45 than any other of the well-known risk factors, including high blood pressure, obesity and smoking. 59% of the health impact experienced by women is anxiety and depression.

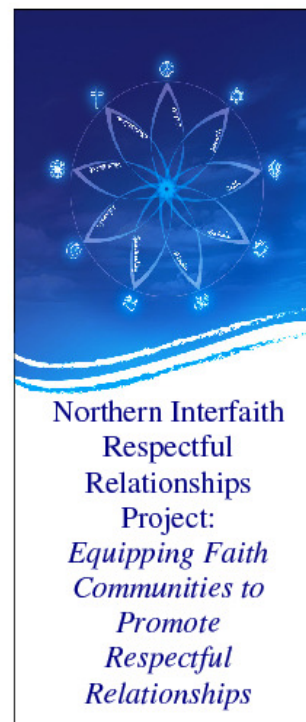
More than one in three Australian women (34%) who have had an intimate partner have experienced violence from a partner or ex-partner.

A woman is killed in Australia almost every week by a partner or ex-partner.

An estimated one in four children have witnessed domestic violence.

Violence against women and their children cost the Australian economy \$13.6 billion in 2009; \$3.4 billion for Victoria.

At an individual level, the most consistent predictor of the use of violence among men is their agreement with sexist, patriarchal, and/or sexually hostile attitudes.



Respectful Relationships

Good health is one of the keys to a rewarding and happy life. Achieving good health involves prevention as well as cure. For women and girls, freedom from family violence is a significant factor in staying healthy.

Preventing violence against women is now recognised as a key health promotion strategy across all levels of government in Australia, and around the world.

Where there is respect, there is less violence. Respect flourishes when there is equality between women and men, and when violence of all forms is firmly discouraged.

The **Northern Interfaith Respectful Relationships Project** works with faith communities in the northern region of Melbourne to enhance their capacity to promote respectful relationships.

Darebin City Council is leading this project funded by VicHealth, informed by evidence that suggests faith communities have a role to play in primary prevention of violence against women.

2011 Project Activities

Peer Mentoring Program for Faith Leaders – an innovative program bringing pairs of faith leaders together for a series of honest and in-depth conversations designed to further their knowledge and practice of prevention of violence against women.

Promoting Respectful Relationships Tool Kit – a collection of information, ideas and resources for faith communities wanting to be involved in promoting respectful relationships.

Faith Promoting Respect e-Newsletter – a monthly newsletter available to those interested in the work and activity of the Northern Interfaith Project.

Networking and Promotion – linking Interfaith Networks with key stakeholders across the northern region of Melbourne.

Policy and Reporting – developing and documenting policy and evidence based research for use by faith communities and government.

Why Faith Communities?

Violence against women is a sad reality of cultures around the world. Changing the values and attitudes that contribute to this violence needs a whole of society approach involving governments, business, social and religious institutions and individuals.

Faith Communities are a vital part of this approach. Within our society, faith communities are an important source of guidance and discussion on interpersonal relationships, peace, respect, compassion, ethics and morality.

Faith Communities are often involved directly in caring for people affected by family violence. Prevention of violence before it occurs is an important aspect of this care that is often neglected.

All faiths want violence against women to end, but faith communities have not always been places of gender equity. A health promotion approach is a helpful way for faith communities to examine their own values and start the journey of change to a healthier world for all people.

"For too long, religious leaders and individual people of faith have been silent before the facts of violence against women. It is time to break the silence and act. All people of faith are called to say NO to violence against women and girls."

Ven. Dr. Grace Chung Lee, President, Won Buddhist International in Korea

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Session 4: Gender and violence

Questions for reflection / conversation starters

Central conversation area: why are men violent toward women?

a) When I reflect on my own experience:

1. What type of behaviours do I associate with the word violence?
2. Have there been situations in which I have used violence to exert power over others?
3. How has my life been impacted by experiences of violence?

b) When I reflect on my faith tradition and experience:

4. Are there ways in which violence features in the narratives and sacred texts of my faith tradition?
5. What theological principles does my faith tradition apply to issues of violence in the contemporary world?
6. In my faith tradition, is violence against women understood and treated in the same way as other forms of violence?

c) When I reflect on the community I live in:

7. In which aspects of our contemporary society are we most tolerant of violence? In which are we least tolerant?
8. Which social changes do I think have had the most positive affects in changing communal attitudes to violence?
9. What are the factors still prevalent in society which allow men to have power and control over women?

Appendix 8 Peer Mentoring Program Flyer



Northern Interfaith Respectful Relationships (NIRR) Project

An Invitation to Faith Leaders to join a PEER MENTORING PROGRAM JUNE – DECEMBER 2011

The Northern Interfaith Respectful Relationships (NIRR) Project is funded by VicHealth in partnership with Darebin City Council, and works in collaboration with other Councils in the north of Melbourne. The Project is running until March 2012 and is working with faith leaders on:

- the theme of respectful relationships in families;
- the role of faith leaders in providing guidance to their communities on respectful relationships; and
- the activities that faith leaders can promote to prevent violence against women.

Why is this Project operating?

Violence against women remains a significant concern in society. Current research indicates:

- close to half of Australian women have been subjected to physical or sexual violence at the hands of a man at some point in their lives;
- one Australian woman is killed almost every week by her partner or ex partner;
- violence against women is the leading contributor of ill-health and premature death in Victorian women between the ages of 15-45;
- gender inequity and rigid expectations of gender roles are significant factors that can lead to this violence;
- violence against women can be prevented by engaging in activities which influence communities and individuals to become more equitable in their treatment of women and men, and to allow a greater range of expression of what it means to be men and women.

