

Review of bystander approaches in support of preventing violence against women

Preventing violence against women by increasing participation in respectful relationships

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Review of bystander approaches in support of preventing violence against women

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1. Introduction

There has been a significant focus within recent Australian government and policy debates on the role of primary prevention to address violence against women; in particular, sexual and intimate partner violence. In 2007 VicHealth published *Preventing violence before it occurs: A framework and background paper to guide the primary prevention of violence against women in Victoria* (VicHealth 2007). Drawing on an international evidence-base, this document set out the conceptual framework for the prevention of violence against women (henceforth referred to as the 'VicHealth framework') as well as the strategic directions and priority actions for state government policy. In particular, the VicHealth framework identified the social determinants of violence against women – such as unequal power relations between women and men, and social norms that reinforce this – and provided a roadmap for program and policy activity to address these determinants effectively.

In 2009 the then State Government of Victoria launched *A Right to Respect: Victoria's Plan to Prevent Violence Against Women 2010–2020* (State Government of Victoria 2009). This 10-year plan set out a statewide strategy to enable the primary prevention of violence against women across settings and communities. At the federal level, in 2009 the Australian government released *Time for Action, the National Council's Plan for Australia to Reduce Violence Against Women and their Children* (National Council to Reduce Violence against Women and their Children 2009b). *Time for Action* proposed a 12-year national strategy for primary prevention and also further reform of the response and intervention systems for family violence and sexual assault. In 2011 the Council of Australian Governments launched the National Plan to Reduce Violence against Women and their Children to drive activity in six outcome areas, including primary prevention and respectful relationships (Commonwealth of Australia 2011).

Together these documents provide a high-level framework for the prevention of violence against women by identifying effective and promising strategies, priority areas, as well as population groups and sites. In turn, this local focus on preventing violence against women draws on a global context in which the United Nations (e.g. Convention on the Elimination of All Forms of Discrimination against Women) and the World Health Organization (WHO 2002; 2004) have provided significant leadership as well as specific guidance on how to 'do' prevention work (see WHO 2004).

Tertiary responses to violence against women, such as legal penalties for perpetrators and support services for victims, continue to play a crucial role in society's overall response to violence against women. However, in the context of continuing rates of victimisation and low reporting of violence to

police, such responses are not in of themselves enough to stop violence against women continuing to occur. For example, in the most recent Australian Personal Safety Survey, 40 per cent of women reported experiencing at least one incident of physical or sexual violence since the age of 15, and while men who experience violence are most likely to be assaulted by a stranger, women continue to be most likely assaulted by a current or former partner or family member (Australian Bureau of Statistics 2006). These findings reflect those in earlier research which indicated that more than a third of Australian women surveyed have experienced some form of physical or sexual violence during their lifetime, most often at the hands of a current or former intimate partner (Mouzos & Makkai 2004; Australian Bureau of Statistics 1996). Moreover, such research also indicates that approximately 80 per cent never report their experience of violence to police (Mouzos & Makkai 2004; Australian Bureau of Statistics 1996).

In addition to the direct impacts of violence on women, children and families, there are also serious social costs of violence against women for the broader Australian community. For example, research commissioned by VicHealth (2004) found that domestic violence is the leading contributor to death, disability and illness in Victorian women aged 15 to 44 years, contributing more to ill-health than other risk factors such as smoking and obesity. Furthermore, the annual cost of domestic violence to the Australian economy has been estimated to be \$13.6 billion including: health-related costs, lost productivity, legal system expenditure, provision of emergency accommodation and other costs (National Council to Reduce Violence Against Women and Their Children 2009a). In sum, the problem of violence against women is far too prevalent and its effects on individuals and communities far too serious to limit responses to those taking place only after violence has occurred (WHO 2002).

Crucially, what the VicHealth framework provides is a collation of research demonstrating not only that violence against women is preventable, but that there is growing evidence to support a spectrum of prevention strategies across the range of determinants and factors contributing to violence, as well as across a range of population groups and settings or sites of intervention (VicHealth 2007). Unequal gender relations underscore the key determinants of violence identified by the VicHealth prevention framework as well as norms condoning or promoting violence, including:

- *individual/relationship determinants* (such as individuals' beliefs in rigid gender roles, and attitudinal support for violence against women)

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- *community/organisational determinants* (such as culturally-specific gender norms, and male peer and/or organisational cultures which are violence-supportive or provide weak sanctions against violence)
- *societal determinants* (such as institutional practices and widespread cultural norms providing support for, or weak sanctions against, violence against women).

One area that is identified in the VicHealth framework is the potential role of bystanders in the prevention of violence against women. For example, the framework repeatedly identifies at the community and societal levels ‘weak sanctions against violence’ and ‘social norms supporting violence’, as well specific peer and organisational cultures that may be violence-supportive. In addition, the framework identifies the need to engage more effectively with men to prevent violence against women, and there is growing evidence to suggest that engaging men as bystanders to violence (rather than only as potential perpetrators) may be a useful approach (Dyson & Flood, 2008).

Indeed, the role of bystanders in the prevention of violence generally is consistently of interest within the national and international research literature. The conditions impacting upon the likelihood that an individual witnessing a crime will take action to intervene in order to prevent harm to another person have long been of interest within the fields of crime and violence prevention generally. More recently, however, understanding of such bystander behaviours have begun to be translated and applied in the specific field of preventing violence against women. While there are a growing number of programs within both the sexual and intimate partner violence fields that seek to support bystander action to prevent violence against women, much of this work is not rigorously evaluated. Indeed, at present, the evidence regarding bystander approaches for the prevention of violence against women is continuing to be developed, and program details and evaluations are not systematically published and therefore rarely subject to analytical scrutiny.

Much of the work undertaken in the field of violence against women is interdisciplinary, drawn from a range of academic disciplines including: criminology, psychology, sociology and gender studies. As such, there is reasonably little literature surveying the broad scope of bystander approaches to prevent violence against women, and very little that includes analysis of the range of theoretical underpinnings as well as the practical issues that inform bystander approaches in this field.

1.1. Aim of the review

This review aims to address this gap in the literature in order to draw together the evidence from across disciplinary boundaries to inform bystander approaches for the prevention of violence against women in Victoria.

As such, this review will:

- Describe the origins, underlying theory and program application of bystander approaches or initiatives (based on a comprehensive national and international literature review), including review of evaluations of initiatives and resources supporting bystander action where these exist.
- Review and evaluate research relevant to implementation considerations, including research on organisational readiness to implement such approaches and survey results exploring community attitudes towards playing an active role in prevention activity.
- Identify and provide recommendations regarding the utility of existing resources designed to facilitate bystander responses in Victoria, across a range of priority settings (identified by VicHealth's evidence-based frameworks as priorities for the prevention of violence against women).
- Identify the place of bystander approaches in an evidence-informed approach to primary prevention practice in the area of violence against women and barriers and facilitators to their application.
- Provide advice on future activities (including resource development) that could be undertaken to support bystander action in the Victoria context.

In so doing, this review contributes to an ongoing body of work undertaken by the VicHealth to support the primary prevention of violence against women in Victoria.

1.2 Scope of the review and terminology used

The scope and focus of this review is on bystander approaches for the *primary* prevention of violence against women. However the majority of current research and scholarship in relation to bystanders is concerned predominantly with explaining individuals' intervention or non-intervention at the time of a specific violent or emergency 'incident'. As such, this review has drawn heavily upon this scholarship as will be detailed in the coming sections along with practice/applied examples.

Nonetheless, this review is also informed by a broader scope of interest in examining the knowledge, practice and experience of applying bystander approaches that can function across multiple levels of primary prevention work (e.g. individual, community/organisational and societal levels).

In undertaking a comprehensive review of the relevant literature, it became clear that various fields and disciplines understand and use these (and other) terminologies in different ways. As such, it is useful to outline the terminology as it has been used throughout this review in particular, as well as applied examples of how the term ‘bystander’ can be understood within the scope of this review.

1.2.1 Bystander

Simply put, a *bystander* is somebody who observes an act of violence, discrimination or other unacceptable or offensive behaviour. Within crime prevention and much psychological research, the terms ‘active’ and/or ‘pro-social’ bystander are commonly used to refer to the individual who takes action to intervene in response to the observed incident. By contrast, ‘passive’ bystander refers to individuals who observe an unacceptable or offensive behaviour and fail to act or intervene.

Bystander action, then, refers to actions taken by a person or persons not directly involved as a subject or perpetrator of violence against women to identify, speak out about or seek to engage others in responding to: specific incidents of violence; and/or behaviours, attitudes, practices or policies that contribute to violence.

Bystander action can have different objectives, and can be distinguished on the basis of whether the action affects the ‘primary’, ‘secondary’ or ‘tertiary’ prevention of violence against women. While some forms of bystander action are intended to intervene in actual violent incidents or actions, others are intended to challenge the social norms and attitudes that perpetuate violence in the community.

Stopping the perpetration of a specific incident of violence

For example, at the individual level, this involves reporting an incident of violence to police or an appropriate authority, or taking other action to intervene where it is safe to do so. At the organisational or community level, it can be encouraging staff/members to report incidents of violence and/or harassment and having clear policies in place for responding to specific incidents.

A man pushes and then slaps a woman at the Student Center. People are upset but don't do anything. You do not know either person well.

What do you do?

(from: *Bringing in the Bystander*; see section 4.1.1)

This bystander action aligns with ‘tertiary’ prevention because it aims to mitigate the long-term effects of existing violence.

Reducing the risk of violence escalating, and preventing the physical, psychological and social harms that may result

For example, at the individual level, this can be responding appropriately to an individual’s disclosure of experiencing violence by believing them and supporting them to contact an appropriate service and/or to report their experience.

Similarly, individual bystander action might involve confronting a perpetrator of violence about their recent behaviour and encouraging them to seek assistance to change. Alternately, it might involve intervening in a high-risk situation in order to prevent the risk of violence occurring. At the organisational and/or community level it might involve having flexible work policies and additional leave provisions for staff experiencing violence, or making referral information available to staff/members who may be experiencing violence.

This bystander action aligns with ‘secondary’ prevention because it aims to intervene in existing violence, provide a supportive response or to prevent recurrence.

A close female friend calls you crying. You ask her what has happened and she says that something happened at a party at a friend’s house the night before. She reluctantly tells you that she woke up in the night to find a naked man on top of her. She is afraid to tell anyone because she had stayed at her friend’s house, being too drunk to make it home, and believes she is at fault.

What do you do?

(adapted from: *Bringing in the Bystander*; see section 4.1.1)

You’re at a party, and when you walk outside, you see a friend of yours trying to get a drunk young woman to leave with him. She’s not just buzzed; she’s stumbling over her own feet. You know the young woman, and she seems reluctant.

What do you do?

(from: *Mentors in Violence Prevention*; see section 4.1.3)

Strengthening the conditions that work against violence occurring

For example, at the individual level, this can mean challenging peers’ and/or colleagues’ sexist remarks or jokes that normalise or condone violence against women. At the organisational and/or community level, it can be challenging workplace or other organisational

You are in the dorm hanging out with some people from your floor. You are in a group conversation when one of them starts referring to women as ‘hoes’ and ‘bitches’. You know he really doesn’t mean it literally but others look uncomfortable with the language as they don’t know him as well.

What do you do?

(from: *Step Up*; see section 4.2.2)

cultures and practices that marginalise women. And at the societal level, challenging social norms that sustain gender inequality and condone violence against women.

This form of bystander action aligns with 'primary' prevention because it aims to stop violence before it starts. It aims to address the underlying social determinants of violence and to create equal and respectful relationships.