Faith leaders provide specific opportunities to do this work because of the influence they bring to bear on the attitudes and beliefs of individuals within their communities, and because of their role in encouraging dialogue on matters of social values and norms. When faith communities become places of equity and respect they can make a lasting impression on the wider community.

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Why a Peer Mentoring Program?

Peer Mentoring creates a safe and trusting environment in which professionals can discuss issues relevant to their work, enhance their understanding and skills, and explore barriers to change. Experience has shown that Peer Mentoring is particularly helpful for leaders who are dealing with issues which involve change or potential conflict. Peer Mentoring is therefore an ideal process for Faith Leaders to discuss the issues involved in promoting respectful relationships and the prevention of violence against women.

How will the Program work?

The program will link one mentor and one mentee, both of whom are Faith Leaders. Each pair of Faith Leaders will commit to meeting once a month for 6 months – 6 sessions in all – for at least 1½ hours. Each session will cover a particular topic, and for each of these topics mentor and mentee will be provided with an overview of the topic, some reading material, and some suggested conversational starters. Meetings can take place at any time and location convenient to both parties. Participants will be encouraged to keep a journal of their responses to the meetings for their own personal use. A brief training session will be provided for the Mentors, and an introduction and launch of the Program will be conducted for all participants. At the conclusion of the Program there will be a debriefing session, which will include the opportunity to provide feedback on the Program. The NIRR Project Coordinator will provide support and any further information required to all participants for the duration of the Program.

Who can be a part of this program?

The program is open to Faith Leaders in the five municipalities of Banyule, Darebin, Hume, Moreland and Whittlesea. *Mentors* will be those Faith Leaders who can demonstrate a more advanced understanding of the issues involved in the prevention of violence against women. Mentors may have participated in forums already run by the NIRR Project or another organisation, or have completed their own study in the area, or have gained expertise from practical experiences. *Mentees* will be those Faith Leaders who can demonstrate a commitment to increasing their knowledge of the issues involved in the prevention of violence against women. It is anticipated that Mentors and Mentees will in most circumstances come from the same faith tradition.

How do I apply to be a Mentor or Mentee?

If you are interested in participating in the Peer Mentoring Program please contact the NIRR Project Coordinator, Scott Holmes, on 8470 8587, or scott.holmes@darebin.vic.gov.au, who can then provide you with an Application Form. All applications will be treated in strict confidence, and the final selection of participants will rest with the Project Coordinator.

~~APPLICATIONS CLOSE FRIDAY 27 MAY 2011~~
NOW EXTENDED UNTIL FRIDAY 24 JUNE 2011

Appendix 9

Networks used in the promotion of the Peer Mentoring Program

Interfaith Networks

Banyule Interfaith Network
Darebin Interfaith Council
Hume Interfaith Network
Moreland Interfaith Gathering
Whittlesea Interfaith Network
Northern Interfaith Intercultural Network

Anglican Networks

Deanery of Coburg
Deanery of Plenty Valley

Domestic Violence Networks

Darebin Domestic Violence Network
Moreland Domestic Violence Network
Whittlesea Domestic Violence Network

Other

Victorian Baha'i Community

Appendix 10 Peer Mentoring Program application form



Northern Interfaith Respectful Relationships Project Application for Peer Mentoring Program

Title _____ Name _____

Faith Community _____

Your position in Faith Community _____

Length of time in this position in this Faith Community _____

Your Personal Contact Details:

Address _____

Phone (wk) _____ Phone (mob) _____

Email _____

Your Faith Community Contact Details:

Address _____

Phone _____

Email _____

In order to ensure we appropriately match Mentors and Mentees could you please provide the following information:

I am applying to be accepted into this program as:

Mentor Mentee Either Mentor or Mentee

I would like to be considered to work with (optional):

Name of proposed mentor/mentee partner _____

My educational qualifications are:

continued over page

I have the following experience / expertise in the areas of gender equity / gender studies / prevention of violence against women (please list any relevant information, including any events you have attended run by your local council or Interfaith Network):

I hope to achieve the following from my involvement in this Program:

I have a current Police Check Yes No

I have experience in a mentoring program as a Mentor Yes No

I have experience in a mentoring program as a Mentee Yes No

My Faith Community supports my involvement in this Program Yes No

If offered, are you interested in attending a two day Prevention of Violence Against Women Course offered by Vic Health? Yes No

The Peer Mentoring Program will run according to the following principles and expectations. Please read through these carefully and, if you agree, sign where indicated:

I agree to abide by the following principles and expectations:

- To attend training and information session(s) as required
- To meet with my Mentor / Mentee at least once per month for at least 1+1/2 hours for 6 sessions
- To be respectful of the opinions and perspectives of my Mentor / Mentee
- To observe confidentiality
- To be open to new observations and learnings about others and myself and, where appropriate, to share those learnings
- To promote relationships that are respectful to all people
- To increase my understanding of violence against women and its determinants
- To increase my understanding of the role of prevention in health promotion
- To increase my capacity to embrace activities pertaining to the prevention of violence against women

Signed _____ Date _____

Applications close Friday 27 May 2011

Please send completed applications to:

Scott Holmes, NIRR Project Coordinator
Community Planning, Partnerships and Performance
Darebin City Council
P.O. Box 91, Preston VIC 3072

Appendix 11 Sample of mentor debrief questions

Northern Interfaith Respectful Relationships Program Peer Mentor Program

MENTOR DEBRIEF AND CHECK IN SESSION 2

1. Before we begin talking about the second session, can you tell me something about the longer term impact of the first session, for either yourself or the mentee? What was it that stayed with you? Did you bring a different attitude or approach to the second session?
2. How are you finding the material for the program? Did you and the mentee do more or less preparation for the second session compared to the first? Are there enough resources? Too many? Is the arrangement and structure of the program working for you? Are you using the personal notes page?
3. The second session focused on the first of the determinants of violence against women: gender roles and definitions. Did you and the mentee find this an easy topic to engage with? Was the focus in the resources on masculinity helpful, or would you have preferred more general resources? Were there any tricky areas where you would have liked further resources or assistance?
4. The material encourages you to reflect on the connections between your personal experiences, your faith experiences, and the community you live in. Has this been a helpful process? Were there any learnings as a result of this reflection?
5. What practical impact is the program having on either you or the mentee? Have you had a go at any of the primary prevention activities? Is the program opening up possibilities for long term change in any areas of your ministry / work / life?
6. How are you travelling as mentor? Has it been easy to make the arrangements to meet? Is the relationship between you and the mentee deepening? Are there any issues of trust / resistance / disclosure? Are you comfortable with how you things are going?
7. Finally, is there anything else that you want to tell me that we have not already covered?

A large graphic logo for the Darebin Interfaith Council, consisting of several overlapping, curved shapes in shades of blue, green, and orange, resembling a stylized plant or flame.

DAREBIN INTERFAITH COUNCIL

Darebin Interfaith Council Taking Responsibility: **Reducing violence against women.**

Declaration Against Family Violence

As faith leaders we believe in a greater story. Our voices are far reaching. Working together to reduce family violence supports individuals, families and our local neighbourhoods. The influence of our work will permeate towns, this country of Australia and our global community.

We declare, together as the Darebin Interfaith Council and through our own faith communities, that no faith in Darebin accepts family violence, particularly violence against women and children.

We commit to leading change in community attitudes that accept violence against women.

We undertake a journey together to develop our understanding of family violence. We adopt an interfaith approach that recognises barriers.

By creating partnerships we will link our faith communities to improve access to services that ensure safety for women and work to reduce family violence.

We promote respect, responsibility, equality and the right to feel safe. To protect the integrity of the family bond we must work to stop family violence.

Reducing family violence is possible. Those who have used violence have the choice to stop and rebuild healthy connections with their families and communities.

We recognise that family violence is a gendered crime, a criminal act that is against the law in Australia.

Family violence is violent, threatening, coercive or controlling behaviour that occurs in family, domestic or intimate relationships. Family violence includes physical injury, threats, sexual assault, emotional torment, economic control, property damage, social isolation and behaviour which cause a person to live in fear. Family violence is predominantly, but not exclusively, perpetrated by men against women and children. It occurs in all kinds of relationships and families. It is an abuse of power.

For more information call Darebin City Council on 8470 8589

Appendix 13 Contents page of manual

Copies of the manual can be downloaded from the Darebin City Council website at www.darebin.vic.gov.au.

Section 1: Introductory information

Why do we need a manual on preventing violence against women?

Why should preventing violence concern faith communities?

What are the benefits to the members of faith communities?

What are we doing already to prevent this violence?

How to use this manual and tool kit

Glossary and FAQs

Section 2: The 10-step program

Step 1: Respectful relationships are healthy relationships

Step 2: Faith communities can make a difference

Step 3: Prevention is better than cure

Step 4: Equality plus freedom equal harmony

Step 5: Violence is never the answer

Step 6: Inclusive communities are safe communities

Step 7: Encouraging relationships of respect

Step 8: Men are part of the solution

Step 9: Being advocates in the community

Step 10: How to make the changes stick

Section 3: The tools

Fact sheets.

Resource lists.

Survey and audit tools.

'Taking action' tools.

Appendix 14 Network meetings and other events attended by Coordinator

Darebin White Ribbon Action Team	9 meetings
Darebin Local Safety Committee	2 meetings
Banyule Domestic Violence Network	1 meeting
Darebin Domestic Violence Network	7 meetings
Moreland Family Violence Network Meeting	5 meetings
Whittlesea Domestic Violence Network	8 meetings
Banyule Interfaith Network	4 meetings
Darebin Interfaith Council	3 meetings
Hume Interfaith Network	3 meetings
Moreland Interfaith Network	2 meetings
Northern Interfaith Intercultural Network Steering Committee	8 meetings
Whittlesea Interfaith Gathering	6 meetings
Anglican PVAW Working Group	5 meetings
Coburg Anglican Deanery	4 meetings
Social Responsibilities Committee	5 meetings
Yarra Plenty Anglican Deanery	2 meetings
White Ribbon Northern Community Group	5 meetings
LEAS Network	4 meetings
Faith Communities Council of Victoria presentation	
Multifaith Advisory Group presentation	
Banyule / NIIN Human Rights Forum	
Human Rights Course, Hume	
Hume Interfaith Forum presentation	
Muslim Family Violence Training Day	
Participation for Health Short Course	
Short Course for Preventing Violence Against Women	
United against domestic violence: engaging all men in prevention conference	
VicHealth Stakeholders Forum presentation	
White Ribbon Northern Leaders Lunch	
Whittlesea Interfaith Network Forum	

Appendix 15 Anglican Discussion paper

ANGLICANS PROMOTING RESPECTFUL RELATIONSHIPS

A DISCUSSION PAPER ON THE ROLE OF THE ANGLICAN DIOCESE OF MELBOURNE IN THE PRIMARY PREVENTION OF VIOLENCE AGAINST WOMEN

1. Introduction – the vision of a world renewed

From its earliest days Christianity was known for the quality of its care for the most vulnerable people in the community. Building on the example of Jesus, whose ministry was characterised by healing outreach to those on the margins of society, the early church lived and preached a message of compassion and inclusion. Throughout the NT we read many examples of this message in action: Paul’s collection for the poor in Jerusalem; the setting aside of Deacons to care for widows; the many injunctions to love in the letters of John; the inclusive nature of the table of the Lord. This message has continued in the church to our time today, visible in the work of hospitals, orphanages, hospices, the abolitionists, and the huge diversity of welfare work done both by local congregations and the agencies of the church.