1.2.2 Violence against women

Consistent with work undertaken by VicHealth and the Victorian government policy context, the term 'violence against women' is used throughout this review to refer to the range of violence that is perpetrated largely (though not exclusively) by men against women, including: intimate partner violence, sexual violence (whether occurring in the context of an intimate or family relationship, another known person or a stranger), and sexual harassment (whether occurring in the workplace or in other contexts). Intimate partner violence (also commonly referred to as 'domestic' or 'family' violence) includes physical, sexual, economic, social and emotional forms of abuse, as well as fear of violence (State Government of Victoria 2008; National Council to Reduce Violence against Women and their Children 2009b). While the term 'violence against women' has been used to refer to the broad field in which much prevention work occurs, the specific terms 'intimate partner violence', 'sexual violence' and 'sexual harassment' have been used where appropriate to describe the activities of specific programs and/or interventions.

1.2.3 Victim and perpetrator

The term 'victim' has been used throughout this review to refer primarily to women who experience violence. There are significant and ongoing debates over the use of the word 'victim', with many women including those in the sexual assault service sector preferring to use the word 'survivor' or the dual term 'victim/survivor'. However this review has, for consistency, used the term 'victim'. Likewise, for the purposes of this review the word 'perpetrator' has been used to refer to those men who engage in violence against women. These terms are used in this way because together they more accurately reflect the gendered nature of sexual violence and the seriousness of the harms that women experience, most commonly, at the hands of men. It is also the language adopted throughout much Australian public policy and as such provides a level of consistency with the terminology referred to broadly in the field (see Powell 2010).

1.2.4 ‘Hate crime’ and ‘heterosexist’ motivated violence

The term ‘hate crime’ is widely used within much public policy and debate to refer to violence and abuse directed at particular minority groups, most commonly attributed to racial and homophobic-motivated violence. Hate crime or violence directed at individuals in response to their (actual or perceived) sexuality has in recent years been variously included in work towards the prevention of violence against women. Partly, this inclusion recognises the violence perpetrated against lesbian and transgender women in relation to their sexuality, but it also recognises that there are connections between the sexism that contributes to violence against women and the *heterosexism* that contributes to violence against both lesbians and gay men. While it is not within the scope of this review to consider the wide range of literature regarding such hate crime or heterosexist-motivated violence, there is nonetheless enough crossover between this field and violence against women to include some reference to this issue where it has arisen in specific bystander approaches reviewed.

1.2.5 Prevention and primary prevention

Consistent with a public health framework, a key concern of VicHealth’s work in recent years has been the *primary* prevention of violence against women. Throughout this review the term ‘primary prevention’ is therefore used to refer to strategies that target the underlying causes of violence against women *before it occurs* (VicHealth 2007). Primary prevention as a category is generally used to make a distinction between both secondary prevention that targets ‘at risk’ populations and tertiary prevention that responds to past victims or perpetrators of violence to prevent future occurrences (Carmody et al. 2009; VicHealth 2007).

As noted by VicHealth and others (VicHealth 2007:9; Sutton et al. 2008) it is not always possible to draw clear boundaries around these three levels of prevention. Nonetheless, throughout this review an attempt has been made to differentiate between program approaches that are directed towards primary, secondary and tertiary prevention, and this is reflected where appropriate in the terminology used. It is also important to note that each of these levels of prevention is most effective as part of an overall strategy across the whole spectrum of prevention approaches and each can, in fact, be mutually reinforcing. For instance, the effectiveness of doing primary prevention will be limited if the broader legal system and other social institutions don’t also take violence against seriously, such as by providing strong sanctions against violence and support for victims to report violence and seek assistance.

2. Bystander approaches: Theoretical origins

Much of the earliest academic research theorising bystander action/inaction in response to acts of violence occurred after the Second World War and in the wake of the Holocaust. Worldwide, researchers were anxious to explain the altruistic actions of so-called 'rescuers' as well as the widespread failure of individuals to intervene to prevent the perpetration of gross inhumanities including genocidal violence and persecution. The concern, particularly for psychologists in this field, has been to further our understanding of how such events occur and how people act in the ways they do, so as to prevent future genocidal violence and ethnic hostility (see Suedfeld 2000).

Some of the most striking research findings in relation to bystanders from this period are those identifying the prevalence of individuals' conformity to peer-group norms and pressures (e.g. Asch 1956; Schachter 1951) and obedience to perceived authority or leadership (Kelman 1958; French & Raven 1959; Bandura 1973; Milgram 1974). Similarly, the positive influence of group norms is thought to play a role in the proactive behaviour of 'rescuers'; those who do take steps to intervene are often conforming with the proactive norms of a particular group or community to which they belong (see Suedfeld 2000).

By the 1960s and throughout the 1970s the focus of much US research turned to issues closer to home and was influenced by a number of high-profile cases of bystander failure to intervene. Perhaps the most famous of these was the case of 'Kitty Genovese'. Catherine (Kitty) Genovese was raped and murdered on March 13, 1964, outside of her Queens (New York, US) apartment, where it is alleged 38 neighbours witnessed or overheard the attack, but failed to call the police or intervene to prevent the murder (Rosenthal, 1964). This and other similar cases sparked a further wave of research seeking to explain the passive response of bystanders to a violent crime, spanning several academic disciplines, but perhaps most notably, social psychology and criminology. In brief:

- *Social psychology*: has been concerned with explaining the factors influencing an individual bystander's decision to respond to an incident. As a field, then, it has been focused on the individual attitudes, motivations, reasoning and contextual factors that can determine whether or not an individual will act in a given situation (e.g. primarily at the individual/relationship level).
- *Criminology*: while similarly often concerned with the motivations of individual offenders, has also taken seriously the role of communities and society more broadly (e.g. across the individual/relationship, community/organisational and societal levels).

2.1 Social psychology

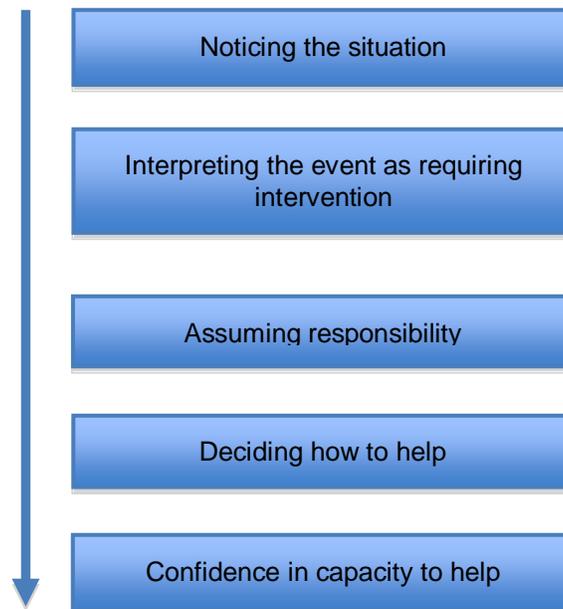
There is a plethora of theorising and research within social psychology that is concerned with the actions (and inactions) of bystanders to crime, violence and other 'emergency' situations. While it is not possible to fully encompass this body of work in this review, there are several theories that have arguably been influential in the development of programs to promote bystander action: in particular, the concept of 'diffusion of responsibility', the 'theory of planned behaviour' and more broadly 'social norm' theories. The following section will briefly review each of these in turn.

2.1.1 Diffusion of responsibility

The concept of 'diffusion of responsibility' has been used within psychology as well as in other disciplines, notably in the crime prevention field, to explain why it is that individuals might be less likely to offer assistance or intervene to prevent a crime in a group setting. For example, Darley and Latané's original (1968) study theorised that in group settings, the responsibility for intervening was diffused among the bystanders, such that individuals were less likely to feel responsible for taking action, and were more likely to think that somebody else may intervene or had already called for help. In testing the concept it was found that in a situation of a medical emergency, the presence of other bystanders did indeed make it less likely that individuals would feel responsible and take action to render assistance (Darley & Latané 1968; Latané & Darley 1970).

Ongoing research into this apparent trend in 'non-responsive' bystanders, has led to a focus on the factors or situations where individuals are more likely to intervene or, in other words, to act as a 'prosocial' bystander. Indeed, much research has described the process through which an individual decides whether to act as a prosocial bystander (see Dovidio et al. 2006; Clarke 2003 for a review). For example, after noticing what is happening, a bystander must decide whether the incident is a problem where intervention is needed; whether they should take individual responsibility; what specific actions to take; and be confident that they have the skills or capacity to take action safely (see Figure 1 below).

Figure 1 Latané & Darley's (1970) five-stage model



In their book on the social psychology of prosocial behaviour, Dovidio and colleagues (2006) highlight that these varying factors are perhaps best understood across micro (individual), meso (interpersonal or organisational factors) and macro (societal) levels of analysis. At the micro/individual level for instance, an altruistic personality or past experience or observation of other people's helping behaviour might make some bystanders more likely to decide what specific actions to take and to feel confident that they have the skills to intervene effectively and safely. Meanwhile, at the meso/interpersonal level the diffusion of responsibility through the presence of others may impact upon the likelihood that an individual will decide that they need to take personal responsibility to intervene. Finally, at the macro/societal level social norms may direct an individual to label some incidents as requiring intervention and not others. For example, in addition to the 'diffusion of responsibility' some research suggests that groups or communities that have developed a consensus around helping behaviours are more likely to promote individual intervention; '...if the degree of consensus to help is strong enough, people will be more helpful when in the presence of others' (Harada 1985: 178).

2.1.2 Theory of Planned Behaviour (TPB)

Social psychologists have, for many years, observed that attitudes (even 'prosocial' attitudes) do not necessarily predict behaviour. As such, theoretical models have been developed which attempt to better take into account the additional factors contributing to bystander behaviour, such as social norms as well as an individual's behavioural intentions. The Theory of Planned Behaviour (or TPB) similarly seeks to take into account a range of factors determining behaviour, including: an individual's attitudes and beliefs, social norms, an individual's subjective perception of social norms, perceived behavioural control (which refers to an individual's perception of the potential constraints on their action) and, finally, individual intentions to act (Fishbein & Ajzen 1975; 2010; see Armitage & Conner 2001). Meta-analyses within social psychology regarding TPB indicate that it is a useful theoretical model for predicting behaviour and behavioural intentions (see Armitage & Conner 2001). Indeed, TPB has been widely referenced within the sexual health field as a model for predicting intended and actual condom use and other safe sex practices.

It follows, according to TPB and the model proposed by Darley and Latane, that in order to be most effective, bystander programs seeking to prevent violence against women would need to address each aspect of the theorised contributions to behaviour. In other words, programs attempting to encourage active bystander behaviours would ideally seek to effect change in: individual attitudes and beliefs condoning violence against women; perceptions of the broader social norms condoning violence against women; perception of an individual's capacity to act to prevent violence against women; and intention to behave or act in various ways in response to violence against women, and/or others' expressions of violence-supportive attitudes and behaviours.

2.1.3 Social norm theories

Both the research into prosocial bystander behaviours and TPB highlight the importance of individual attitudes and skills or capacity in the likelihood that they will intervene. However, these theories also place a strong emphasis on the influence of broader social norms (or widely held beliefs about acceptable behaviour) on bystander intervention. Social norm theories highlight the ways that the majority culture or normative environment can support beliefs and attitudes held by an individual (Dyson & Flood 2008).

For example, Berkowitz and Daniels (1963) suggested that a *social responsibility norm* may be important in understanding bystander behaviour. This norm of social responsibility causes individuals to feel a shared responsibility towards helping others in need. Nonetheless, as noted by

Clarke (2003), not everyone does intervene to help others, therefore there are likely other factors interacting with a general social responsibility norm. For instance, in some situations an individual may be faced with competing norms. Such may be the case in witnessing an incident of violence against women where the social responsibility norm may be in conflict with a 'mind your own business' norm (Clarke 2003) or other social norms condoning violence against women. Alternately, it may be that the social responsibility norm is too general, leaving individuals uncertain of how to translate the norm into action in a specific situation (Clarke 2003).

Social norms theory also suggests that individuals may be negatively influenced by their *misperceptions* of how others in a broad social group may think or act (Berkowitz 2003; Fabiano et al. 2000). In this case, correcting the inaccurate perception of broader social norms may decrease the likelihood an individual will engage in a problematic behaviour, as well as increase their willingness to intervene as an active bystander. Kilmartin and colleagues (1999: 265) go further to suggest that in preventing sexual violence, addressing social norms in this way must focus on both the societal and community or peer level; finding that "a public information campaign was effective in correcting men's misperceptions of global norms in rape supportive and sexist attitudes of average men, but that men's misperceptions of close friends were virtually unaffected by the intervention".

This finding is consistent with the ecological approach adopted in the VicHealth framework in that it highlights the need for multi-level, mutually reinforcing strategies for prevention. In order to affect social norms and inequalities at multiple levels, prevention strategies must be applied across the individual, community (including organisational and peer contexts) and societal levels (VicHealth 2007).

2.2 Criminology

Criminological theories have been broadly applied in the context of crime prevention both in Australia and internationally. There are two highly influential theories which have potential relevance to the issue of bystander interventions. These are Routine Activity Theory (RAT) and Rational Choice Theory (RCT). Both theories are closely linked with specific crime prevention strategies including social crime prevention as well as crime prevention through environmental design (CPTED). Certainly social crime prevention has been directly drawn upon in the prevention of violence against women, as will be discussed further in the following sections.

2.2.1 Routine Activity Theory

Developed by Cohen and Felson (1979), Routine Activity Theory suggests that there are three elements required for the commission of a crime: a target/victim, a motivated offender and the absence of capable guardianship. In practice, the theory (and indeed Felson himself) has tended to place greater emphasis on the target and guardianship issues. While such an approach appears practical for many lower-order crimes such as theft and property offences (where the target is an object belonging to someone capable of guarding it), the theory has received much criticism in the violence against women field, on the basis that it is not appropriate to suggest that women should bear the responsibility of protecting themselves from sexual or intimate partner violence. Instead, consistent with social crime prevention approaches, it is argued society should make a concerted effort to change the (primarily male) motivated offender and to strengthen the role of everyday 'guardians' (peers, parents, employers, teachers) who might impact the motivations of a potential offender (Sutton et al. 2008). Indeed, while coming from a different theoretical basis, this approach is not too dissimilar from the WHO (2002) public health framework, as well as the VicHealth prevention framework (VicHealth 2007), both of which emphasise the need to take action across all levels, including changing environmental, institutional and social factors.

2.2.2 Rational Choice Theory

Rational Choice Theory, meanwhile, focuses on the micro/individual factors that contribute to an offender's decision towards crime (Sutton et al. 2008). In particular, the theory is based on the 'rational offender' model; that is, that an offender make a rational decision based on weighing up the risks versus the benefits of committing a particular crime (Sutton et al. 2008). According to this model, in order to prevent crime, strategies should seek to increase the risks and reduce the rewards for criminal behaviours. In practice this has often been largely applied to theft and other property offences through 'target hardening' and surveillance which increase the risk of detection. However, in principle, it could also be applied in relation to violence against women prevention, by both increasing the risks of being reported and charged, but also taking into account the *social normative* risks and rewards for violent behaviours.

3. From theory to practice models

In their review of bystander approaches to preventing violence against women, Banyard and colleagues (2004: 69) note that “the research literature focuses much more on explaining and describing bystander behaviour than on developing effective interventions to promote it”. In addition, where bystander interventions are discussed, it is most commonly in reference to encouraging bystanders to intervene in the moment or after witnessing a specific violent incident occurring, rather than intervening in social norms or other conditions that perpetuate violence. Nonetheless, there is an emerging literature base within the field of violence against women prevention, which attempts to translate bystander theories into practical interventions to prevent sexual and intimate partner violence against women. This section will review adaptations of bystander theory in the specific context of violence against women, and the ‘promising practice’ models emerging in this field.

3.1 Translating bystander theory to the prevention of violence against women

Thus far, much of the theoretical work reviewed regarding bystanders to crime and violence has focused on interventions ‘in the moment’ of a violent incident. Within the field of violence against women however, the concept of bystander interventions or the ‘prosocial’ bystander has been expanded to consider individual’s actions ‘upstream’ or before violence has occurred. This focus is more representative of *primary* prevention and includes attention to the role of societal and community-level social norms and support for violence over non-violence, consistent with the VicHealth prevention framework. There are a number of ways in which theories have sought to operationalise this focus, expanding on the theoretical models reviewed thus far to apply to the specific issues of sexual and intimate partner violence against women. Perhaps the most widely cited of these in the primary prevention literature, including in the VicHealth prevention framework, are: individual’s beliefs in rigid gender roles, peer-based social norms (including male peer support or masculine peer and organisational cultures), as well as societal-level cultural norms and institutional support, or weak sanctions against gender inequality and violence.

3.1.1 Individual beliefs in rigid gender roles

While much early work to prevent violence against women has focused on women as potential victims of sexual and intimate partner violence, more recently researchers have highlighted the need

to effectively target prevention messages towards men. Of particular concern is the status or value placed within many communities, and Western society more broadly, on aggressive demonstrations of masculinity. As such attributes including toughness, aggression, independence and heterosexual conquest are often positively valued for men, therefore they provide implicit support for violence against women. For example, as discussed in the VicHealth prevention framework, research has consistently found that individual men who hold traditional views about gender roles, have a rigid belief in male dominance, or hold sexually hostile attitudes about women are more likely to perpetrate violence (see VicHealth 2007: 34).

Bystander approaches to the prevention of violence against women, then, have also variously highlighted the relationship between rigid gender roles and violence, and the importance of working with men to challenge the implicit norms of masculinity condoning violence against women and which therefore may also prevent men's intervention as active bystanders. For example, research by Carlson (2008: 3) found that male "bystanders [to sexual assault] were more afraid of their masculinity being called into question...", calling attention to the ways that masculinity and heterosexism are strongly implicated in (male) bystander non-intervention in violence against women. Additionally, Fabiano and colleagues (2003) found that a key factor influencing the likelihood that a man will intervene to prevent a sexual assault is his perception of *other men's* willingness to intervene. Moreover, Messerschmidt (1993) and O'Sullivan (1998) have both suggested that gang-rape can be understood as a male-bonding activity, where the participants' and observers' desire to be seen as 'masculine' by other men is key to understanding men as bystanders to incidents of sexual violence. Such research suggests the need to work with individual men to challenge those gender attitudes and norms, both condoning violence against women and those associating masculinity with violence, which may prevent them from intervening as active bystanders.

3.1.2 Masculine peer and organisational cultures

Individual attitudes and norms about gender roles are also influential in peer and organisational contexts (VicHealth 2007); such that male-dominated organisations and groups' cultures can play a role in either reinforcing or challenging individual norms and behaviours. The important role that masculinity and male peer cultures play in violence against women is further expanded in Schwartz and DeKeseredy's highly cited theory of 'Male Peer Support' (Schwartz & DeKeseredy 1997). The theory is a feminist-informed application of Routine Activity Theory to the specific issue of sexual violence against women and indeed represents one of the more explicit translations of a well-known

crime prevention theory to the role that bystanders play in the perpetuation of sexual violence. Based on research conducted at Canadian college campuses, male peer support focuses on the community and peer norms condoning violence against women that can contribute both to increasing offender motivations for using violence and a perception of the absence of guardianship against violence (Schwartz & DeKeseredy 1997; 2000; Schwartz et al. 2001). In their own surveys of campus sexual assault, Schwartz and DeKeseredy have repeatedly found that rates of violence are higher on those campuses where there is male peer norm support for the use of coercion in sexual relationships (eg. Schwartz & DeKeseredy 1997; 2000). The theory of male peer support, then, highlights the need for bystander approaches to preventing violence against women to focus on challenging the norms at the *meso* level; that is, peer groups, organisations and communities, so that these cultures may become spaces where peers routinely challenge other men's adherence to attitudes and norms condoning violence against women, rather than reinforcing them.

3.1.3 Societal-level cultural and institutional support for gender inequality

Underpinning an ecological model or public health framework for violence prevention is an understanding of the individual (micro), relationship or community (meso) and societal (macro) factors contributing to violence. This can include strategies that seek to address the underlying causes of gender-based violence (such as gender inequality and social norms condoning violence) as well as strategies focused on changing individual behaviour, knowledge and skills.

Indeed, many analyses of the causes of sexual and intimate partner violence identify the broader societal issues such as gender inequality and norms supporting male violence and entitlement that contribute to men's violence against women (WHO 2002; 2004; VicHealth 2007). For example, similar to male peer support theory, Fabiano and colleagues (2003) found that individual college men's intention to intervene to challenge norms condoning sexual violence was predicted by their views of the extent to which others held social norms supporting intervention. In addition, in research and evaluation of bystander approaches, Banyard and colleagues (2004: 69) note the importance of bystander models that are embedded "within ecological and feminist models of the causes of sexual violence calling for broader community approaches that target both men and women and move beyond individual levels of analysis".

Importantly then, bystander approaches to preventing violence against women must be supported by a broader strategy which both promotes widespread social norms supporting bystander intervention, whilst also continuing to address the institutional bases of gender inequality.

Table 1: Summary of individual enablers and obstacles to bystander action

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

Adapted from: Aboud & Joong 2008; Ashburn-Nardo, Morris & Goodwin 2008; Hyers 2007; Levine, Prosser, Evans & Reicher 2005; Saucier, Miller & Doucet 2005.

3.2 Practice models

While in general the field of primary prevention of violence against women is in its infancy in Australia (see Carmody et al. 2009), several examples of promising practice programs have emerged in recent years. These examples include social marketing approaches, peer education models and programs focusing on attitudinal as well as behaviour change. Consistent with the strong evidence base underlying the VicHealth prevention framework and others (WHO 2002; 2004), promising practice models have emerged across a range of settings including schools, workplaces, sporting clubs and other community contexts. In Australia, bystander approaches often form a component of a broader prevention program (see, for example, *Sex & Ethics* (section 4.1.5) and *Sexual Assault Prevention Program for Secondary Schools* (section 4.1.4)); however, there are few examples of programs or campaigns which are targetted more specifically to promoting prosocial bystander behaviours. Additionally, while there are more international examples of bystander approaches, particularly emerging out of the US, much of this work is under-evaluated making it difficult to determine the specific features of effectiveness (see Casey & Lindhorst 2009 for a systematic review). Thus, the following section provides a review of varying practice models for bystander approaches to preventing violence against women.

3.2.1 Media campaign models

Mass media have been used in public health and public education campaigns for many years. Television, radio, print media, billboards, poster advertisements and information brochures have all been used, with remarkable success both internationally and in the Australian context, to encourage individuals to engage in safer driving practices (Elder et al 2004; Tay 2005; White et al. 2000; Delaney et al. 2004), to quit smoking (Hurley & Matthews 2008; Hammond et al. 2006; Hyland et al. 2006), to promote safe sex practices (Chen et al. 2007), to address violence against women (Donovan & Vlasis 2005) and more recently alcohol-associated violence (e.g 'Just Think' and 'Championship Moves' campaigns in Victoria). Although there is not a straightforward link between media campaigns and long-term changes in behaviour, there is a strong evidence base supporting the use of media campaigns to increase *awareness* of specific issues (Brown & Einsiedel 1990; Egger, Donovan & Spark 1993; Donovan & Henley 2004; Hornik 2002; Donovan & Vlasis 2005; Noar 2006). In addition, there is evidence to suggest that media campaigns can also be effective in contributing to attitudinal and behavioural change, particularly when featured as part of a sustained strategy and complemented with community and individual-level approaches (Brown & Einsiedel 1990; Noar 2006). Overall, there is an important distinction to be made between 'awareness-raising campaigns' and 'social marketing strategies', wherein the latter are more likely to be tied to on-the-ground programs and activities and are more likely to produce measurable behavioural and attitudinal change where they are part of a broader strategy.