Central to this work has been the theological vision of a world renewed and restored. A world in which the love of God, made known to us in the reconciling work of Christ, is made manifest in the way we craft a society where people are free from fear, free from poverty, free from exclusion, and free from prejudice. This is the kingdom that Jesus speaks of – a kingdom we look for in the future even as we build it now.

Today this vision continues to challenge us. A particular challenge highlighted around the world over the last few decades has been the persistent reality of violence against women, most of which occurs as family violence. With a growing understanding of the individual and social cost of this violence, the church is being awakened to its role in ensuring that women and girls are able to live with freedom from violence. This discussion paper explores how the Anglican Diocese of Melbourne can take a lead in this process through the adoption of a *primary prevention* approach to eliminating violence against women.

2. Violence against women

In 1993 the United Nations released its Declaration on the Elimination of Violence Against Women. This landmark declaration acknowledged the reality of this violence, and affirmed that it would not end without an intentional effort from all sectors of society in all corners of the world.

“States should condemn violence against women and should not invoke any custom, tradition or religious consideration to avoid their obligations with respect to its elimination. States should pursue by all appropriate means and without delay a policy of eliminating violence against women....” (Article 4)

Recent research in Australia confirms that violence against women continues to have a huge impact in our own society. These findings have shown that: more than one in three women (34%) who have had an intimate partner have experienced violence from a partner or ex-partner; a woman is killed in Australia almost every week by a partner or ex-partner; an estimated one in four children and young

people have witnessed domestic violence against their mother or step-mother; violence against women and their children cost the Australia economy \$13.6 billion in 2009; intimate partner violence is the leading contributor to ill-health and premature death in Victorian women under the age of 45.

These findings have prompted a response from all levels of government in Australia. In April 2009 the Federal Government released *The National Plan to Reduce Violence Against Women*. In November 2009 the Victorian Government released *A Right to Respect: Victoria's Plan to Prevent Violence Against Women 2010 – 2020*. At a local level, the Networking and Capacity Building Project has worked with local governments in Victoria to ensure that Prevention of Violence Against Women policies are embedded in local government policies and actions. And VicHealth, the Victorian Health Promotion Unit, has for some years funded partnership projects in a range of settings, gathering evidence of the value of Primary Prevention practices in the prevention of violence against women.

Churches and other faith communities are united in their condemnation of violence against women. In a small number of settings actions have begun within faith communities to increase their ability to recognise and respond appropriately to existing incidents of violence. Of particular note has been the '*Promoting Peace in Casey*' Project, a partnership between the Casey Pastors Network and City of Casey, with funding from the Federal Government. These actions have focused on increasing an awareness of the existence of family violence and training faith leaders in appropriate ways to pastorally care for those affected. This is known as *Secondary Prevention* (responding to current family violence incidents) and *Tertiary Prevention* (long term care of those involved in family violence incidents). Many of the faith-based welfare agencies are also involved at this level in a variety of ways, including counselling, men's behaviour change programs, and women's safety programs. The next step for churches and faith communities is to develop a *primary prevention* approach.

3. Counting the cost of violence against women

Violence against women is a public health issue with wide ranging impacts. For the women themselves, all forms of violence reinforce a range of other known determinants of overall health problems. Women experiencing violence may respond to the trauma in ways that damage their own health, such as substance abuse, depression, anxiety and social withdrawal.

Violence against women damages the health and well-being a children and young people both directly and indirectly. Research indicates that one in four children and young people have witnessed domestic violence against their mother or step-mother, and that this experience can cause significant issues in later life. The *Family Violence Protection Act 2008* recognises this by including: 'causing a child to hear or witness, or otherwise be exposed to the effects of family violence' as an act of family violence in itself.

The economic costs of violence against women are large. Victims of violence may require support services years after the violence was perpetrated, and may also face the loss of income. The *World Health Organisation (WHO)* in a 2004 report 'The economic Dimensions of Interpersonal Violence' showed that preventing violence is cost beneficial and cost effective.

Finally, there is also a cost to the male perpetrators of violence, particularly in the form of diminished relationships with family and friends, isolation, potential loss

of employment and income, and imprisonment. Violence against women causes damage not just to individuals, but to our whole community

4. The Primary Prevention approach

Primary Prevention is a growing field within the spectrum of health care. Primary Prevention operates on the basis that prevention is better than cure. This is true both from a social perspective as well as a financial perspective. Socially, preventing violence *before* it happens is obviously a better outcome for all involved. Financially, money spent on Primary Prevention more than pays for itself in the elimination of the costs associated with the secondary and tertiary care of victims of family violence, which can include hospital treatment, counselling, and the financial impact of relationship breakdown.

Primary Prevention is concerned with the *broad social factors* contributing to violence against women rather than the specific factors of individual episodes. By identifying the factors operating across the general society, including attitudinal and cultural beliefs and systemic patterns of inequality, programs and projects can be designed to influence those factors in a range of settings and contexts, including the faith setting.