There are a number of best-practice features for effective media campaigns that are identified in the national and international research literature. For example, in a systematic review of media campaigns focusing on violence against women, Donovan and Vlasis (2005) found that:

- media campaigns alone are unlikely to result in behavioural change, but rather should be integrated and mutually reinforce other 'on-the-ground' strategies (including service provision, prevention programs in localised settings and policy/legislative changes)
- media campaigns can be undermined by contradictory messages across mass media sources more broadly, and thus may be complemented by media advocacy strategies directed towards the reporting of violence against women generally
- many media campaigns have lacked the sustained funding and implementation needed to best ensure their effectiveness over time.

Media campaigns are variously referred to as awareness-raising, public information and social marketing campaigns; however, these terms are not necessarily interchangeable. For instance, while awareness-raising and public information campaigns may seek to convey information in a straightforward fashion to the general population, social marketing more specifically refers to the use of marketing principles to 'sell' social norms, attitudes and behaviours to the broad population in order to achieve social change (Kotler & Zaltman 1971; Kotler et al. 2002). Social marketing has grown in popularity and use since its 'discovery' in the 1970s, in particular to promote public health messages as well as in relation to specific policy issues. To be most successful, social marketing relies on conducting research in order to get to know the 'consumer' – the target audience for the campaign – and to ensure that the messages to be conveyed are being effectively and persuasively communicated. According to the social marketing literature, this element is not always well applied in practice (Lefebvre 1992; Andreason 1994; Kotler et al. 2002) meaning that some campaigns are inaccurately labelled 'social marketing' when they would in fact be more accurately described as awareness-raising or public information campaigns.

While there are examples of public health social marketing campaigns that have been successful in promoting social change, the relationship between a social marketing campaign and changes in individuals' behaviour is not straightforward. For example, in their evaluation of the 'Know Your Power' campaign Potter and colleagues (2009) found that the poster awareness raising campaign was effective for raising students' awareness of sexual violence as a social problem and for producing a greater willingness and interest in participating in further programs/action to prevent sexual violence. Similar to related research in the health promotion field, this finding suggests that awareness raising or social marketing campaigns may be successful in promoting a climate for violence prevention; however, on their own they do not appear to have a population-level effect on *behaviour*. This further supports the use of social marketing campaigns as an important component of a broader prevention framework (VicHealth 2007).

3.2.2 Peer education and peer support models

Peer-based bystander models can vary from peer education programs to peer support programs, as well as involving the recruitment and training of peer 'leaders' or 'mentors' who make a personal commitment to act as prosocial bystanders to prevent violence against women.

Peer education refers to an approach common in health promotion where, rather than health professionals educating members of the public, community members are supported to promote health-promoting change among their peers. Peer education models are grounded in a strong

evidence base suggesting that peer group norms have an enormous influence over individual norms and behaviour (Casey & Lindhorst 2009; Flood et al. 2009; VicHealth 2007). Nonetheless, the effectiveness of peer education models and other prevention programs incorporating peer 'leaders' or 'mentors' can be difficult to assess and may vary considerably (Mellanby et al. 2000). In addition, there is variation among the specific forms that peer education takes across programming. For example, peer educators may be unpaid volunteers, they may be paid a small stipend to cover expenses, or they may be paid a reasonable salary. Levels of support and ongoing professional development also vary with some peer educators supported by regular meetings and training, while others are expected to continue their work largely without formal supports.

In their review, Cowie and Hutson (2005) draw on a human rights framework (Convention on the Rights of the Child, CROC), which acknowledges not only the rights of children to a reasonable quality of life but the need for active participation by children in decision-making affecting them. Peer approaches to preventing youth bullying and violence are thus seen as not only promising as regards their effectiveness, but also as encompassing a rights-based approach in which children and young people are actively involved. Cowie and Hutson (2005) describe three peer bystander approaches in the context of bullying in schools which demonstrate the possible diversity of peer-based bystander models for preventing violence against women. These are:

- **Peer counselling/peer support:** refers to schemes where student peers are trained as peer counsellors or 'supporters' in the skills to deal with peers' interpersonal issues, to help the victims of bullying and to challenge peers who bully.
- **Befriending:** or 'buddying' schemes in which peer leaders (often senior students) are provided with training in interpersonal skills, active listening and conflict resolution, and paired with (usually junior) students, promoting a sense of responsibility to 'look out for' their buddy.
- **Peer mediation and peer councils:** refers to a structured process in which bystanders take the role of peer mediators in order to resolve conflicts between their peers and/or determine appropriate resolutions and outcomes in response to inappropriate peer behaviours.

Not only can peer bystander approaches such as these be effective in reducing levels of bullying and violence, but they play an important role in creating school (or organisational/community) cultures

in which victims feel supported and are more likely to report when bullying/violence occurs (Naylor & Cowie 1999; Cowie & Hutson 2005).

There are also peer bystander approaches that enable individuals to take a proactive 'peer educator' or 'champion' role within their peer context. They can take the form of 'pledges' or the recruitment of groups of (usually) young people as part of a workshop or seminar, asking them to make a public commitment to not use violence and to not condone or remain silent about other men's violence (e.g. 'Men of Strength' clubs and 'Mentors in Violence Prevention' in the US, both discussed in more detail in section 4.1.3). They can also focus on equipping people to participate as educators or leaders in a classroom setting or other structured learning environment (e.g. 'SAPPSS', as discussed in section 4.1.4).

3.2.3 School-based bystander models

While peer education and peer support models are common in school-based anti-violence education, these are not the only forms that bystander approaches to violence against women in schools might take. There are few examples in the literature of school-based bystander-specific programs aimed towards preventing violence against women. However, in a recent report supporting *Respectful Relationships Education* development in Victoria (Flood et al. 2009: 40) there is clear acknowledgement of the importance of peer contexts in school cultures and the need to create a shared 'culture of responsibility and respect'. Additionally, some school-based education programs for the prevention of sexual violence include a bystander component (e.g. CASA House SAPPSS which is discussed further in section 4.1.4). There is also a considerable history of schools' engagement with bystander approaches to prevent bullying amongst student populations, and these provide some additional useful lessons for the development of school-based bystander models for preventing intimate partner and sexual violence, coercion and harassment.

For example, in response to a number of school shootings and other lethal violence in schools, US researchers have highlighted the importance of taking a whole-of-school culture approach to the prevention of violence and bullying (Cowie & Hutson 2005; Stueve et al. 2006; Twemlow et al. 2004). Taking this approach, Twemlow and colleagues (2004) "investigate bystander roles often occupied or assumed by teachers and students that create a social architecture for school bullying and violence not usually addressed by traditional school anti-bullying and anti-violence programs". In other words, their focus for preventing bullying in school environments is not only on the bully, victim and immediate bystanders, but rather on the whole-of-school culture or 'social architecture' including interactions modelled by teachers. Importantly, what their research shows is that in school cultures

where teachers and other school staff model active bystander roles by intervening in bullying (whether physical or verbal/emotional abuse and teasing), students themselves are more likely to intervene when witnessing bullying. By contrast, in school cultures where teachers show a poor understanding of bullying and fail to intervene (particularly in verbal/emotional bullying), students are more likely to facilitate bullying through non-intervention (Twemlow et al. 2004).

On the basis of this research, Twemlow and colleagues (2004) developed an anti-bullying program ('The Peaceful Schools Project'), which included various components to address the whole-of-school social architecture which directly and indirectly supports bullying including; a *positive climate campaign* including posters, magnets and reflective discussions among teachers and students, and a *classroom management plan* to support teachers in identifying problematic behaviours before they develop into systemic bullying and to better model skills in conflict resolution (in addition to working directly with students themselves). The program evaluation demonstrated not only increased willingness of students to intervene, but decreases in actual bullying victimisation according to student self- and peer-reports (Twemlow et al. 2004); further demonstrating the effectiveness of bystander strategies which seek to engage all stakeholders in a community or organisation, rather than focusing only on the individual level or sub-groups (such as students).

In the Australian context, Rigby and Johnson (2004b; 2005; 2006) highlight the importance of engaging students as active bystanders to prevent bullying and sexual coercion. Their own research into the prevalence of sexual harassment and coercion in schools has also sought to measure the willingness of students to intervene when witnessing such violence. Surveys of school students in co-educational secondary schools in South Australia show that while girls are more likely than boys to report a willingness to intervene to stop sexual coercion of another student, nonetheless 25 per cent of girls and 38 per cent of boys said that they would 'ignore' the incident, while a further 13 per cent of boys (and 2 per cent of girls) said they would support the abuser's behaviour (Rigby & Johnson, 2004a). Moreover, as noted by Rigby and Johnson, as well as others, rates of actual bystander intervention are usually far lower than the rates of intention or willingness to intervene. Importantly, the surveys were conducted in schools which had introduced anti-bullying policies (Rigby & Johnson, 2004a); drawing attention not only to the need for prevention strategies which extend beyond policy, but also to the fact that general anti-bullying strategies are not necessarily suited to the prevention of violence against women in particular. In his book *Stop the Bullying: A Handbook for Schools*, Rigby (2003) further describes a number of strategies for promoting a whole-of-school culture of shared responsibility for bullying and sexual coercion prevention.

3.2.4. Workplace and organisational models

Workplaces and indeed other organisations (including community organisations, sports/leisure clubs, religious communities) have been identified in the VicHealth prevention framework as key settings in which masculine peer cultures and norms condoning violence against women can be challenged. The role of organisations, however, is not just as a setting in which specific male peer cultures may be challenged and indeed individuals' intervention as active bystanders in peer cultures encouraged. Organisations themselves, at a policy and leadership level, can actively create environments which are conducive to individuals' active bystander attitudes and behaviours.

Moreover, while much of the violence against women literature is concerned with sexual and/or intimate partner violence, women's experiences of violence extend to the workplace setting. For example, recent Victorian studies have found that over 60 per cent of women surveyed report experiencing some form of violence at work (URCOT 2005) and 75 per cent report experiencing unwanted or unwelcome sexual behaviour at work (Hayes 2004). Indeed, in a national study, the Australian Human Rights Commission found that around one in three Australian women reported experiencing sexual harassment in their lifetime, but that a further 'one in five (22 per cent) respondents who said they had not experienced sexual harassment then went on to report having experienced behaviours that may in fact amount to sexual harassment' (Australian Human Rights Commission 2008: 1).

Thus, in the Victorian context it has been suggested that workplace-based violence prevention programs warrant particular attention because:

- Workplaces are organisational contexts through which social norms are shaped and can be changed.
- Workplaces are an important context for reaching men and women who have limited contact with place-based community networks and organisations.
- Employers are potential partners in violence-prevention efforts and benefit from reductions in violence in terms of increased productivity in the workplace (VicHealth 2007: 57).

Workplaces are also an important setting for prevention as women experience forms of gendered violence in the workplace itself and may also seek assistance for experiences of violence (whether occurring inside or outside the workplace setting) through workplace support mechanisms and collegial networks.

In terms of promoting bystander approaches to preventing violence against women, workplaces also emerge as an important potential site of intervention. In addition to their legislated obligations (e.g. *Sex Discrimination Act 1984* (Cwlth) and *Occupational Health and Safety Act 2004* (Vic)), an employer may implement policies and programs that seek to respond to incidents of violence and/or provide support for victims of violence so as to assist them to maintain their employment. However, such strategies may also have a primary preventative effect by promoting a non-violent workplace culture where violence against women is not condoned or tolerated and thus promoting active bystander attitudes and behaviours in the broader workplace community. Conversely, the presence of policies and programs seeking to respond to incidents of violence are less likely to be effective if an informal workplace culture of condoning violence persists.

As such, it may be possible to conceive of workplaces and organisations not only as sites for supporting individuals to intervene as active bystanders in peer/collegial contexts, but that the workplace or organisation itself – through its own policies, procedures and leadership examples – can become either a *passive* or *prosocial* bystander to violence against women. There is some early work in organisational development currently taking place in Victoria and Australia, such as the Australian Football League's *Respect and Responsibility* and *Fair Game: Respect Matters* programs, as well as extensive work across local council organisations (see also Miner-Rubino & Cortina 2004; Hitlan et al. 2006; Whitzman 2009). While workplace and organisational models remain largely under-developed and under-evaluated, they represent an important setting for future work.

3.3 Summary of features for effective bystander approaches

The international and national research evidence regarding design and implementation of violence against women prevention (including bystander approaches) suggest a number of features for effective practice which are transferable across different settings and prevention approaches. The following principles, which are also reflected in the Australian *National Standards for the primary prevention of sexual assault through education* (Carmody et al. 2009) and a recent Victorian report into *Respectful Relationships Education* (Flood et al. 2009), draw together this research evidence for effective practice.

Bystander strategies as part of a broader approach. There is strong evidence to demonstrate the effectiveness of multi-level, mutually reinforcing strategies for prevention. Bystander strategies will be most effective when they exist as one component of a broader approach or of a multi-level program in one setting.

Theory-based program development. There is growing evidence to show the importance of grounding prevention program development in sound and testable theoretical rationales that make transparent the presumed link between program activities and the intended outcomes.

Community engagement. Involving community members and organisations as partners in identifying targets for change and designing strategies is important for creating sustainable programs based on community commitment and participation.

Gender-sensitive design. The application of a gendered analysis to program design and development will ensure the program strategies and outcomes are appropriate for boys, girls, women and men and that they attend to the particular needs and experiences of each grouping. One aspect of this may be the development of specifically tailored strategies to engage men and boys.

Contextualised programming. There is increasing concern within the broader literature regarding the importance of tailoring programs to specific contexts and communities, rather than attempting to simply replicate programs in new settings. Prevention strategies must take into account the localised norms and structural issues that may be relevant to violence prevention.

Comprehensive program development. Longer interventions (across multiple sessions) are more effective than short (one-off) interventions, and in-depth coverage of a smaller range of topics is found to be more effective than shallow coverage of a large range of topics (further supporting the need for multiple sessions where multiple topics are to be covered).

Skilled and supported program facilitators. Professional educators and/or program facilitators are found to be most effective. Where peer educators are used, they must be adequately trained and supported in their prevention role.

Mix of single-sex and mixed-sex program delivery. There is evidence to suggest that while mixed-sex groups appear to result in greater attitudinal change for women than single-sex groups, single-sex groups appear more effective for changing behavioural intentions. By contrast, for male participants, there is some evidence to suggest that mixed-sex groups are more effective for changes to men's behavioural intentions. In other words, there is evidence to support a mixture of single-sex sessions and mixed-sex sessions across education-based programming.

Incorporation of evaluation. There is also a concern in the literature that the effects of violence-prevention programs may fade over time, highlighting the continued importance of evaluation at various intervals before, immediately after, short term (3–6 months) and long term (12+ months)

following participation in prevention programs. Evaluation may demonstrate changes at the individual as well as community or organisational levels.

(See Abbey 2005; Anderson & Whiston 2005; Adair 2006; Carmody 2004; Carmody et al. 2009; Casey & Lindhorst 2009; Dyson et al. 2003; Dyson & Flood 2008; Flood et al. 2009, for comprehensive reviews).

3.4 Community readiness and implementing bystander approaches

While bystander approaches and programs may often be directed towards increasing individuals' behaviours as active bystanders, as the models reviewed above indicate, there is also great potential for bystander approaches which seek to engage whole organisations and communities, as well as at the societal level. Indeed, this incorporation of prevention approaches across each level of the ecological model as expressed in the VicHealth prevention framework (VicHealth 2007) is described by many researchers as being crucial to ensuring effective and sustainable social change to prevent violence against women. Nonetheless, research also indicates that communities may have differing levels of 'receptiveness' to prevention messages, or in other words 'readiness to change'. For example, in their review Banyard et al. (2004: 64) describe a model for interpreting 'community readiness to change' and argue that tailoring prevention messages "as communities move from 'no' or 'little awareness' of the problem toward preparation to addressing the problem and ultimately to expanding and making permanent efforts to address the problem" are necessary to ensure effective community uptake of prevention messages. This section briefly considers indicators of 'community readiness to change' for the implementation of bystander approaches in the Victorian context.

3.4.1 Community readiness for implementing bystander approaches in Victoria

Policy and legislation

An initial key indicator for 'community readiness for change' in Victoria can be seen in the strong policy leadership, legislative reform, funding and expansion of support/services to respond to victims and perpetrators of violence against women in recent years (e.g. Women's Safety Strategy policy, and recent revisions of family violence and sexual assault legislation). These tertiary responses not only have a clear role in responding at the coalface of the problem, but also have an indirect primary prevention role.

More recently, as highlighted in the 'Introduction' section of this report, both state and national governments in Australia have initiated policies and programs specifically targeted at primary

prevention. This high-level leadership to recognise and prevent violence against women is critical to influence policy and investment and to lead the community more generally.

In addition to specific legislative reform addressing violence against women, the Victorian (and indeed Australia) community also works within other legislative frameworks, which provide a high-level commitment to eliminate sex-based discrimination and sexual harassment (e.g. *Sex Discrimination Act 1984* (Cwlth), *Occupational Health and Safety Act 2004* (Vic)). Furthermore, specific laws against racial discrimination as well as race-based vilification and incitement to violence (e.g. *Racial Discrimination Act 1975* (Cwlth), *Racial and Religious Tolerance Act 2001* (Vic)), provide further legislative models creating a context in which these forms of discrimination and violence are actively discouraged. Other related legislation has the potential to address systemic inequality and discrimination, including on the basis of gender (e.g. *Equal Opportunity Act 1995* (Vic), *Victorian Charter of Human Rights and Responsibilities 2006*). It is of interest to consider whether gender- and sexuality-based vilification legislation would similarly be taken seriously by the Victorian community.

In the international context, and in the aftermath of the Kitty Genovese case and similar such high-profile cases, debates have from time to time emerged in the United States regarding the necessity of a legal duty to intervene to prevent a violent crime, or so-called 'bystander statutes'. Bagby (1999) discussed whether societies should pass laws to impose a specific duty on crime witnesses to intervene and to enforce criminal penalties for failing to do so. Indeed, many states within the US have enacted specific statutes requiring a bystander to intervene to assist a victim of crime or face criminal penalties for failing to do so. Such statutes require bystanders either to 'rescue' the individual (in the absence of danger to themselves) or else immediately report the crime to authorities (see also Givelber 1998). In Australia, there has not been an equivalent focus on so-called 'bystander statutes' to date. Nonetheless, in the fields of child abuse and domestic violence, various jurisdictions have passed similarly framed laws requiring professionals in particular fields to report to the authorities suspected or known cases of child abuse, and in Tasmania adult domestic violence (i.e. 'mandatory reporting'). It is not perhaps difficult to imagine an extension of such mandatory reporting laws to other crimes including violence against women – and indeed racially-motivated vilification or violence, as discussed in the review of bystander approaches in support of preventing race-based discrimination (Nelson, Dunn et al. 2010).

Community attitudes

There is considerable evidence to demonstrate community readiness for implementing bystander approaches. A Victorian community attitudes survey undertaken to explore readiness and understanding of violence against women indicated a relatively high acknowledgment that violence against women is a serious problem for the community (VicHealth 2006).

More recently, there was evidence to suggest a strong receptivity in the Australian community to active bystander roles in preventing violence against women. In the *National Survey on Community Attitudes to Violence Against Women*, a majority (81 per cent) of respondents agreed that they would intervene in some way in a situation involving domestic violence (VicHealth 2010). Most said that they would intervene either by offering support or advice by talking to the victim (49 per cent), or by reporting the incident to police (41 per cent). Moreover, consistent with international research, the survey found that those individuals who held less violence-supportive attitudes were more likely to report being willing to intervene (VicHealth 2010). These results reflect those of the earlier Victorian survey, which found that: “most Victorians reported that they would intervene in some way in a situation of domestic violence, including where the victim was a stranger (81 per cent), neighbour (84 per cent) or family member or friend (95 per cent)’ (VicHealth 2006: 65).

Workplaces and organisations

A further potential indicator of community readiness in the Victorian context is the broad shift toward corporate social responsibility models and a focus on promoting ‘healthy work environments’. These initiatives have the potential to place violence against women on the workplace/organisational agenda and to engage their members and stakeholders in strategies to address violence against women. A range of recent initiatives taken by a number of unions, sporting clubs, workplaces, schools and local councils reflect a growing organisational climate in Victoria which conceptualises violence against women as a shared community issue requiring a shared community response.

VicHealth is currently working in partnership with a number of community, public and local council organisations to develop readiness and shared action in relation to prevention. The *Respect, Responsibility and Equality Program* is part of a body of work designed to consolidate practice and support the development of sustained changes in policy and practice to prevent violence against women through organisations and partnerships. This work has been particularly focused on settings-

based approaches and may point to the specific settings that have developed a greater readiness for bystander programs.

Another example of organisational development is the recent launch of a model domestic violence clause by the Public Service Association (PSA) and Community and Public Sector Union (CPSU), for inclusion in workplace awards and agreements. The clause acknowledges that domestic violence has serious impacts on victims' ability to work and on the workplace generally, and that workplaces therefore have an interest as active rather than passive bystanders to their employee's experiences of violence. Developed jointly by the PSA/CPSU and the Australian Domestic and Family Violence Clearinghouse, the model domestic violence clause introduces flexible provisions to protect employees and support them to stay at work.

3.4.2 Challenges for implementation of bystander approaches

There is also evidence to suggest that while the general community may readily identify physical and sexual violence as serious, there is less acknowledgement of other forms of violence and abuse including verbal, emotional, social and economic abuses (VicHealth 2006). While not directly an indication of bystander attitudes and behaviours, this finding does give cause to consider that the general community may also be less able to identify verbal and more subtle instances of sexism and heterosexism that can underscore and contribute to a condoning of violence against women. Thus bystander approaches may need to incorporate awareness raising and education on these subtle but systemic issues. Additionally, while, in general, community attitudes recognising violence against women and expressing an intention to intervene have improved over time, these attitudes do vary somewhat across some culturally and linguistically diverse (CALD) communities (VicHealth 2006; 2009). This further suggests the need for culturally appropriate bystander approaches for the prevention of violence against women.