Primary Prevention is a long term strategy of change rather than a quick-fix approach. We know from other recent Primary prevention projects, such as those concerned with smoking related illnesses, that attitudes and behaviours do not change overnight. Preventing violence against women will require from us a similar commitment to a strategic program of activities over a long period of time.

The importance of this Primary Prevention approach was recognised in a recent Anglicare Victoria Report, ‘Journeys to Safety’ (2008):

“As important as it is to assist families to recover from the effects of family violence, the best way in which persons can be protected from the effects of family violence is to prevent them from being exposed to it. ... many more family violence primary prevention and awareness campaigns and initiatives need to be developed and implemented. Primary prevention campaigns should have a state and national scope, as it is important to reach families who are at risk of or who are actually experiencing violence. The majority of these families will otherwise never come into contact with the broader human services system. Campaigns and initiatives need to address all forms of family violence, including non-physical forms of abuse.” (p. 60)

5. Gender and violence as factors in the prevention of violence against women

Research on the factors implicated in violence against women has been occurring around the world in a variety of contexts. Here in Victoria, VicHealth, the Victorian Health Promotion Foundation, has been conducting significant research over a number of years. Their research has found the key determinants and contributing factors to the perpetration of violence against women are unequal power relations between men and women, adherence to rigid gender stereotypes, and broader cultures of violence.

“The VicHealth research found that the underlying factors in the perpetration of violence against women relate to the unequal distribution of power and resources

between men and women, and adherence to rigid or narrow gender roles and stereotypes. This reflects gendered patterns in the prevalence and perpetration of violence. Importantly, other factors such as alcohol and drug use or childhood exposure to violence were found to be neither necessary nor sufficient conditions for violence to occur. While these may be identified as risk factors, they become significant in predicting violence only where they intersect with norms and social practices relating to gender roles, identities and stereotypes.” (p. 13 of ‘A Right to Respect: Victoria’s Plan to Prevent Violence Against Women 2010 – 2020.)

This is put even more powerfully in a 2009 report published by Good Shepherd Youth and Family Services, ‘Researching the Gaps: the needs of women who have experienced long term domestic violence’.

[There is] a need for greater recognition that women who have experienced long term family violence benefit greatly from workers who draw on feminist understandings of family violence which allow women to understand that the violence has never been their fault but is a manifestation of broader structural and systemic inequalities and that it is possible to achieve healthy, life-giving relationships. (p. 115)

As a result of this research it is clear that primary prevention of violence against women concerns strategies that will promote gender equity, encourage a broader and more flexible approach to expressions of gender role and identity, and challenge the broader cultures of violence. Taken together, these strategies are ones which, in the words of VicHealth, promote respect, responsibility and equality.

6. Toward an Anglican Strategic Policy

The Anglican Diocese of Melbourne has made significant progress toward the full equality of women in the ordained and lay leadership of the church, now including the Episcopate. Work in recent years has also clarified expectations around the professional standards of clergy and the commitment to respectful relationships contained in those standards. While these are significant factors in an implicit culture of respect, what is still needed is an explicit policy that will provide a strong motivation to address the *prevention* of violence against women across all sectors of our Diocese. Unfortunately, there can be no suggestion that we are immune from the tragedy of family violence. Further, as an organisation that seeks to promote a message of forgiveness, reconciliation, and inclusion, it is imperative that we ourselves are seen to value dignity and freedom from violence for women and girls.

Such a strategic policy will potentially encourage action at four levels. Firstly, to *educate* people within the Diocese about the nature and affects of family violence, and the importance of including primary prevention activities as part of our response to this issue. Secondly, to *investigate* the existing policies and practices in all sectors of the Diocese – parishes, schools, organisations – to ensure that everything that we do supports a strong culture of respect and equity in relation to the treatment of women and girls. Thirdly, to *participate* in community initiatives, local, state and national, concerned with primary prevention of violence against women – such as the White Ribbon Campaign, the No to Violence Week, and the many projects being run by local and state government. Lastly, to secure the *sustainability* of this work by developing an Ecumenical / Interfaith task force on Prevention of Violence Against Women.

With the current limited resources of our Diocese, it is important that a Strategic Policy can be readily implemented with minimal support. To this end, it is hoped that the Policy can draw on the resources of the Northern Interfaith Respectful Relationships Project, which is currently in the process of developing a number of resources in this area, including a Peer Mentoring Program for faith leaders, and a Primary Prevention Tool Kit for faith communities. This second resource will include a range of user-friendly and easily adaptable resources to assist parishes in getting started with primary prevention.

7. Conclusion

Confronting the spectre of violence against women is a task for all organisations in our society, including our churches. Research shows that there are ways to prevent this violence before it occurs. This primary prevention approach requires a long term commitment on behalf of all of us to change the cultural and systemic factors that contribute to violence in our community. By working to eliminate gender inequality, to embrace gender equity in the roles of women and men, and to strengthen our opposition to all forms of violence, we can make a difference to the lives of women and girls in our community – a community where they can live free from the fear of violence and the impact it has on all our lives.

8. Definitions

a. Violence Against Women

From the United Nation's 'Declaration on the Elimination of Violence Against Women 1993', *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.* Other forms of violence can be financial, spiritual, and social.

b. Primary Prevention

From the VicHealth Primary Prevention Framework, *Primary prevention interventions are those that seek to prevent violence before it occurs. Interventions can be targeted to the whole population (universal) or particular groups that are at higher risk of using or experiencing violence in the future.*

c. Determinants

Determinants are influencing factors or elements which determine outcomes. VicHealth recognises that, *the key determinants and contributing factors to the perpetration of violence against women are: unequal power relations between men and women; adherence to rigid gender stereotypes; broader cultures of violence.* (from *A Right to Respect*)

9. Cited References

Declaration of the Elimination of Violence Against Women, General Assembly resolution 48/104 of 20 December 1993, Office of the United Nations High Commissioner for Human Rights, Geneva, Switzerland

National Plan to Reduce Violence Against Women, Commonwealth of Australia, 2009

A Right to Respect: Victoria's Plan to Prevent Violence Against Women, Office of Women's Policy, State of Victoria, 2009

Journeys to Safety, Report by Anglicare Victoria, Melbourne, Anglicare Victoria, 2008.

Researching the Gaps: the needs of women who have experienced long term domestic violence, A research report prepared for Mornington Peninsula Domestic Violence Service, Good Shepherd Youth and Family Service, by Lucy Healey, Borderlands Cooperative. Collingwood, Good Shepherd Youth and family Services, 2009.

10. Other References

Preventing Violence before it occurs: a framework and background paper to guide the primary prevention of violence against women in Victoria. Carlton, Victorian Health Promotion Foundation (VicHealth), 2007.

National Survey of Community Attitudes to Violence Against Women 2009. Carlton, Victorian Health Promotion Foundation (VicHealth), 2010.

11. Important Numbers

Women's Domestic Violence Crisis Service	1800 015 188
Men's Referral Service	1800 065 973
Sexual Assault Crisis Line	1800 806 292
Kids Helpline	1800 55 1800

Appendix 16 Anglican Strategic Policy

ANGLICAN DIOCESE OF MELBOURNE STRATEGIC POLICY FOR THE PREVENTION OF VIOLENCE AGAINST WOMEN

1. Preamble and Purpose

Our world is a mixture of hopeful opportunities and harmful challenges. The people of our world experience these opportunities and challenges in different measure. This difference is sometimes due to natural causes, but is more often caused by unjust and discriminatory practices embedded in our cultural and civic life.

Gender discrimination is a major cause of unequal opportunities and challenges between women and men. Male privilege and power, though lessened in many places, remains a source of this discrimination. A significant result of gender discrimination is violence against women, which occurs across all Australian communities at an alarming rate. Violence against women is the major contributor to ill health for women under 45 in Australia, and one woman is killed on average every week by an intimate partner or ex-intimate partner. The social and financial cost of Violence Against Women is significant.

Christians make known the healing love of Christ through our active commitment to justice, compassion, healing and peace. As the Body of Christ in our world, we continue the Gospel mission of Jesus, who was particularly concerned for those who experienced the affects of injustice and discrimination.

The Anglican Diocese of Melbourne, a part of the Body of Christ, has a responsibility to this vocation of justice and compassion. This responsibility is twofold - to seek to end injustice in our world, and to ensure that we ourselves do not perpetuate it.

The Prevention of Violence Against Women is a significant part of our vocation. The purpose of this Strategic Policy is to guide the Diocese in this area.

2. Vision

A community in which women are free from the fear of violence, and relationships between men and women are characterised by respect and equality.

A Diocese with an explicit commitment to the prevention of violence against women.

God is love, and those who abide in love abide in God, and God abides in them. Love has been perfected among us in this: that we may have boldness on the day of judgement, because as he is, so are we in this world. There is no fear in love, but perfect love casts out fear; for fear has to do with punishment, and whoever fears has not reached perfection in love. 1 John 4:16-18

3. Values

3.1 Equality

All people are created in equality by God and should be able to live free from discrimination and injustice. *Galatians 3:27-28*

3.2 Freedom

Freedom is an integral aspect of the gift of life and of the grace of God. To live in freedom is an expression of human dignity and respect. *Romans 8:1-2*

3.3 Peace

The hope of peace is a central component of the reconciling message of God for all people, and a sign of the kingdom of God. *2 Corinthians 13:11*

3.4 Justice

Justice is one of the most tangible expressions of the nature of God in action. To seek justice for all people is to make the presence of God known in our midst. *Micah 6:8*

3.5 Compassion

To exercise compassion for those in need is to express our commitment to our common humanity as God's people. *Matthew 9:35-36*

4. Definitions

4.1 Violence Against Women

From the United Nation's 'Declaration on the Elimination of Violence Against Women 1993', *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.* Other forms of violence can be financial, spiritual, and social.

4.2 Domestic Violence and Family Violence

Domestic Violence is usually used to refer to that violence which occurs between intimate partners. Family violence is used as a broader term to include violence between other family members, such as siblings, parents and children, or grandparents and grandchildren.

4.3 Primary Prevention

From the VicHealth Primary Prevention Framework, *Primary prevention interventions are those that seek to prevent violence before it occurs. Interventions can be targeted to the whole population (universal) or particular groups that are at higher risk of using or experiencing violence in the future.*

4.4 Determinants

Determinants are influencing factors or elements which determine outcomes. VicHealth recognises that, *the key determinants and contributing factors to the perpetration of violence against women are: unequal power relations between men and women; adherence to rigid gender stereotypes; broader cultures of violence*. (from *A Right to Respect*)

4.5 The Diocese

Within this Strategic Policy the term 'The Diocese' refers to all segments of Diocesan life, including parishes, the Anglican Centre, Anglican Schools, chaplaincy services, the Episcopacy and all ordained and lay staff of the Diocese.

5. Policy Context

5.1 International Context

The United Nations *Convention for the Elimination of all Forms of Discrimination Against Women (CEDAW)* provides an international context and rationale for this Strategic Policy.