Importantly, community attitude surveys have also found that “while over 80 per cent of respondents believed that they would intervene in some way in a situation of domestic violence, a similar proportion (84 per cent) of respondents agreed to the statement elsewhere in the survey that ‘Most people turn a blind eye to, or ignore, domestic violence’” (VicHealth 2009: 49; VicHealth 2006). This finding suggests that the general community significantly underestimates the willingness of others to intervene in situations of violence; this is particularly concerning given the strong link in the research literature between an individual's likelihood of intervening and their perception of whether others would likely intervene (as discussed earlier). Moreover, “sizeable numbers of people reported that they would intervene in ways that are discouraged by experts working with families

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affected by violence (for example, intervening personally and confronting the perpetrator rather than calling the police or offering support to the woman)...[while] research shows that the responses of family and friends to women experiencing violence are frequently unhelpful” (VicHealth 2006: 65). This suggests that bystander approaches should continue to include components addressing how to respond appropriately to disclosures of violence and to provide support to a victim or perpetrator of violence.

Banyard et al. (2004) suggest that a further key challenge to the prevention of sexual violence in a community setting is finding ways to encourage communities to ‘listen to the message’ (p. 64). In particular they note the concern (similarly expressed by other researchers) that, depending on how they are delivered, prevention messages can be heard by some men as defining all men as perpetrators *only* and women *only* as victims. It follows that individuals may become highly defensive about viewing themselves in these ways, and thereby inadvertently increase levels of resistance to prevention messages (Banyard et al. 2004).

Encouraging workplaces and other organisations in the community to ‘listen to the message’ also represents a potential challenge for the implementation and uptake of bystander approaches to the prevention of violence against women. In some instances, organisations may already have entrenched localised cultures and peer norms involving systemic sexual harassment or other forms of sexism and heterosexism which would themselves need to be challenged and addressed in addition to any specific and individual bystander approaches. While workplaces in particular may have obligations under legislation to provide safe and healthy work environments, as well to respond effectively to instances of sexual harassment and/or sex discrimination, in general many workplaces may continue to view the problem of violence against women as less directly relevant to their organisation, and thus be reluctant to be involved as key settings for bystander approaches (VCCAV 2004).

Indeed, key strategies to successfully engage workplaces include:

- genuine commitment to the program/policy from all levels of management
- cooperation and support from other workplace stakeholders (such as unions, human resources and employee assistance programs)
- availability and accessibility of information regarding violence (such as educative materials and/or brochures with referral details to available services)

- presentation of information in a non-threatening and systemic way (for example including domestic violence or indeed sexual harassment and sexual violence information in other anti-violence, workplace bullying or harassment information and training initiatives)
- disseminating consistent anti-violence messages regarding workplace violence, domestic violence, sexual violence and harassment (such as through posters, regular articles in employee newsletters, emails and intranet sites) (VCCAV 2004).

4. Review of existing bystander program resources

This section briefly reviews specific existing bystander programs and resources that can inform the development and implementation of bystander approaches to preventing violence against women in Victoria. Following the approach adopted by Flood and Fergus (2008) this section is organised in three parts:

- **effective practice examples** ('3-star' programs which have a sound theoretical basis, have been implemented and have strong evaluation-based evidence of effectiveness)
- **promising practice examples** ('2-star' programs which have a sound theoretical basis, have been implemented but without strong evaluative evidence of effectiveness as yet)
- **emerging practice examples** ('1-star' programs which have a sound theoretical basis, but which are still in pilot phase or yet to be implemented or evaluated).

4.1 Effective practice examples (★★★)

4.1.1 Bringing in the Bystander (US)

Developed by Banyard and colleagues at the University of New Hampshire, *Bringing in the Bystander* draws on a community of responsibility model to teach bystanders how to intervene safely and effectively in cases where sexual violence may be occurring or where there may be risk. The key message of the program is that "Everyone in the community has a role to play in ending sexual violence."

Bringing in the Bystander draws together the founding work on bystander-focused prevention by Jackson Katz (*Mentors in Violence Prevention* program), Alan Berkowitz (*The Rape Prevention Program for Men*) and John Foubert (*One in Four* and *The Men's Program*). The program includes both women and men as potential bystanders or witnesses to risky behaviours related to sexual violence around them.

The program is based on a multi-session curriculum conducted in groups with a team of one male and one female peer facilitator. Using an active learning environment, participants learn about the role of prosocial bystanders in communities and information about sexual violence, as well as learning and practising appropriate and safe bystander skills. *Bringing in the Bystander* has been evaluated on the campus of the University of New Hampshire, and while evaluation is ongoing, the results demonstrate the effectiveness of this program in terms of increasing student participants'

knowledge, attitudes and behaviours about effective bystander responses to sexual violence (see Banyard et al. 2005).

4.1.2 Know Your Power: Step In, Speak Up (US)

An additional component to Banyard and colleagues' *Bringing in the Bystander* in-person program is a social marketing campaign *Know Your Power: Step In, Speak Up*. The bystander-oriented social marketing campaign explicitly modelled prosocial bystander behaviour through a series of four posters that illustrated typical university situations. One poster shows a young man forcing a young woman up against the desk in her dorm room as she exclaims that he is hurting her. Outside the room, two fellow student residents discuss how to intervene. Another poster features students listening to and caring for friends who have experienced sexual violence. All four posters feature the campaign tagline "Know your power. Step in, Speak up. You can make a difference," and provide specific advice about what to do in a situation similar to the one shown. For example, the first poster above offers the following advice: "Intimate partner abuse is everyone's problem. Intervene when you see it or hear it" and shows the students agreeing to report the incident to an authority. A post-test evaluation of the campaign showed that participants who reported seeing the posters exhibited greater awareness of the violence against women and greater willingness to participate in actions aimed at reducing violence compared to those students who reported not seeing the posters. The campaign invites university students to think about violence against women on campus and to consider actions to prevent it, representing an important step in reducing sexual violence on campuses where prevailing norms and culture too often facilitate rather than discourage sexual violence.

4.1.3 Mentors in Violence Prevention (US)

Under the leadership of anti-violence educator Jackson Katz and located at Northeastern University's Centre for the Study of Sport in Society, the *Mentors in Violence Prevention (MVP)* program is a peer education/leadership training program that motivates student-athletes and student leaders to play a central role in preventing violence against women. The MVP program views student-athletes and student leaders not as potential perpetrators or victims, but as empowered bystanders who can interrupt and challenge sexist and abusive attitudes and behaviours among peers. The program includes a multi-session (six or seven two-hour sessions) curriculum in which participants: explore different forms of abuse, explore the socialisation of gender roles in media and society, learn to recognise tacit acceptance of violence against women, and practise skills in how to confront sexist

behaviour and attitudes. The program also includes an additional train-the-trainer component for those participants who are interested in becoming further involved as peer educators. Ongoing program evaluation demonstrates promising results in relation to changes in participants' knowledge and behaviours (Ward 2001).

4.1.4 SAPPSS (Australia)

The *Sexual Assault Prevention Program for Secondary Schools* (SAPPSS), was initially developed by CASA House (the Centre Against Sexual Assault) in Melbourne in 1999, and involves a whole-of-school approach to preventing sexual assault and promoting respectful behaviours (Imbesi 2008). After piloting and evaluation, the program has been developed to incorporate:

- a curriculum comprising six sessions for Years 9 and 10 students; professional development for all school staff
- train-the-trainer workshops with staff who have nominated to deliver program content
- review of school policy and procedures to support the program
- a peer educator program for senior students who have completed the initial program curriculum.

The student curriculum program discusses issues such as defining and understanding consent, identifying respectful and non-respectful behaviours and engaging students as active bystanders – including how to help a friend and access support. Delivery of the curriculum also incorporates many elements of best practice, including: involving whole year levels (rather than selected groups); a comprehensive program across six sessions; an interactive workshop atmosphere with a mix of specially trained staff and community agency guest speakers (rather than didactic learning); separate gender groups at first, with mixed gender discussion in later sessions; mixed gender co-facilitators; and a peer leader/educator component.

Reflecting on the success of the program as it has developed, CASA House staff also suggest that having commitment from the school principal and senior staff, in addition to the whole-of-school community approach adopted, significantly adds to the student program's effectiveness.

Furthermore, with staff development and support from CASA House, some schools have been able to further embed the student program into the school curriculum, sustaining the overall program for the long term (Imbesi 2008).

4.1.5 Sex & Ethics (Australia)

Another leading exemplar of effective Australian practice in community-based primary prevention through education is the New South Wales–based *Sex & Ethics* program. Developed by Australian criminologist Moira Carmody in partnership with the New South Wales Rape Crisis Centre, the program engages young people in building knowledge and skills about ethical decision-making in their sexual encounters. *Sex & Ethics* also includes a bystander component; ‘Being an Ethical Friend and Citizen’ (Carmody 2009).

Much like the CASA House student curriculum, the *Sex & Ethics* program incorporates elements of recognised best practice including: a comprehensive six-week program piloted and evaluated with young people aged 16 to 25; interactive workshop discussions including a focus on skill development rather than information only; and a program structure that emphasises young people’s critical reflection on their own sexual practices. One of the most innovative and promising aspects of the program structure is that rather than merely instructing young people on ‘what not to do’ or the ‘risks’ of sex, the *Sex & Ethics* program invites young people to further develop their own capabilities to negotiate consensual, ethical, sexual encounters (Carmody 2009).

4.2 Promising practice examples (★★)

4.2.1 Men Can Stop Rape (US)

Men Can Stop Rape (MCSR) is an international organisation that seeks to mobilise men to create cultures free from violence, especially men’s violence against women. Since its inception in 1997, MCSR has called on men to redefine masculinity and male strength as part of preventing men’s violence against women. MCSR is involved with train-the-trainer programs, running workshops (16-session ‘Men of Strength’ clubs) with young men and a social marketing campaign, all directed to promoting men’s involvement as prosocial bystanders to prevent sexual and intimate partner violence. Organised around the theme line ‘My Strength Is Not for Hurting’, the campaign consisting of posters, radio and theatre advertisements seeks to: educate young men about their role as allies with women in preventing sexual and intimate partner violence; promote positive, non-violent models of male strength; and empower youth to take action to end dating violence, promote healthy relationships based on equality and respect and create safer school communities (see www.mencanstoprape.org/index.htm).

In April 2003 MCSR received a two-year grant from the Center for Disease Control and Prevention (CDC) to support evaluative research designed to identify and evaluate best practices for primary

prevention programs aimed at preventing young men and boys from perpetration of sexual violence. The evaluation was based on a pre- and post-test survey of changes in young men's knowledge, beliefs and behaviours (Hawkins 2005). While the evaluation report indicates that the sample sizes were too small to record statistically significant changes, nonetheless findings indicate an improvement in participants' beliefs and their self-reported likelihood of intervening to prevent violence against women (Hawkins 2005). Despite not being systematically evaluated at this stage, MCSR has certainly been influential in the US, with over 100 examples of 'Men of Strength' (MOST) clubs emerging across high schools and communities.

4.2.2 Step Up! (US)

The *Step Up!* program, based at the University of Arizona, seeks to promote prosocial bystander behaviours across a range of social issues, including alcohol, anger, depression, discrimination, eating disorders, gambling, hazing, relationship and sexual violence (University of Arizona 2011). With the core message 'Step Up! Be a Leader, Make a Difference', the program educates students to be proactive in helping others through awareness raising, asking participants to make a commitment to help, and developing their skills and confidence when responding to problems or concerns. *Step Up!* includes a range of resources and materials, including surveys for conducting evaluations of the program, which enable the model to be adapted to delivery in other settings. An evaluation of the model is not yet publicly available.