5.2 National Context

In April 2009 the Federal Government released *The National Plan to Reduce Violence Against Women: Immediate Government Actions*. This was followed up by *The National Plan to Reduce Violence Against Women and their Children, including the first three-year action plan*. The second document is an initiative of The Council of Australian Governments. Together, these reports form part of the combined national and state response to violence against women.

5.3 State

The Victorian response is outlined in, *A Right to Respect: Victoria's Plan to Prevent Violence Against Women, 2010-2020, November 2009*. This report is connected to a number of key documents produced by VicHealth, including, *Preventing Violence Before it Occurs: a framework and background paper to guide the primary prevention of violence against women, December 2007*, and, *National Survey on Community Attitudes to Violence Against Women 2009: Changing cultures, changing attitudes-preventing violence against women, March 2010*.

5.4 Anglican Diocese of Melbourne

Within our own Diocese this Policy sits alongside a number of key local and national documents in the area of Professional Standards, such as *Faithfulness in Service: a national code for personal behaviour and the practice of pastoral ministry by clergy and church workers; the Code of good Practice for Clergy; the Professional Standards Act 2009*.

6. Core Strategies 2011 - 2012

- **Increase awareness within the Diocese of the existence and impact of violence against women through a process of *education*.**
- **Use the health determinants model to identify within the Diocese areas for action through a process of *investigation*.**
- **Encourage within the Diocese a commitment to primary prevention through active *participation* in national, local and Diocesan primary prevention programs.**
- **Develop an Ecumenical / Interfaith Taskforce to guide ongoing work in the future**

6.1 Increase awareness within the Diocese of the existence and impact of violence against women through a process of education

<i>Leadership</i>	Archbishop in Council
<i>Contributors</i>	Regional Bishops and Archdeacons Social Responsibilities Committee Area Deans
<i>Actions</i>	<ol style="list-style-type: none"> 1. Provide PVAW poster for all ADM facilities. 2. Provide list of potential guest speakers / preachers on PVAW and encourage all parishes to address this topic on one Sunday of each year. 3. Encourage lay and ordained leadership to make use of the <i>Peer Mentoring Programs</i>, such as those developed by the Northern Interfaith Respectful Relationships Project. 4. Provide fact sheets and articles for use in pew sheets and other local publications. 5. Add PVAW page to ADM Website, including this policy and other resources.
<i>Schedule</i>	Actions to commence from authorisation of this policy. Anglican Parishes and Agencies to be surveyed in August 2012 by SRC for evidence of take-up, and a report made to the 2012 Synod.
<i>Resources</i>	Northern Interfaith Respectful Relationships <i>Peer Mentoring Program</i> Northern Interfaith Respectful Relationships <i>Faith Promoting Respect Tool Kit</i> White Ribbon Day Australia Ambassadors list Faith Trust Institute, USA, for Resources and on-line training, information
<i>Outcomes</i>	Greater presence of information around the Diocese on PVAW. Lay and ordained leadership better informed about PVAW. Increased awareness of PVAW in Diocese generally. Increased commitment to development of PVAW programs and activities.

6.2 Use the health determinants model to identify within the Diocese areas for action through a process of *investigation*.

<i>Leadership</i>	Archbishop in Council
<i>Contributors</i>	Regional Bishops and Archdeacons Social Responsibilities Committee Area Deans Director of Theological Education Director of Professional Standards Registry
<i>Actions</i>	<ol style="list-style-type: none">1. Encourage all ADM facilities to make use of audit tool produced by Northern Interfaith Respectful Relationships Project.2. Investigate ways in which PVAW training can be integrated into existing training of ordinands and Professional Standards Seminars.
<i>Schedule</i>	Audit to be undertaken during 2012 and report made back to 2012 Synod.
<i>Resources</i>	Northern Interfaith Respectful Relationships <i>Faith Promoting Respect Tool Kit</i>
<i>Outcomes</i>	Greater awareness of the ways in which determinants of Violence Against women (gender inequity, rigid gender roles, and low sanctions against violence) are embedded in policies and practices of Diocese. Greater clarity about areas for action. Evidence produced for next stage of strategic work.

6.3 Encourage within the Diocese a commitment to primary prevention through active *participation* in national, local and Diocesan prevention programs.

<i>Leadership</i>	Archbishop in Council
<i>Contributors</i>	Regional Bishops and Archdeacons Social Responsibilities Committee Area Deans VicHealth, Office of Women's Policy White Ribbon Day and other stakeholders
<i>Actions</i>	<ol style="list-style-type: none">1. Provide Training Day for faith leaders on Primary Prevention and Violence Against Women in partnership with VicHealth2. Encourage all ADM Facilities to identify and plan for 3 activities they can undertake in the coming 12 months.3. Provide all parishes, agencies and schools with copy of Northern Interfaith Respectful Relationships Project <i>Faith Promoting Respect Tool Kit</i>.

2. Encourage all Deaneries to discuss PVAW at one Deanery gathering during 2012.

<i>Schedule</i>	Actions to commence from authorisation of this policy. Anglican Parishes and Agencies to be surveyed in August 2012 for evidence of take-up, and a report made to the 2012 Synod.
<i>Resources</i>	Northern Interfaith Respectful Relationships <i>Faith Promoting Respect Tool Kit</i> . VicHealth, <i>Short Course for Prevention of Violence Against Women</i>
<i>Outcomes</i>	Primary prevention activities happening in 50% of ADM facilities during 2012. <i>Faith Promoting Respect Tool Kit</i> accessible in all facilities.