4.2.3 Men Against Sexual Assault (Australia)

Men Against Sexual Assault (MASA) is an organisation of men working within a pro-feminist framework towards the elimination of sexual violence (Pease & Velazquez 1993). The organisation seeks to challenge men to be accountable for their participation in sexist, racist and homophobic behaviour. In the 1990s, MASA groups were operating in most Australian states and ran a two-day 'Patriarchy Awareness Workshop' in workplaces (Pease 2008; Pease & Velazquez 1993). The workshops incorporated reflective group discussions, practice-based exercises and video materials to encourage men to reflect on their own practice and to become accountable and responsible for their own sexist attitudes and for providing more gender-equitable roles models among their peers (Pease & Velazquez 1993). While no evaluation of the work undertaken by MASA is available, the involvement of men associated with the organisation continues to be felt within policy and practice, including MASA's involvement in the first White Ribbon Campaign in Australia.

4.2.4 White Ribbon Campaign (Australia)

In the violence against women field, perhaps one of the most well-known awareness-raising campaigns targeted towards promoting prosocial bystander behaviours is the White Ribbon Campaign. The core message of the Australian campaign, 'Men, Not Violent, Not Silent', encourages all men to 'swear never to commit, never to excuse, and never to remain silent' about violence against women. The White Ribbon Foundation Australia funds the campaign and also conducts research and program activities, including education and male leadership programs aimed at men and boys around Australia.

4.2.5 Respect and Responsibility (Australian Football League)

The *Respect and Responsibility* program is the Australian Football League's (AFL) response to addressing violence against women and it is designed to 'work towards creating safe, supportive and inclusive environments for women and girls across the football industry as well as the broader community' (AFL 2010). The policy seeks to shift attitudes: ensuring that those in the AFL industry are informed and have policy and procedures in place that recognise that violence against women and behaviour that harms or degrades women is not acceptable. The AFL has worked closely with VicHealth over the past five years to implement the *Respect and Responsibility* program. The program has focused on:

- Developing model anti-sexual harassment and anti-sexual discrimination procedures across the AFL and its 16 clubs.
- Developing organisational policies and procedures to ensure a safe, supportive and inclusive environment for women.
- Creating changes to AFL rules relating to 'Conduct Unbecoming', which cover the specific context of allegations of sexual assault.
- Developing targeted education programs.
- Creating model policies and procedures that can be implemented at the community club level.

Respect and Responsibility explicitly incorporates a whole-of-organisation response, as well as articulating the role of bystanders in the prevention of violence against women (AFL 2010).

4.3 Emerging Australian practice examples (★)

4.3.1 CEO Challenge (Brisbane)

An emerging example of violence against women prevention through engaging workplaces as bystanders is Australia's *CEO Challenge*. *CEO Challenge* is based on the US Corporate Alliance to End Partner Violence model, with the support of the Brisbane Lord Mayor's Women's Advisory Committee. The initiative encourages business to support intimate partner violence services and promote awareness of this issue in their organisation and in the wider community. The program aims to raise awareness in a way that also benefits the domestic violence sector through the formation of mutually beneficial partnerships. For example, business may support a women's refuge through goods' drives or fundraising, in return for which businesses receive awareness training and support to develop policies around domestic violence in their workplace (Murray and Powell, 2008; Victorian Community Council Against Violence, 2004). Additional examples of strategies for the prevention of violence against women, engaging workplaces as bystanders, are discussed in Murray and Powell (2008) and the Victorian Community Council Against Violence (2004) report, *Family Violence is a Workplace Issue*.

4.3.2 The Knox Accord to End Violence Against Women (Melbourne)

The *Knox Accord to End Violence Against Women* was first adopted by the Mayor of the City of Knox, followed by general members of the community, on 23 November 2007. It identifies the City of Knox as a community that "affirms respect for all women and for their right to perform within their chosen roles and be recognised as full and equal participants in all domains, be they social, political, economic, or cultural". The *Knox Accord to End Violence Against Women* signifies that the community of Knox:

- opposes all forms of violence and violence against women in particular
- acknowledges and supports existing policies, approaches and services that respond to violence when it occurs
- is committed to developing local strategies and policies to prevent violence, and respond effectively to violence when it occurs.

The City of Knox has an increasing number of community members and local businesses that have taken an oath to 'not commit, condone, or remain silent about violence against women' (City of Knox 2007).

4.3.3 Northern Interfaith Respectful Relationships Project (Melbourne)

The *Northern Interfaith Respectful Relationships Project* is coordinated by Darebin City Council with funding from VicHealth. The project aims to promote non-violent and respectful ways for women and men to relate to each other within faith communities, as well as building models for mentoring and dialogue amongst faith leaders about prevention and respectful relationships.

4.4 Summary of existing bystander approaches within an ecological framework

The table below demonstrates the diversity of settings and the levels of intervention (individual, community/organisational, societal) across which bystander approaches to the prevention of violence against women may operate.

Table 2: Framework of bystander approaches for preventing violence against women

Settings	Level of intervention		
	Individual (micro)	Relationship/organisational (meso)	Societal (macro)
Schools	Mentors in Violence Prevention Men of Strength (MOST)	SAPPSS* ('whole of school' model)	Legislation (e.g. mandatory reporting provisions)
College/university	Bringing in the Bystander The Men's Program	Sexual harassment policies Domestic violence provisions model clause Sexual and relationship violence prevention included in student services/programs	Equal representation of women in senior/management roles
Workplaces	Employee health promotion programs	Commitment to DV policies, sexual harassment policies, CEO Challenge	Legislation, e.g. <i>Sex Discrimination Act 1984</i> (Cwlth), <i>Equal Opportunity Act 1994</i> (Vic), <i>Occupational Health and Safety Act 2004</i> (Vic) Equal representation of women in positions of management
Sporting clubs	Mentors in Violence Prevention	Playing by the Rules (NRL)* Respect and Responsibility (AFL)*	Involvement of sports leaders/mentors in media campaigns against violence
Community	Sex & Ethics*	Knox Accord	Legislation (e.g. international bystander statutes)
Social marketing		Know Your Power	White Ribbon Day Strength Campaign

* indicates program that includes a bystander component, but is not solely directed at bystander behaviours.

5. Measuring the impact of bystander approaches

Evaluation of bystander approaches to the prevention of violence against women is important to better ensure program effectiveness and sustainability. Nonetheless, evaluation is not always sufficiently built into the day-to-day management of many programs and community organisations. Many reasons contribute to the difficulty of incorporating evaluation, including the concern that evaluation may take time and resources away from strategy implementation (Cox et al. 2009) and tertiary responses. There are also important ethical considerations when undertaking evaluation research that may exclude some groups from participation and access to programs as part of the evaluation design (see Powell & Imbesi 2008). Additionally, there has been a history of limited funding and support made available to the community sector for evaluative work. Nonetheless, as many researchers and those working in prevention have noted, there is a clear need both for evaluation of primary prevention of violence against women and additional resourcing for that evaluation to occur. This section briefly considers existing and potential measurement scales and survey instruments that could be adapted for program evaluations.

5.1 Potential measurement scales and survey instruments

While the development of measurement scales and instruments is in the early stages with respect to bystander preventions, literature has variously focused on issues of measurement and evaluation of this prevention work. Certainly, since the 1980s in the US, college education programs have emerged as a key strategy for sexual violence prevention due to a requirement that any college receiving government funding must initiate sexual assault prevention programs on campus. However, rarely are these various programs systematically evaluated. Amongst those that are evaluated, many report only on short-term effects of the program on 'rape-supportive' attitudes (Anderson & Whiston 2005). Indeed, in several previous reviews of the effectiveness of education programs to prevent sexual violence in the college context, attitudinal change was the only indicator of effectiveness that was considered. Such results have clear limitations in terms of assessing the impacts of education programs on potential bystanders to violence against women, or violence-supportive attitudes.

Thus, in a recent review of education programs to prevent sexual violence Anderson and Whiston (2005) comment on the need to include behavioural measures: that is, reports on participants' intention to act or specific actions taken as a result of the program. While not specifically focused on bystander intervention, Anderson and Whiston did find that college education programs to prevent

sexual violence had far better outcomes in terms of participants' self-reported attitudinal change than on measures of behavioural intentions or actions. Such results suggest (perhaps unsurprisingly) that attitudinal change by no means guarantees a resulting change in behaviour.

Furthermore, Warshaw and Davis (1985) discuss a number of different questions to measure an individual's behavioural intentions (such as a likert response to 'I intend to perform behaviour x'; or 'How likely is it that you will perform behaviour x'). Measures of attitude and subjective norm components also appear significant in predicting behaviour, and therefore in evaluating the impact of a bystander program on changes in bystander behaviours. According to Armitage and Conner (2001), measures should also seek to tap the perceived behavioural control (as per the Theory of Planned Behaviour), for example, by asking questions about the perceived inhibitors and facilitators to the intended behaviour.

There appears to be little consistency in terms of various measurement scales used to measure bystander attitudes, intentions and behaviours pre- and post-intervention. Nonetheless, there is a great deal of similarity in the form and nature of the questions used in these scales, which provide a useful framework for future survey-based research (see Appendix 3 for a list of sample survey instruments). The work of Banyard (2008) in particular, provides a number of useful models for measurement of prosocial bystander attitudes and behaviours, as well as evaluating bystander preventions.

5.2 Supporting evaluative research

There is arguably a crucial role for government and other key stakeholders to actively promote partnerships and the building of local agency capacity to carry out evaluative research. Locally, the Research Practice Leader model currently utilised by programs within VicHealth allows evaluators to work alongside practitioners and partner agencies during implementation and actively build the evaluation capacity of project staff and host organisations (VicHealth 2009). In the United States, the Center for Disease Control funds evaluation assistance to programs for the primary prevention of sexual violence, including training and guidance materials to enable agencies and workers to develop skills in conducting their own evaluations (Center for Disease Control 2008).

Practitioner networks are also central to building local evaluation capacity and promoting a shared culture of learning. In the local context the Victorian-based 'Partners in Prevention' network (administered by the Domestic Violence Resource Centre Victoria) provides opportunities, both through an online resource and face-to-face meetings, for prevention workers to share program and

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evaluation information and resources. There is a need to further support these and other opportunities to build evaluation research capacity in the prevention of violence against women, including bystander approaches.

6. Summary and implications

Based on the literature reviewed it is clear that while still in its early development, there is growing evidence internationally to support bystander approaches as a feature of primary prevention of violence against women in Victoria. Nonetheless, it is crucial that the development of bystander approaches is grounded both in an awareness of the existing evidence regarding effectiveness and continues to contribute to this evidence base through ongoing program development and evaluation. In summary:

- **Development of bystander approaches should reflect other known features of effective violence prevention programming.** Including theory-based program development, community engagement, contextualised programming, comprehensive program development, skilled and supported program facilitators, mix of single-sex and mixed-sex program delivery and incorporation of evaluation.
- **Social norms play an important role in facilitating bystander willingness to intervene to prevent violence against women.** This means that any efforts directed towards promoting individual prosocial bystander behaviours should be accompanied by efforts directed at the broader social norms that may facilitate or hinder these behaviours.
- **In order to decide to intervene, bystanders must first define the situation as requiring intervention and see themselves as personally responsible for intervening.** As such, bystander approaches should include information about violence against women and the kinds of situations that support/condone violence against women, as well as encouraging a sense of community and individual responsibility to prevent violence against women.
- **Information and attitudinal change alone is not enough to support prosocial bystander behaviours to prevent violence against women.** Bystander approaches must include a focus on building participants' skills, capacity and confidence in their capacity to intervene in a range of specific scenarios. This will require programs that provide skill-based training, rather than information or knowledge-based training alone, and programs that create changes in the larger community or organisation so that bystander action is encouraged and positively reinforced.
- **Individuals are more likely to intervene when the perceived costs of intervening are low.** These perceived costs may include the risk of physical violence and/or harassment being directed towards the bystander should they intervene, as well as the social costs where

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intervening is perceived as going against peer or social norms (such as loss in status).