6.4 Develop an Ecumenical / Interfaith Taskforce to guide ongoing work in the future

<i>Leadership</i>	Archbishop in Council
<i>Contributors</i>	Archbishop and regional Bishops Victorian Council of Churches Faith Communities Council of Victoria
<i>Actions</i>	1. Arrange Round Table Conversation with nominated faith leaders to set strategy for Ecumenical / Interfaith response to Prevention of Violence Against Women.
<i>Schedule</i>	Report from Round Table to be presented to 2012 Synod.
<i>Resources</i>	
<i>Outcomes</i>	Development of process for Prevention of Violence Against Women to happen strategically at Ecumenical / Interfaith level as well at single faith level.

7. Review and Reporting

The Archbishop in Council through the Social Responsibilities Committee will take responsibility for gathering, collating and reporting on the results of this Strategic Policy, as per the guidelines listed in the Schedule of each of the four core strategies. This report to be presented to the 2012 Synod. The report to include a review of the Strategic Policy and recommendations for Core strategies for 2012 – 2015.

8. Important Numbers

Women’s Domestic Violence Crisis Service	1800 015 188
Men’s Referral Service	1800 065 973
Sexual Assault Crisis Line	1800 806 292
Kids Helpline	1800 55 1800

Appendix 17 Simple analysis of all responses received from peer mentoring participants

Response topic	Number of participants who mentioned this topic	Total number of times topic mentioned by all participants
Arranging time to meet not too difficult	5	6
Appreciated resources supplied with material	4	7
Appreciated mentor / mentee relationship	5	9
Appreciation of being with person of different denom.	2	3
Surprise at prevalence of violence	5	7
Different denominational approaches to gender issues	2	4
Potential primary prevention activities	4	8
Importance of the mentoring program itself	3	5
Importance of awareness raising	3	5
Different experiences of women	4	4
Contemporary definitions of masculinity	3	3
Value of reflective approach to conversations	4	9
Challenges of finding time to meet	2	3
New awareness of primary prevention and determinants	3	5
New awareness of power of language	3	7
Greater alertness to signs of concern in others	3	5
Challenge of fitting more things into existing ministry	2	3
Greater awareness of religious patriarchy	3	5
Heightened awareness of issue of violence	1	1
Linking mentoring program to other activities	3	5
Program generally not too arduous	2	3
Greater awareness of power of own words	2	2
Secondary versus primary prevention	2	2
Greater confidence in challenging resistance	2	4
Already having a go at primary prevention activities	6	10
Theologies of gender	4	5

Appendix 18 A simple analysis of observations made by the project coordinator as recorded in work diaries for March – December 2011

Topic of observation	Number of times recorded
Potential to do this work at higher levels of faith organisations	3
Significant barriers to project	5
Complexities of male privilege and power	1
Multifaceted nature of power	1
Potential of using human rights approach	2
Struggle for women to have voice in religious settings	2
Lack of progressive voices in faith setting	4
Primary prevention versus secondary prevention focus	5
Lack of capacity of interfaith networks	8
Loss of knowledge of project during interregnum	2
White Ribbon Campaign issues	7
Challenge of talking about gender in faith setting	4
Sustainability of project	3
Potential for future PVAW work in faith setting	4
Issues of resistance	2
Understanding primary prevention	4
Interest in this work from faith communities	4
Redefining masculinity	3
Busyness of clergy	4

10 BIBLIOGRAPHY

Attorney-General's Department (2011) National plan to reduce violence against women and their children, including the first three-year Action Plan, Canberra, The Council of Australian Governments.

The Australian Muslim Women's Centre for Human Rights (2011) Muslim women, Islam and family violence: a guide for changing the way we work with Muslim women experiencing family violence, Melbourne.

Gary D Bouma (2011) Being faithful in diversity, Adelaide, ATF Press.

Centre for Dialogue (2011) Victorian Interfaith Survey, Melbourne, La Trobe University.

Cox, P. J., Keener D, Woodard T, Wandersman A (2009) Evaluation for Improvement: A Seven-step Empowerment Evaluation Approach for Violence Prevention Organisations, Atlanta, Centres for Disease Control and Prevention.

Dr Michael Flood (2002) Engaging men in ending men's violence against women, Sydney, Expanding our horizons conference.

Dr Michael Flood and Prof Bob Pease (2006) The factors influencing community attitudes in relation to violence against women: a critical review of the literature, Melbourne, VicHealth.

Britt Herstad (2009) A call to act: engaging religious leaders and communities in addressing gender-based violence and HIV, Washington, Futures Group, Health Policy Initiative, Task Order 1.

Jewish Taskforce Against Family Violence (2011) Will my rabbi believe me? Will he understand?: Responding to disclosures of family violence in a rabbinic context, Melbourne, The Jewish Taskforce Against Family Violence and the Rabbinical Council of Victoria.

Bob Pease (2008) Engaging men in men's violence prevention: exploring the tensions, dilemmas and possibilities, Sydney, Australian Domestic & Family Violence Clearinghouse.

Preskill and Boyle (2008) 'A Multidisciplinary Model of Evaluation Capacity Building' in American Journal of Evaluation, vol. 29 no. 4.

Victorian Health Promotion Foundation (2004) The health costs of violence: measuring the burden of disease caused by intimate partner violence, Melbourne, VicHealth.

Victorian Health Promotion Foundation (2010) National survey on community attitudes to violence against women 2009: changing cultures, changing attitudes-preventing violence against women, Melbourne VicHealth.

Victorian Health Promotion Foundation (2007) Preventing violence before it occurs: a framework and background paper to guide the primary prevention of violence against women in Victoria, Melbourne, VicHealth.

World Health Organization (2002) World Report on Violence and Health, Geneva, World Health Organization.