Bystander approaches must include building participants confidence in *safe* ways to intervene or to seek further support and assistance, as well as promoting organisational and community climates where prosocial bystander behaviours are supported and rewarded.

- **Workplaces, schools and community organisations have a greater role to play than just as settings for targeting bystander programs towards individuals.** These organisations can themselves, through their own policies, procedures and management or leadership models, become more active prosocial bystanders to violence against women and promote a culture that supports active bystander attitudes and behaviours among its members.
- **Evaluation strategies can be incorporated into program design and utilised at every stage of implementation.** Further research and analysis is required to build the evidence base for bystander capacity-building models and strategies. This requires evaluation of outcomes and the individual and also community/organisational levels.

As a component of an integrated strategy for the prevention of violence against women, then, a focus on bystanders has a number of potential positive outcomes. Bystander approaches can foster social norms regarding the unacceptability of violence against women at individual, community and societal levels, as well as promoting a shared sense of responsibility for preventing sexual and intimate partner violence. At the organisational level and within specific community settings, bystander approaches can reduce the perceived costs of intervening to prevent violence against women (whether in the moment, or by challenging attitudes/behaviours that support violence) by creating a climate that supports non-violence and those who promote non-violence. Organisations and community settings can also feature specific bystander programs to promote attitudinal and behavioural change among individuals, and to build people's capacity and skills to respond as prosocial bystanders. In addition, by appealing to individuals and communities as having a role and responsibility for the prevention of violence (and not only as potential victims or perpetrators) the inclusion of bystander approaches in a broader framework for the prevention of violence against women has the potential to improve receptivity to additional specific violence-prevention messages (see Banyard et al. 2004).

7. Next steps

Due to the underdeveloped nature of specific bystander approaches to the prevention of violence against women in the Australian context, there is scope for funding and development of bystander approaches and resources to support this work in Victoria. Additionally, many of the program curricula and resources used in leading programs internationally are available only on a paid service basis. Thus there is a lack of publicly available resources to further support development of bystander approaches.

In light of this, there are a number of activities (including potential resource development) that could be undertaken to support and promote development and uptake of bystander approaches to the prevention of violence against women in Victoria. For instance:

- develop (drawing on existing scales) and conduct survey research into community *willingness* (attitudes), *readiness* (skills) and *barriers* to intervening as a bystander to prevent violence against women, both at the individual and community/organisational levels
- direct research to focus on the primary prevention effects of bystander action, and the orientation of bystanders towards social norms and systemic gender inequality as opposed to violence itself
- conduct, document and evaluate ‘demonstration’ projects across key priority settings; contextualise international models to local contexts (university, school, workplace, sports club, other community settings); and assess the most effective strategies to incorporate bystander projects into broader prevention programs
- create a web-based resource collating existing materials (including an annotated bibliography/evidence base); links to programs and resources; ‘best practice’ guides for developing/implementing/evaluating bystander approaches; as well as drawing together local projects and promoting information-sharing and collaboration
- support training/development by incorporation of bystander approaches within training modules (e.g. linking with international training providers); fund a train-the-trainers program bringing in international bystander education experts to run workshops for professionals and community educators in Victoria, to promote professional development in this specific field.

Appendix 1: List of search terms used

Bystander

Bystander + “sexual violence”

Bystander + “sexual violence” + prevention

Bystander + “violence against women”

Bystander + “violence against women” + prevention

Bystander + survey

Bystander + theory

Bystander + routine activity theory

Bystander + crime prevention

Bystander + violence prevention

Community attitudes survey + violence against women + Australia

Community attitudes survey + intimate partner violence + Australia

“Dating violence” + prevention

“Domestic violence” + prevention

“Intimate partner violence” + prevention

Peer education

Peer education + bystander

“Prosocial behaviour” + violence

“Prosocial bystander” + violence

“Prosocial bystander” + violence + prevention

Rape + prevention

Rape + prevention + education

“Routine activity theory”

“Sexual violence” + prevention

“Sexual violence” + prevention + education

“Theory of planned behaviour”

“Theory of planned behaviour” + bystander

“Theory of planned behaviour” + bystander + intervention

“Theory of planned behaviour” + violence + prevention

“Theory or moral disengagement”

“Theory of reasoned action”

“Violence against women” + prevention

“Violence against women” + prevention + education

Appendix 2: List of bystander programs and resources

Program/resource title	Brief description	Source/materials
American College Health Association, Toolkit for Primary Prevention of Sexual Violence	Details strategies and resources for preventing sexual violence on university/college campuses.	www.acha.org/sexualviolence/docs/ACHA_PSV_toolkit.pdf
Bringing in the Bystander	Peer education model in the university setting, where participants learn about the role of active bystanders in communities, information about sexual violence and learn and practise appropriate and safe prevention skills	www.unh.edu/preventioninnovations/media/pdfs/Rapepreventionthroughbystandereducation.pdf
CEO Challenge – Workplace partners against domestic violence	Initiative to encourage business to support intimate partner violence services and promote awareness of this issue in their organisation and in the wider community.	http://ceochallengeaustralia.org/
CPSU (Community and Public Sector Union) draft Domestic Violence clause	An initiative to introduce leave and other entitlements into workplace enterprise agreements to support victims of family violence	www.psa.labor.net.au/news/files/DV%20draft%20clause%20100415.pdf
Family Violence Prevention Fund	Provides a range of resources, information about education programs and campaigns, including some with a bystander focus	www.endabuse.org
Knox Accord to End Violence Against Women	A statement about Knox Council’s commitment to oppose all forms of violence against women	www.kchs.org.au/knoxaccord/ City of Knox (2007)
Know Your Power: Step In, Speak Up	Social marketing campaign (associated with the ‘Bringing in the Bystander’ program)	www.unh.edu/preventioninnovations/media/pdfs/Rapepreventionthroughbystandereducation.pdf www.higheredcenter.org/prevention/examples/university-new-hampshire
Men Against Sexual Assault (MASA)	Men Against Sexual Assault (MASA) is an organisation of men working within a pro-feminist framework towards the elimination of sexual violence The organisation seeks to challenge men to be accountable for their participation in sexist, racist and homophobic behaviour	Pease and Velazquez, (1993).

Men Can Stop Rape: Strength Campaign	Combination of social marketing and education workshops; seeks to engage young men to prevent men's violence against women by supporting their capacity to challenge harmful aspects of traditional masculinity, to value alternative visions of male strength, and to embrace their role as allies with women and girls in fostering healthy relationships and gender equity	www.mencanstoprape.org/index.htm MCSR (2007)
Mentors in Violence Prevention	'Utilizing a bystander approach to prevention, the MVP program views student-athletes and student leaders not as potential perpetrators or victims, but as empowered bystanders who can confront abusive peers...'	www.jacksonkatz.com/aboutmvp.html
National Sexual Violence Resource Center (US): Bystander Intervention Resources	Includes various programs, campaigns and online resources to support bystander intervention for the prevention of sexual violence.	www.nsvrc.org/projects/150/bystander-intervention-resources
Northern Interfaith Respectful Relationships Project	An initiative to build the capacity of faith leaders and faith communities to actively promote respectful relationships.	www.darebin.vic.gov.au/Page/Page.asp?Page_Id=8049
Playing by the Rules (National Rugby League)	'Mentors in Violence Prevention' component to train players as peer educators in clubs	
Respect and Responsibility (Australian Football League)	The Respect and Responsibility Policy represents the Australian Football League's commitment to addressing violence against women and to work towards creating safe, supportive and inclusive environments for women and girls across the football industry as well as the broader community	www.afl.com.au/Respect%20and%20Responsibility/tabid/10321/default.aspx
Sexual Assault Prevention Program for Secondary Schools (SAPPSS)	The SAPPSS model is a whole-school, long-term approach for community agencies to work in partnership with secondary schools to incorporate prevention into all aspects of school life. The SAPPSS model includes a peer leader/educator component	www.casahouse.com.au/index.php?page_id=172 Imbesi (2008)
See it and Stop it	Information campaign informing young people about relationship violence, and encouraging them to 'see it and stop it' and get involved in their local community	www.seeitandstopit.org/pages/getorg/gallery.html
Sex and Ethics	Sex and Ethics provides a comprehensive education program to engage young people in learning about sex, ethics and relationships and includes a bystander component	www.sexualethics.org.au/ Carmody (2009)
Step Up!	University of Arizona program aimed at encouraging students' intervention as active bystander across a range of issues including discrimination, relationship and sexual violence	www.stepupprogram.org/

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<i>The Men's Program</i>	Peer education model, targeted at university men, to support their capacity to be effective bystanders <i>post</i> sexual violence against women (e.g. by supporting victims)	Foubert (2005)
<i>VicHealth Respect, Responsibility and Equality Program</i>	VicHealth is currently working with partner organisations to develop evidence-based primary prevention models in a range of settings	www.vichealth.vic.gov.au/en/Programs-and-Projects/Freedom-from-violence.aspx
<i>White Ribbon Campaign</i>	The White Ribbon Foundation of Australia undertakes a national media campaign as well as education and male leadership programs aimed at men and boys around Australia	www.whiteribbonday.org.au/

Appendix 3: Example bystander surveys/scales

Scale title/s	Source
<p>Knowledge and attitudes about sexual violence: <i>Knowledge Assessment (Banyard et al. 2007)</i> <i>Illinois Rape Myth Acceptance Scale–Short Form (Payne, Lonsway and Fitzgerald 1999)</i> <i>College Date Rape Attitude Survey (Lanier and Elliott 1997)</i></p> <p>Bystander attitudes and behaviour: <i>Bystander Attitudes (Banyard et al. 2007)</i> <i>Bystander Behaviors (Banyard et al. 2007)</i> <i>Bystander Efficacy Scale (Banyard et al. 2007)</i> <i>Slaby Bystander Efficacy Scale (Slaby, Wilson-Brewer and DeVos 1994)</i> <i>MVP Efficacy Scale (Ward 2001)</i> <i>Decisional Balance Scale (Banyard et al. 2007)</i></p> <p>Person-level correlates: <i>Sense of Community (Unger and Wandersman 1982)</i> <i>Perceived Control (Paulhus 1983)</i> <i>Extroversion (John & Srivastava 1999)</i></p>	<p>Banyard, V. L. (2008) 'Measurement and Correlates of Prosocial Bystander Behaviour: The case of interpersonal violence', <i>Violence and Victims</i>, 23(1): 83–97.</p>
<p>Barriers to Sexual Assault Bystander Intervention (Burn 2006); Bystander Intervention Behavior (Burn 2006).</p>	<p>Burn, S. M. (2009). 'A Situational Model of Sexual Assault Prevention through Bystander Intervention'. <i>Sex Roles</i> 60: 779–792.</p>
<p>'SEV Scale' (designed to measure the level of efficacy students have regarding their own ability to speak out against gender violence and sexism and to intervene in potentially dangerous situations involving male violence).</p>	<p>Ward, K. (2001). Mentors in Violence Prevention, Evaluation 1999/2000: www.sportinsociety.org/files/mvp-evaluation1.pdf</p>
<p>Questions about prevalence of student sexual coercion, and student 'readiness to respond' (Rigby and Johnson 2004); Attitudes to Victims Scale (Rigby and Slee 1991); Social Desirability Scale (Eysenck 1965).</p>	<p>Rigby, K. and B. Johnson (2004). 'Students as Bystanders to Sexual Coercion'. <i>Youth Studies, Australia</i> 23: 11–6.</p>
<p>Bystander Survey Instrument</p>	<p>Step Up Program: www.stepupprogram.org/docs/STEPUP_BystanderSurvey_Instrument.pdf</p>

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